TEHAMA COUNTY BOARD OF SUPERVISORS

Robert Burroughs, District 1
Tom Walker, District 2
Pati Nolen, District 3, Vice Chair
Matt Hansen, District 4, Chairman
Greg Jones, District 5

Gabriel Hydrick
Chief Administrator

Margaret Long
County Counsel

Sean Houghtby
Clerk of the Board
(530) 527-3287

Board Chambers
727 Oak Street, Red Bluff, CA 96080
(530) 527-4655
http://www.tehama.gov

AGENDA FOR TUESDAY, OCTOBER 21, 2025

The Board of Supervisors welcomes you to their meetings which are regularly scheduled for each Tuesday. Your participation and interest are encouraged and appreciated. Members of the public may address the Board from the podium on items on the agenda when the matter is called. The Board reserves the right to limit the time devoted to any item on the agenda and to limit the time of any speaker.

The Board wishes to ensure that business is conducted in an orderly fashion and the public is asked to be courteous and polite when addressing the Board and to be respectful to others attending the Board meeting. The Board has adopted a Code of Conduct for the public attending these meetings. The Code of Conduct is posted in the Chambers and online at https://www.tehama.gov/wp-content/uploads/2025/09/PUBLIC-CODE-OF-CONDUCT.pdf. Any disorderly conduct which disrupts, disturbs, or otherwise impedes the orderly conduct of the Board meeting is prohibited.

Members of the public who are unable to attend in person may participate, listen and watch in the following ways:

1) To participate in the Board meeting, the public may listen and comment over the phone by calling: (530) 212-8376, conference code 933876. Press 5* to raise your hand to comment.

2) Members of the public who are unable to attend in person may watch and listen via the web at: https://tehamacounty.legistar.com/Calendar.aspx. To comment on an upcoming agenda item, call (530) 212-8376, conference code 933876. Press 5* to raise your hand to comment at the time the item is called.

The audio and live video streaming is being offered as a convenience. The Board meeting will continue even if there is a disruption. If there is a disruption, the public is encouraged to consider an alternate option listed above. If you have trouble connecting or accessing the meeting, contact the Board office for assistance at (530) 527-4655.

Please refer to the last page of the agenda for information on how to participate in the

meeting, as well as the various options being made available for members of the public to provide comment.

The County of Tehama does not discriminate on the basis of disability in admission to, access to, or operation of its buildings, facilities, programs, services, or activities. Questions, complaints, or requests for additional information regarding the Americans with Disabilities Act (ADA) may be forwarded to the County's ADA Coordinator: Tom Provine, County of Tehama, 727 Oak St., Red Bluff, CA 96080, Phone: (530) 527-4655. Individuals with disabilities who need auxiliary aids and/or services or other accommodations for effective communication in the County's programs and services are invited to make their needs and preferences known to the affected department or the ADA Coordinator. For aids or services needed for effective communication during Board of Supervisors meetings, please contact the ADA Coordinator two business days prior to the day of the meeting. This notice is available in accessible alternate formats from the affected department or the ADA Coordinator.

The Agenda is divided into two sections:

CONSENT AGENDA:

These items include routine financial and administrative actions and are usually approved by a single majority vote. Any Board member, staff member or interested person may request that an item be removed from the Consent Agenda for discussion on the Regular Agenda.

REGULAR AGENDA:

These items include significant financial and administrative actions of special interest that are usually approved individually by a majority vote. The Regular Agenda also includes noticed hearings and public hearings. The times on the agenda are approximate.

9:00 AM CALL TO ORDER / PLEDGE OF ALLEGIANCE

PLEASE TURN OFF OR MUTE YOUR CELL PHONE

PUBLIC COMMENT

This is a time set aside for members of the public to directly address the Board of Supervisors on any item of interest to the public that is within the subject matter jurisdiction of this board. No action shall be taken on any item not appearing on the agenda unless the action is otherwise authorized by subdivision (b) of section 54954.2 of the government code. This board has chosen to exercise its discretion and limit each speaker to three (3) minutes. Public Comment may be limited to the first 30 minutes of the meeting and if there are more speakers than this time limit will allow, the Chair may request that remaining speakers wait until the end of the meeting, at which point public comment may be reopened.

Members of the public will be allowed to address the Board of Supervisors regarding items appearing on the agenda at the time the item is called.

ANNOUNCEMENT OF AGENDA CORRECTIONS

PREVIOUS REPORTABLE ACTIONS FROM CLOSED SESSION

BOARD OF SUPERVISORS STANDING AND AD HOC COMMITTEE

Receive reports from the following standing and ad hoc committees, and discussion and possible direction to the committees regarding future meetings and activities within each committee's assigned scope:

Public Works Committee (Standing) (Hansen, Walker)

Veterans Halls Advisory Committee (Standing) (Burroughs, Jones)

Public Safety Tax Initiative Working Group (Burroughs, Jones)

Personnel Procedures & Guidelines Ad Hoc Committee (Burroughs, Walker)

City of Red Bluff/Tehama County Ad Hoc Committee (Walker, Burroughs)

Rent Control Ordinance Ad Hoc (Jones, Nolen)

REPORTS OF MEETINGS ATTENDED INCLUDING AB1234

ANNOUNCEMENTS BY COUNTY DEPARTMENTS

This is an opportunity for a County Department to provide information to the Board and the general public. These announcements are to be as brief and concise as possible and not used to seek direction from the Board.

CONSENT AGENDA

1. GENERAL WARRANT REGISTER - 9/21/25 - 10/04/25 25-1775

2. AUDITOR'S CLAIMS 25-1769

a) Court Operations, 2026-53221, Linsday T. Stone, $2,720.00.

3. AUDITOR'S CLAIMS 25-1776

a) Court Operations, 2026-53221, CASL Inc DBA Diana M Callahan, $862.00.
b) Court Operations, 2026-53221, Stone Law Office DBA Linsday T. Stone, $3,120.00.

4. ADMINISTRATION / PURCHASING 25-1678

a) Declare the following vehicles to be surplus County property:
1) ROAD - 2007 Ford F-250, VIN # 1FTNX20547EB08644, County Inventory #26666, Stock #623
2) HEALTH SERVICES AGENCY - 2008 Dodge Caravan, VIN # 1D8HN44H68B149798, County Inventory #26966, Stock #950

b) Request authorization for Trindel to dispose of the property in the manner that

provides the highest possible return to the County

5. SOCIAL SERVICES / PERSONNEL **25-1728**

a) OTHER THAN "A" STEP - Request approval to appoint the applicant as Supervising Staff Services Analyst, Range 39 Step B, effective 9/21/25 or upon successful completion of all pre-employment requirements

6. TREASURER / TAX COLLECTOR **25-1709**

a) RESOLUTION - Request adoption of a resolution to authorize the Tax Collector, or designee, to accept partial payments of delinquent unsecured taxes as provided in Revenue and Taxation Code section 2927.6 and to establish a delinquent unsecured property tax installment plan

7. SOCIAL SERVICES **25-1773**

a) AGREEMENT - Request approval and authorization for the Social Services Director to sign the agreement with SolutionsWest for the provision of temporary Medi-Cal support services with a maximum compensation not to exceed $250,000 effective from the date of signing through 2/28/26 *(Subject to receipt of required insurance documentation)*

8. DISTRICT ATTORNEY **25-1780**

a) Request approval and authorization for the District Attorney to apply for the 2025 Victim/Witness Assistance Program Grant through the California Emergency Management Agency for funding in the amount of $334,113

b) AGREEMENT- Request approval and authorization for the District Attorney to sign the Grant Award Agreement for the 2025 Victim Witness Assistance Program Grant and all related documents with the California Emergency Management Agency in the amount of $334,113

9. DISTRICT ATTORNEY **25-1782**

a) Request approval and authorization for the District Attorney to apply for the 2025 Human Trafficking Advocacy Grant through the California Emergency Management Agency for funding in the amount of $147,000

b) AGREEMENT- Request approval and authorization for the District Attorney to sign the Grant Award Agreement for the Human Trafficking Advocacy Grant and all related documents with the California Emergency Management Agency in the amount of $147,000

10. SHERIFF'S OFFICE **25-1783**

a) AGREEMENT - Request approval and authorization for the Sheriff to sign the Asset Disposition Services Agreement Addendum No. 1 with PropertyRoom.com, Inc. (Misc. Agree. 2020-288) for the provision of web-based auctions to dispose of excess property collected during the investigations, extending the term effective 9/16/25 and shall terminate 9/16/30

11. SHERIFF'S OFFICE **25-1722**

a) TRANSFER OF FUNDS: SHERIFF; B-11 - From Public Safety (106-301900), to Contingency (2002-59000), $63,366.25; and From Contingency (2002-59000) to Professional/Special Services (2027-53230), $63,366.25 **(Requires 4/5's vote)**

12. DEPARTMENT OF AGRICULTURE **25-1784**

a) AGREEMENT - Request approval and authorization for the Agricultural Commissioner to sign cooperative agreement No. 25-0251-018-SF with the California Department of Food and Agricultural (CDFA) for the provision of Asian Citrus Psyllid (ACP) detection trapping in the amount not to exceed $8,000, effective 10/1/25 through 9/30/26

13. DEPARTMENT OF AGRICULTURE **25-1785**

a) AGREEMENT - Request approval and authorization for the Agricultural Commissioner to sign Agreement No. 24-0469-036-SF with the California Department of Food and Agriculture for the provision of conducting Pierce's Disease Control Program with an amount not to exceed $43,829.29 effective 7/1/25 and shall terminate 9/30/26

14. HEALTH SERVICES AGENCY / MENTAL HEALTH **25-1412**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the agreement with California State University, Humboldt for placement of students for the Social Work Program, effective 10/14/25 and shall terminate 6/30/30

15. HEALTH SERVICES AGENCY / MENTAL HEALTH **25-1756**

a) AGREEMENT - Request approval and authorization for the Health Services Agency Executive Director to sign Amendment No. 1 to the Standard Agreement 24MHSOAC038 (Misc. Agree. 2024-357) with the Behavioral Health Services Oversight and Accountability Commission for Round 4, Category 1 of the Behavioral Health Student Services Act of 2019 (BHSSA) grant, in an amount not to exceed $500,000 effective 12/12/24 and extended until 3/31/28

16. HEALTH SERVICES AGENCY / MENTAL HEALTH **25-1791**

a) AGREEMENT - Request approval and authorization for the Health Services Agency Executive Director to sign Amendment No. 1 to the Standard Agreement 24MHSOAC023 (Misc. Agree. 2024-358) with the Behavioral Health Services Oversight and Accountability Commission for Round 4, Category 3 of the Behavioral Health Student Services Act (BHSSA) of 2019, in an amount not to exceed $450,000, effective 12/9/24 and extended until 3/31/28

17. HEALTH SERVICES AGENCY / MENTAL HEALTH **25-1800**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the Amendment No. 1 to the Misc. Agreement 2024-202 with Psynergy Programs Inc. for the purpose of providing long-term care for adults with serious mental illness in need of high-level placements, in the amount not to exceed $450,000 during any fiscal year, with a total maximum compensation not to exceed $900,000, effective 7/1/24 and

shall terminate 6/30/26, thereby amending the rates in Exhibit B and C *(Subject to receipt of required insurance documentation)*

18. HEALTH SERVICES AGENCY / MENTAL HEALTH **25-1793**

a) OTHER THAN "A" STEP - Request approval to appoint the applicant as an Office Assistant II, Range 12, Step B, effective 11/2/25, or upon successful completion of all pre-employment requirements

19. HEALTH SERVICES AGENCY / PUBLIC HEALTH **25-1798**

a) AGREEMENT - Request approval and authorization for the Executive Director to sign the FY 25/26 Federal Compliance Requirements of the Immunization Grant No.: 1 NH23IP922690-01-00 with the California Department of Public Health (CDPH), for the purpose of grant funding to provide immunization services to the general public, not to exceed $28,964, effective 7/1/25 to 6/30/26

20. CLERK & RECORDER **25-1742**

a) AGREEMENT - Request confirmation of the Clerk & Recorder to sign the Addendum to the Memorandum of Understanding with the Department of Justice (DOJ) (Misc. Agree. #185-2013) for regulation and oversight of the Electronic Recording Delivery System (ERDS) Program in the amount of $1,057.57, thereby extending the date through 6/30/26

REGULAR AGENDA

21. WESTERN OPEN FIDDLE ASSOCIATION - Western Open Fiddle Championships Co-Chairman Sharon Barrett **25-1771**

a) INFORMATIONAL PRESENTATION - Performance by Western Open Fiddle Championships

22. IHSS PUBLIC AUTHORITY / PERSONNEL - Social Services Director Bekkie Emery **25-1688**

a) Request approval of a new classification specification of Public Authority Supervisor, effective 10/21/25

b) IHSSPA RESOLUTION - Request adoption of a resolution amending the Terms & Conditions of Employment for In-Home Support Services Public Authority Unrepresented Employees IHSSPA Resolution Number 2022-96

c) RESOLUTION - Request adoption of a resolution to amend the FY 2025-26 Position Allocation List (PAL), (Reso #2025-074), by adding one (1.00) Public Authority Supervisor, effective 10/21/25

23. TREASURER / TAX COLLECTOR - Treasurer/Tax Collector Parker R. Hunt **25-1533**

a) RECEIVE DEPARTMENT HEAD OUT OF STATE TRAVEL REPORT - Treasurer/Tax Collector Parker R. Hunt to travel to Virginia for the Government AI Summit with David Bliss, Information System Manager.

b) TRANSFER OF FUNDS - TREASURER/TAX COLLECTOR, B-5, from Contingency (1109-59000) to Other Fees (1022-461060) $4,000; and from Contingency (1109-59000) to Travel (1022-53290) $4,000 **(Requires a 4/5's vote)**

10:00 A.M.

RECESS to convene as the Tehama County Board of Equalization

24. TEHAMA COUNTY BOARD OF EQUALIZATION - County Assessor Burley Phillips 25-1807

a) Request approval of the following stipulations as recommended by the County Assessor:

1) Assessment Appeal No. 22-2023, Reynolds Consumer Products LLC

b) Request approval of the following withdrawals as recommended by the County Assessor:

1) Assessment Appeal No. 17-2023, US Bank of California
2) Assessment Appeal No. 20-2023 A-D, TA Operating LLC

ADJOURN to reconvene as the Tehama County Board of Supervisors

25. ASSESSOR / PERSONNEL - Assessor Burley Phillips 25-1792

a) OTHER THAN "A" STEP - Request approval to appoint the applicant as Assessment Clerk I, Range 12, Step E, effective 10/22/25 or upon successful completion of all pre-employment requirements.

RECESS to convene as the Tehama County Sanitation District No. 1

26. SANITATION DISTRICT NO. 1 - Interim Public Works Director Tom Provine 25-1739

a) INCREASE REVENUE / EXPENDITURE: SANITATION DIST. NO. 1, B-12 - From American Rescue Act revenue (60510-450751) (-$38,138.00), Fund Balance Available (605-301900) $65,573.00, Maintenance Structure & Grounds (60510-53180) (-$136,336.00), Intrafund Transfer (60510-59900) (-$56,000), Insurance (60510-53150) $12,640.00 and Professional Services (60510-53230) $207,131.00, for a total increase amount of $27,435 **(Requires 4/5's vote)**

ADJOURN to reconvene as the Tehama County Board of Supervisors

27. SHERIFF / PURCHASING - Sheriff Dave Kain 25-1747

a) TRANSFER OF FUNDS: SHERIFF, B-10 - From Public Safety (106-301900) to Contingency (2002-59000) $65,301.80; and From Contingency (2002-59000) to Vehicles (2027-57605), $65,301.80 **(Requires 4/5's vote)**

b) BID WAIVER:

1) Request to adopt the finding that California State Contract 1-22-23-20F with Downtown Ford for the acquisition of (2) two 2025 Ford Mavericks meet all Tehama

County bidding criteria and allow the County to take advantage of special low pricing without the time and expense involved with conducting a formal bid process

2) Request to find it in the best interest of the County to waive the formal bid process for the acquisition of (2) two 2025 Ford vehicles based on the finding

c) Request authorization for the Purchasing Agent to sign a purchase order to Downtown Ford for the acquisition of (2) two 2025 Ford Mavericks in the amount of $65,301.80

28. SHERIFF / PURCHASING - Sheriff Dave Kain **25-1751**

a) BID WAIVER:

1) Request to adopt the finding that California State Contract 1-22-23-20A with Downtown Ford, for the acquisition of (1) one new 2024 Ford F150 Regular Cab 4X4 meets all Tehama County bidding criteria and allow the County to take advantage of special low pricing without the time and expense involved with conducting a formal bid process

2) Request to find it in the best interest of the County to waive the formal bid process for the acquisition of (1) one new 2024 Ford Regular Cab based on the finding

b) Request authorization for the Purchasing Agent to sign a purchase order to Downtown Ford, for the acquisition of (1) one new 2024 Ford F150 Regular Cab 4X4 in the amount of $45,754.31

29. SHERIFF / PERSONNEL - Sheriff Dave Kain **25-1746**

a) OTHER THAN “A” STEP - Request approval to appoint applicant as Sheriff’s Supervising Communications Dispatcher , Range 34, Step E, upon successful completion of all pre-employment requirements

30. PERSONNEL - Personnel Director Coral Ferrin **25-1724**

a) Request adoption of revised TCPR §1407: Political Activities

b) Request adoption of revised TCPR §2103: Recruitment

c) Request adoption of revised TCPR §2105: Screening Process

d) Request adoption of revised TCPR §2106: Interview Process

e) Request adoption of revised TCPR §2301: Probation Period Permanent Status

f) Request adoption of revised TCPR §7409: Skelly Process

g) Request adoption of revised TCPR §7410: Appeals Process

31. PERSONNEL - Personnel Director Coral Ferrin **25-1779**

a) Request adoption of revised TCPR §4201: Holidays

32. BOARD OF SUPERVISORS **25-1741**

a) RESOLUTION - Request adoption of resolution affirming Tehama County's commitment to fair treatment and condemning caste-based discrimination

33. BOARD OF SUPERVISORS **25-1736**

a) STUDY SESSION - To review and receive input regarding an increase to the current monthly fuel stipend for the Board of Supervisors

1:30 P.M.

34. BOARD OF SUPERVISORS **25-1750**

a) STUDY SESSION - To review and receive input regarding the Public Safety Sales Tax Initiative

FUTURE AGENDA ITEMS

Future Agenda Items is an opportunity for a Board member to present a topic to the full Board and County Departments and allow the Board to express majority that staff should be directed to address the issue and bring it back to the full Board as an agendized matter. This is not a time for the Board to address the merits or express their opinions on the issue but solely to decide if staff should expend resources in researching and preparing documents for consideration at a public board meeting. More complex issues may result in a future study session.

CLOSED SESSION

Members of the public may address the Closed Session matters at the time the closed session is announced.

35. CLOSED SESSION **25-1591**

PERSONNEL / PUBLIC EMPLOYEE PERFORMANCE EVALUATION (Government Code Section 54957)

Title: Part Two of the Environmental Health Director Annual Performance Evaluation Process

36. CLOSED SESSION **25-1723**

a) EMPLOYEE NEGOTIATIONS - CONFERENCE WITH LABOR NEGOTIATORS (Government Code Section 54957.6)

Agency Negotiators: Che Johnson & Coral Ferrin

Employee Organization: Joint Council of International Union of Operating Engineers, Local 39

37. CLOSED SESSION **25-1744**

a) PERSONNEL / PUBLIC APPOINTMENT OR EMPLOYMENT (Government Code Section 54957)

Title: Interim Public Works Director

38. CLOSED SESSION **25-1789**

a) EMPLOYEE NEGOTIATIONS - CONFERENCE WITH LABOR NEGOTIATORS (Government Code Section 54957.6)

Agency Negotiators: Gabriel Hydrick

Employee: Social Services Director

39. CLOSED SESSION **25-1809**

a) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (54956.9 (d) (2))

REPORTABLE ACTIONS FROM CLOSED SESSION

ADJOURN

Any written materials related to an open session item on this agenda that are submitted to the Board of Supervisors, and that are not exempt from disclosure under the Public Records Act, will be made available for public inspection at the Tehama County Clerk of the Board of Supervisors Office, 633 Washington St., Rm. 12 (P.O. Box 250), Red Bluff, California, 96080, (530) 527-3287 during normal business hours.

The deadline for items to be placed on the Board's agenda is 5 p.m. on the Wednesday Thirteen days prior to the meeting on Tuesday, unless a holiday intervenes. Items not listed on the Agenda can only be considered by the Board if they qualify under Government Code Section 54954.2(b) (typically this applies to items meeting criteria as an off-agenda emergency).

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS PURSUANT TO GOVERNMENT CODE SECTION 84308:

Members of the Board of Supervisors are disqualified and not able to participate in any agenda item involving contracts (other than competitively bid, labor, or personal employment contracts), franchises, discretionary land use permits and other entitlements if the Board member received more than $250 in campaign contributions from the applicant or contractor, an agent of the applicant or contractor, or any financially interested participant who actively supports or opposes the County's decision on the agenda item since January 1, 2023. Members of the Board of Supervisors who have received, and applicants, contractors or their agents who have made, campaign contributions totaling more than $250 to a Board member since January 1, 2023, are required to disclose that fact for the official record of the subject proceeding. Disclosures must include the amount of the campaign contribution and identify the recipient Board member and may be made either in writing to the Clerk of the Board of Supervisors prior to the subject hearing or by verbal disclosure at the time of the hearing.

WAYS TO PARTICIPATE, WATCH AND LISTEN DURING THE MEETING:

1) Attend in person in Board Chambers, Tehama County Administration Building, 727 Oak St., Red Bluff, CA 96080.

2) Listen and comment over the phone by calling: (530) 212-8376, conference code 933876. Press 5* to raise your hand to comment.

3) Watch live video and listen at: https://tehamacounty.legistar.com/Calendar.aspx. To comment on an upcoming agenda item, call (530) 212-8376, conference code 933876. Press 5* to raise your hand to comment at the time the item is called.

The audio and live video streaming is being offered as a convenience. The Board meeting will continue even if there is a disruption. If there is a disruption, the public is encouraged to consider an alternate option listed above. If you have trouble connecting or accessing the meeting, contact the Board office for assistance at (530) 527-4655.

PROVIDE PUBLIC COMMENT BEFORE THE MEETING BY:

1) Writing a letter to the Board of Supervisors at PO Box 250, Red Bluff, CA 96080.

2) Emailing: tcbos@tehama.gov. Written or emailed public comments received by 4:00 p.m. the day prior to the meeting will be provided to the Board members electronically or in written format and will become part of the public record.

PROVIDE PUBLIC COMMENT DURING THE MEETING BY:

1) In-Person: Board Chambers, Tehama County Administration Building, 727 Oak St., Red Bluff, CA 96080: Members of the public can provide comment in-person inside the Board of Supervisors' Chambers.

2) Over the Phone: Members of the public can call (530) 212-8376, conference code 933876. Press 5* to raise your hand to comment. The public will be placed in a call-in queue until they are permitted into the meeting for comment.

COMMUNICATIONS received by the Board of Supervisors are on file and available for review in the Office of the Clerk of the Board.

MINUTES, AGENDAS, AGENDA MATERIAL, and ARCHIVED MATERIAL is available on our website at https://tehamacounty.legistar.com/Calendar.aspx

Tehama County

Agenda Request Form

File #: 25-1775 **Agenda Date:** 10/21/2025 **Agenda #:** 1.

GENERAL WARRANT REGISTER - 9/21/25 - 10/04/25

Requested Action(s)

Financial Impact:
As Listed.

Background Information:

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
00000572	09/22/2025	102493	HUE & CRY SECURITY	101	GENERAL FUND	2073-53180	PUB GUARDIAN / P	MTCE STRUCT-IMPRV-GROUNDS	$43.00
00000573	09/22/2025	133772	RINGCENTRAL INC	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	COMMUNICATIONS	$1,090.07
00000573	09/22/2025	133772	RINGCENTRAL INC	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	COMMUNICATIONS	$1,782.80
00000573	09/22/2025	133772	RINGCENTRAL INC	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	COMMUNICATIONS	$506.13
00000573	09/22/2025	133772	RINGCENTRAL INC	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	COMMUNICATIONS	$457.71
00000574	09/22/2025	108325	STAPLES ADVANTAGE	108	SOCIAL SERVICES	5013-53220	SOCIAL SERVICES	LA 1054406	$398.67
00000574	09/22/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40121-53140	PUBLIC HEALTH	LA 1054406	$159.50
00000574	09/22/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40121-53220	PUBLIC HEALTH	LA 1054406	$165.29
00000575	09/23/2025	102493	HUE & CRY SECURITY	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	MAINTENANCE OF EQUIPMENT	$42.00
00000576	09/23/2025	105814	MIKE'S HEATING AND AIR INC	112	HEALTH SERVICES	40251-53180	CLINIC SERVICES	MTCE STRUCT-IMPRV-GROUNDS	$525.00
00000577	09/24/2025	132340	ANTELOPE AUTO REPAIR LLC	101	GENERAL FUND	4011-53170	ENVIRONMENTAL HE	MAINTENANCE OF EQUIPMENT	$292.95
00000578	09/24/2025	100502	CALIFORNIA NEWSPAPERS PARTNERS	105	FIRE FUND	2042-53280	FIRE SCH C VOL	2123840	$49.12
00000579	09/29/2025	108325	STAPLES ADVANTAGE	108	SOCIAL SERVICES	5013-53220	SOCIAL SERVICES	LA 1054406	$419.06
00000580	09/30/2025	100439	CORNING FORD JEEP CHRYSLER DOD	108	SOCIAL SERVICES	5013-53170	SOCIAL SERVICES	MAINTENANCE OF EQUIPMENT	$1,155.97
00000581	10/01/2025	100185	BEN'S TRUCK REPAIR INC	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	217180	$403.38
00000582	10/01/2025	100502	CALIFORNIA NEWSPAPERS PARTNERS	102	ROAD FUND	3011-53240	ROAD DEPARTMENT	2123839	$206.99
00000583	10/01/2025	100439	CORNING FORD JEEP CHRYSLER DOD	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	096887	$212.61

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
00000583	10/01/2025	100439	CORNING FORD JEEP CHRYSLER DOD	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	096889	$424.92
00000583	10/01/2025	100439	CORNING FORD JEEP CHRYSLER DOD	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	096890	$236.16
00000583	10/01/2025	100439	CORNING FORD JEEP CHRYSLER DOD	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	65805	$141.37
00000583	10/01/2025	100439	CORNING FORD JEEP CHRYSLER DOD	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	65806	$55.17
00000584	10/01/2025	101705	TEHAMA TIRE SERVICE	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	MAINTENANCE OF EQUIPMENT	$364.84
00000584	10/01/2025	101705	TEHAMA TIRE SERVICE	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	SHOP SUPPLIES EXPENSE	$321.75
00000585	10/02/2025	132340	ANTELOPE AUTO REPAIR LLC	101	GENERAL FUND	5062-53170	COMMUNITY ACTION	Car 21 CAA	$259.08
00000586	10/02/2025	105814	MIKE'S HEATING AND AIR INC	101	GENERAL FUND	1076-53180	PROPERTY PLANNIN	MTCE STRUCT-IMPRV-GROUNDS	$1,177.50
00000587	10/03/2025	102493	HUE & CRY SECURITY	106	PUBLIC SAFETY	2007-53170	DA WELFARE FRAUD	MAINTENANCE OF EQUIPMENT	$15.00
00000587	10/03/2025	102493	HUE & CRY SECURITY	106	PUBLIC SAFETY	2013-53170	DISTRICT ATTORNE	MAINTENANCE OF EQUIPMENT	$15.00
00000587	10/03/2025	102493	HUE & CRY SECURITY	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	MAINTENANCE OF EQUIPMENT	$42.00
00000588	10/03/2025	103384	SMILEMAKERS	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	PO9608	$240.86
00000589	10/03/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40121-53140	PUBLIC HEALTH	LA 1054406	$164.74
00000589	10/03/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40121-53220	PUBLIC HEALTH	LA 1054406	$1,305.59
00000589	10/03/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40131-53140	MENTAL HEALTH	LA 1054406	$701.84
00000589	10/03/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40131-53220	MENTAL HEALTH	LA 1054406	$4,321.71

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
00000589	10/03/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40131-53800	MENTAL HEALTH	LA 1054406	$806.24
00000589	10/03/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40171-53140	DRUG & ALCOHOL	LA 1054406	$285.91
00000589	10/03/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40171-53220	DRUG & ALCOHOL	LA 1054406	$1,744.83
00000589	10/03/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40251-53140	CLINIC SERVICES	LA 1054406	$1,061.31
00000589	10/03/2025	108325	STAPLES ADVANTAGE	112	HEALTH SERVICES	40251-53220	CLINIC SERVICES	LA 1054406	$4,012.36
00000590	10/03/2025	101653	SUBURBAN PROPANE	112	HEALTH SERVICES	40121-53300	PUBLIC HEALTH	1636-116857	$60.00
00008180	10/02/2025	134476	PATI NOLEN	527	TC TRANS COMM AD	3033-53210	TCTC PLANNING	TCTC MEETING STIPEND 9/22/25	$100.00
70879455	09/22/2025	122859	ACCESS INFORMATION HOLDINGS LL	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	CH001032	$695.02
70879456	09/22/2025	100065	ALSCO INC	112	HEALTH SERVICES	40121-53180	PUBLIC HEALTH	MTCE STRUCT-IMPRV-GROUNDS	$5.13
70879456	09/22/2025	100065	ALSCO INC	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	MTCE STRUCT-IMPRV-GROUNDS	$5.12
70879456	09/22/2025	100065	ALSCO INC	112	HEALTH SERVICES	40171-53180	DRUG & ALCOHOL	MTCE STRUCT-IMPRV-GROUNDS	$5.15
70879456	09/22/2025	100065	ALSCO INC	112	HEALTH SERVICES	40251-53180	CLINIC SERVICES	MTCE STRUCT-IMPRV-GROUNDS	$5.13
70879457	09/22/2025	V000533	AMERGIS HEALTHCARE STAFFING IN	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$5,687.50
70879458	09/22/2025	122809	AMERICAN JANITORIAL & MAINTENA	112	HEALTH SERVICES	40121-53140	PUBLIC HEALTH	HOUSEHOLD EXPENSE	$1,750.96
70879458	09/22/2025	122809	AMERICAN JANITORIAL & MAINTENA	112	HEALTH SERVICES	40131-53140	MENTAL HEALTH	HOUSEHOLD EXPENSE	$2,459.44
70879458	09/22/2025	122809	AMERICAN JANITORIAL & MAINTENA	112	HEALTH SERVICES	40171-53140	DRUG & ALCOHOL	HOUSEHOLD EXPENSE	$534.14

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879458	09/22/2025	122809	AMERICAN JANITORIAL & MAINTENA	112	HEALTH SERVICES	40251-53140	CLINIC SERVICES	HOUSEHOLD EXPENSE	$1,500.46
70879459	09/22/2025	135787	AMN HEALTHCARE LOCUM TENENS IN	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	PROFESSIONAL/SPECIAL SERV	$30,080.00
70879460	09/22/2025	V000250	ANTONIO CARBONELL JR	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	PROFESSIONAL/SPECIAL SERV	$1,800.00
70879461	09/22/2025	123077	AURORA BEHAVIORAL HEALTHCARE	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	SUPPORT & CARE OF PERSONS	$56,510.00
70879462	09/22/2025	134521	AVAYA INC	112	HEALTH SERVICES	40121-53250	PUBLIC HEALTH	RENT/LEASE OF EQUIPMENT	$124.75
70879462	09/22/2025	134521	AVAYA INC	112	HEALTH SERVICES	40131-53250	MENTAL HEALTH	RENT/LEASE OF EQUIPMENT	$214.65
70879462	09/22/2025	134521	AVAYA INC	112	HEALTH SERVICES	40171-53250	DRUG & ALCOHOL	RENT/LEASE OF EQUIPMENT	$60.94
70879462	09/22/2025	134521	AVAYA INC	112	HEALTH SERVICES	40251-53250	CLINIC SERVICES	RENT/LEASE OF EQUIPMENT	$55.10
70879463	09/22/2025	100205	BOB'S TIRE CENTER	112	HEALTH SERVICES	40121-53170	PUBLIC HEALTH	MAINTENANCE OF EQUIPMENT	$155.00
70879463	09/22/2025	100205	BOB'S TIRE CENTER	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	MAINTENANCE OF EQUIPMENT	$8.00
70879463	09/22/2025	100205	BOB'S TIRE CENTER	112	HEALTH SERVICES	40171-53170	DRUG & ALCOHOL	MAINTENANCE OF EQUIPMENT	$5.00
70879463	09/22/2025	100205	BOB'S TIRE CENTER	112	HEALTH SERVICES	40251-53170	CLINIC SERVICES	MAINTENANCE OF EQUIPMENT	$2.00
70879464	09/22/2025	134077	CALIFORNIA FORENSIC PSYCHOLOGY	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$2,200.00
70879465	09/22/2025	111731	CASA SERENITY LLC	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	SUPPORT & CARE OF	$29,797.00

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
								PERSONS	
70879466	09/22/2025	110366	CHEAC	112	HEALTH SERVICES	40121-53200	PUBLIC HEALTH	MEMBERSHIPS & DUES	$9,996.00
70879466	09/22/2025	110366	CHEAC	112	HEALTH SERVICES	40251-53200	CLINIC SERVICES	MEMBERSHIPS & DUES	$3,332.00
70879467	09/22/2025	123035	CHICO STATE ENTERPRISES	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	PROFESSIONAL/SPECIAL SERV	$61,579.63
70879468	09/22/2025	121013	COASTAL BUSINESS SYSTEMS INC	112	HEALTH SERVICES	40121-53250	PUBLIC HEALTH	RENT/LEASE OF EQUIPMENT	$397.75
70879468	09/22/2025	121013	COASTAL BUSINESS SYSTEMS INC	112	HEALTH SERVICES	40251-53250	CLINIC SERVICES	RENT/LEASE OF EQUIPMENT	$397.75
70879469	09/22/2025	122041	COMCAST	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	8155 60 033 0123194	$533.92
70879470	09/22/2025	V000063	COMMUNITY BEHAVIORAL HEALTH	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$84,485.50
70879471	09/22/2025	T0028934	CRESTWOOD BEHAVIORAL HEALTH	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	SUPPORT & CARE OF PERSONS	$38,453.00
70879471	09/22/2025	T0028934	CRESTWOOD BEHAVIORAL HEALTH	112	HEALTH SERVICES	40131-55407	MENTAL HEALTH	INSTITUTE MENTAL DISEASE	$63,767.00
70879472	09/22/2025	120435	DANIEL R KENNEDY	112	HEALTH SERVICES	40121-53260	PUBLIC HEALTH	RENT/LEASE OF BUILDINGS	$581.40
70879472	09/22/2025	120435	DANIEL R KENNEDY	112	HEALTH SERVICES	40131-53260	MENTAL HEALTH	RENT/LEASE OF BUILDINGS	$1,094.32
70879472	09/22/2025	120435	DANIEL R KENNEDY	112	HEALTH SERVICES	40171-53260	DRUG & ALCOHOL	RENT/LEASE OF BUILDINGS	$146.24
70879472	09/22/2025	120435	DANIEL R KENNEDY	112	HEALTH SERVICES	40251-53260	CLINIC SERVICES	RENT/LEASE OF BUILDINGS	$428.04
70879473	09/22/2025	111467	DAVIS GUEST HOME	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	SUPPORT & CARE OF PERSONS	$21,700.00

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879474	09/22/2025	114247	DEBBIE FOX-CHOW DVM	101	GENERAL FUND	2078-53230	DIV OF ANIMAL SE	150PA24 SN Van 8/15 & 8/29	$1,875.00
70879475	09/22/2025	103045	DEPT OF JUSTICE	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	141165	$128.00
70879476	09/22/2025	126292	DOCS MEDICAL GROUP	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$630.00
70879477	09/22/2025	127756	EMPOWER TEHAMA	108	SOCIAL SERVICES	5013-53230	SOCIAL SERVICES	PROFESSIONAL/SPECIAL SERV	$14,750.06
70879477	09/22/2025	127756	EMPOWER TEHAMA	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$750.00
70879478	09/22/2025	112838	FRONT ST INC	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	SUPPORT & CARE OF PERSONS	$4,817.71
70879479	09/22/2025	136667	GARETH J BRISCOE	106	PUBLIC SAFETY	2013-53220	DISTRICT ATTORNE	OFFICE EXPENSE	$125.40
70879480	09/22/2025	100758	HELENA CHEMICAL CO	101	GENERAL FUND	2061-53100	AGRICULTURE COMM	Method, Ranger Pro, MSO	$2,213.91
70879481	09/22/2025	100842	JOB TRAINING CENTER INC	108	SOCIAL SERVICES	5013-53230	SOCIAL SERVICES	PROFESSIONAL/SPECIAL SERV	$37,263.02
70879482	09/22/2025	129531	JOHN LESSLEY QUALITY INNOVATIO	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$130.00
70879483	09/22/2025	101699	JOHN W CORNELISON DBA	112	HEALTH SERVICES	40121-53220	PUBLIC HEALTH	OFFICE EXPENSE	$20.03
70879483	09/22/2025	101699	JOHN W CORNELISON DBA	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	MTCE STRUCT-IMPRV-GROUNDS	$258.61
70879483	09/22/2025	101699	JOHN W CORNELISON DBA	112	HEALTH SERVICES	40131-53220	MENTAL HEALTH	OFFICE EXPENSE	$8.36
70879483	09/22/2025	101699	JOHN W CORNELISON DBA	112	HEALTH SERVICES	40171-53220	DRUG & ALCOHOL	OFFICE EXPENSE	$14.91
70879483	09/22/2025	101699	JOHN W CORNELISON DBA	112	HEALTH SERVICES	40251-53220	CLINIC SERVICES	OFFICE EXPENSE	$0.64
70879484	09/22/2025	125241	JUMP TECHNOLOGY SERVICES	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$5,932.80
70879485	09/22/2025	110712	LABCORP OF AMERICA	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	4100230	$250.00

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
			HOLDINGS						
70879486	09/22/2025	106086	LOCUM TENENS COM	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$650.00
70879487	09/22/2025	100252	LYNNE MOULE	101	GENERAL FUND	1014-53230	COUNTY ADMINISTR	PROFESSIONAL/SPECIAL SERV	$74.00
70879488	09/22/2025	V000614	PACIFIC OCEAN BEHAVIORAL HEALT	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PO9653	$8,565.00
70879488	09/22/2025	V000614	PACIFIC OCEAN BEHAVIORAL HEALT	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$11,625.00
70879489	09/22/2025	V000455	PATRICK BOREL	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$1,500.00
70879490	09/22/2025	131712	PREMIER INDEPENDENCE INC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$46,592.50
70879491	09/22/2025	127714	PROVIDER HEALTHCARE, LLC	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	PROFESSIONAL/SPECIAL SERV	$50,320.00
70879492	09/22/2025	101371	RED BLUFF GLASS COMPANY	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	MAINTENANCE OF EQUIPMENT	$813.43
70879493	09/22/2025	121598	RELIAS LEARNING	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	PROFESSIONAL/SPECIAL SERV	$677.83
70879493	09/22/2025	121598	RELIAS LEARNING	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$1,161.27
70879493	09/22/2025	121598	RELIAS LEARNING	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	PROFESSIONAL/SPECIAL SERV	$387.60
70879493	09/22/2025	121598	RELIAS LEARNING	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	PROFESSIONAL/SPECIAL SERV	$343.17
70879494	09/22/2025	102334	SATCOM GLOBAL INC	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	107353	$114.42
70879494	09/22/2025	102334	SATCOM GLOBAL INC	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	107353	$79.74

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879495	09/22/2025	T0023781	SHASTA COUNTY OFFICE OF EDUCAT	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$3,126.68
70879496	09/22/2025	115047	SHASTA REGIONAL MEDICAL CENTER	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$10,604.16
70879497	09/22/2025	V000647	THE GORDIAN GROUP INC	605	TC SANITATION DI	60510-53230	TC SANITATION DI	PROFESSIONAL/SPECIAL SERV	$13,142.33
70879498	09/22/2025	105571	WILLOW GLEN CARE CENTER	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	SUPPORT & CARE OF PERSONS	$2,550.00
70879499	09/22/2025	113681	WORLD TELECOM INC	101	GENERAL FUND	2073-53170	PUB GUARDIAN / P	PO428954	$343.75
70879500	09/22/2025	V000327	1142 LLC	112	HEALTH SERVICES	40131-53280	MENTAL HEALTH	SPECIAL DEPARTMENTAL EXP	$526.82
70879501	09/22/2025	126109	AMY CONDIE	112	HEALTH SERVICES	40121-53290	PUBLIC HEALTH	MHOCSA COURSE CERT YUBA CITY	$20.00
70879502	09/22/2025	109635	BHC SIERRA VISTA HOSPITAL	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	SUPPORT & CARE OF PERSONS	$47,292.00
70879503	09/22/2025	106877	CACEO	101	GENERAL FUND	1052-53290	ELECTIONS	Sig Verification Training Reg	$30.00
70879504	09/22/2025	100375	CITY OF CORNING	117	TRANSPORTATION O	3037-532360	TRAX	PROF/SPECIAL-CONTRCT OPR	$500.00
70879505	09/22/2025	134851	MCENTIRE LANDSCAPING INC	117	TRANSPORTATION O	3037-53180	TRAX	MTCE STRUCT-IMPRV-GROUNDS	$780.00
70879506	09/22/2025	108986	NETSMART OHIO, INC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	0000446	$25,064.56
70879506	09/22/2025	108986	NETSMART OHIO, INC	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	0000446	$9,270.44
70879507	09/22/2025	108780	NOEL CLEM	106	PUBLIC SAFETY	2013-53280	DISTRICT ATTORNE	EVIDENTARY ALCOHOL LAB TEST	$30.00
70879508	09/22/2025	108794	POSTMASTER	101	GENERAL FUND	1052-53220	ELECTIONS	Permit 217 Postage	$1,500.00

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879509	09/22/2025	108794	POSTMASTER	101	GENERAL FUND	1052-53220	ELECTIONS	BRM 15001 Postage	$2,000.00
70879510	09/22/2025	108794	POSTMASTER	101	GENERAL FUND	1052-53220	ELECTIONS	Permit 95010 Postage	$1,500.00
70879511	09/22/2025	133588	WAVE TECHNOLOGIES LLC	527	TC TRANS COMM AD	3033-53120	TCTC PLANNING	COMMUNICATIONS	$327.34
70879512	09/23/2025	107355	AIRGAS USA LLC	105	FIRE FUND	2042-53250	FIRE SCH C VOL	2143997	$477.96
70879513	09/23/2025	132507	ARS AUTO INC	101	GENERAL FUND	4011-53170	ENVIRONMENTAL HE	PO 428973	$621.45
70879514	09/23/2025	103939	AT&T	105	FIRE FUND	2042-53120	FIRE SCH C VOL	24042753	$112.86
70879514	09/23/2025	103939	AT&T	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	9391032900	$61.27
70879514	09/23/2025	103939	AT&T	113	CHILD SUPPORT	5015-53120	CHILD SUPPORT SE	9391032837	$159.03
70879514	09/23/2025	103939	AT&T	113	CHILD SUPPORT	5015-53120	CHILD SUPPORT SE	9391032920	$31.41
70879514	09/23/2025	103939	AT&T	113	CHILD SUPPORT	5015-53120	CHILD SUPPORT SE	9391032924	$582.01
70879515	09/23/2025	103939	AT&T	101	GENERAL FUND	1023-53120	ASSESSOR	BAN 9391032897	$31.41
70879516	09/23/2025	134815	CALIFORNIA ASSESSORS' ASSOCIAT	101	GENERAL FUND	1014-53200	COUNTY ADMINISTR	MEMBERSHIPS & DUES	$941.00
70879517	09/23/2025	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	1023-53220	ASSESSOR	inAR77910 Agr#384PA25	$21.50
70879518	09/23/2025	102616	CLIFF ROWEN	105	FIRE FUND	2042-53210	FIRE SCH C VOL	MISCELLANEOUS EXPENSE	$7,982.18
70879519	09/23/2025	126777	CLIFTONLARSONALLEN, LLP	101	GENERAL FUND	1105-53231	PROFESSIONAL COU	AG#2024-073 Ac#297059	$3,750.00
70879520	09/23/2025	V000630	CODY J CALVERT	105	FIRE FUND	2042-53210	FIRE SCH C VOL	MISCELLANEOUS EXPENSE	$7,982.18
70879521	09/23/2025	102651	CODY LESTER	105	FIRE FUND	2042-53210	FIRE SCH C VOL	PICKETT INCIDENT	$7,982.18
70879522	09/23/2025	120435	DANIEL R KENNEDY	101	GENERAL FUND	5062-53260	COMMUNITY ACTION	1007112	$60.00
70879522	09/23/2025	120435	DANIEL R KENNEDY	108	SOCIAL SERVICES	5013-53260	SOCIAL SERVICES	1007112	$540.00
70879522	09/23/2025	120435	DANIEL R KENNEDY	112	HEALTH SERVICES	40121-53260	PUBLIC HEALTH	RENT/LEASE OF BUILDINGS	$290.70

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879522	09/23/2025	120435	DANIEL R KENNEDY	112	HEALTH SERVICES	40131-53260	MENTAL HEALTH	RENT/LEASE OF BUILDINGS	$474.04
70879522	09/23/2025	120435	DANIEL R KENNEDY	112	HEALTH SERVICES	40171-53260	DRUG & ALCOHOL	RENT/LEASE OF BUILDINGS	$146.24
70879522	09/23/2025	120435	DANIEL R KENNEDY	112	HEALTH SERVICES	40251-53260	CLINIC SERVICES	RENT/LEASE OF BUILDINGS	$214.02
70879523	09/23/2025	112469	DAVE'S TRACTOR INC	101	GENERAL FUND	2062-53170	CODE/MARIJUANA E	PO 428972	$495.08
70879524	09/23/2025	100535	DEPT OF TRANSPORTATION	105	FIRE FUND	2042-53291	FIRE SCH C VOL	TRANSPORTATION EXPENSE	$100.11
70879525	09/23/2025	136051	ELIOR INC	116	SENIOR NUTRITION	5063-53130	SENIOR NUTRITION	A7022	$4,200.00
70879526	09/23/2025	V000233	GENUINE PARTS COMPANY INC	112	HEALTH SERVICES	40121-53170	PUBLIC HEALTH	MAINTENANCE OF EQUIPMENT	$66.59
70879527	09/23/2025	135222	GORDON TRUCK CENTERS INC	112	HEALTH SERVICES	40121-53170	PUBLIC HEALTH	PO 9652	$585.20
70879528	09/23/2025	142511	GRAINGER INC	101	GENERAL FUND	1074-53180	FACILITIES MAINT	830621579	$940.57
70879529	09/23/2025	113113	GREEN WASTE OF TEHAMA	105	FIRE FUND	2042-53140	FIRE SCH C VOL	4019 10194	$43.56
70879530	09/23/2025	V000173	HEATHER M O'CONNELL PH D	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$2,280.00
70879531	09/23/2025	112696	HENRY SCHEIN/CALIGOR	112	HEALTH SERVICES	40251-53190	CLINIC SERVICES	MEDICAL/DENTAL LAB SUPPLY	$159.65
70879532	09/23/2025	106744	HINDERLITER, DE LLAMAS & ASSOC	101	GENERAL FUND	1021-53230	AUDITOR CONTROLL	Q1/2025 AG#2024-236	$118.98
70879533	09/23/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	2061-53291	AGRICULTURE COMM	BP428170 Fuel	$680.24
70879533	09/23/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	2078-53291	DIV OF ANIMAL SE	BP428170 Fuel	$122.82
70879533	09/23/2025	136121	HUNT & SONS LLC	112	HEALTH SERVICES	40121-53291	PUBLIC HEALTH	6015	$251.85
70879533	09/23/2025	136121	HUNT & SONS LLC	112	HEALTH SERVICES	40131-53291	MENTAL HEALTH	6015	$922.53

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879533	09/23/2025	136121	HUNT & SONS LLC	112	HEALTH SERVICES	40171-53291	DRUG & ALCOHOL	6015	$266.15
70879533	09/23/2025	136121	HUNT & SONS LLC	112	HEALTH SERVICES	40251-53291	CLINIC SERVICES	6015	$80.08
70879534	09/23/2025	100801	IMPRESSIVE PRINT	101	GENERAL FUND	1021-53220	AUDITOR CONTROLL	3-part official Receipts	$2,497.23
70879535	09/23/2025	132636	IRIS TELEHEALTH MEDICAL GROUP	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$15,960.00
70879536	09/23/2025	135759	JENNIFER K GARCIA CONTRERAS	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	MAINTENANCE OF EQUIPMENT	$279.95
70879537	09/23/2025	V000606	JEVON JOHNSON MD	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	SUPPORT & CARE OF PERSONS	$1,083.00
70879538	09/23/2025	T0026020	JOHN LACY	105	FIRE FUND	2042-53210	FIRE SCH C VOL	MISCELLANEOUS EXPENSE	$7,982.18
70879539	09/23/2025	110694	JOSEPH R MEDELLIN	105	FIRE FUND	2042-53210	FIRE SCH C VOL	MISCELLANEOUS EXPENSE	$7,982.18
70879540	09/23/2025	102759	LARRY WAYNE DAGEN, JR	105	FIRE FUND	2042-53210	FIRE SCH C VOL	MISCELLANEOUS EXPENSE	$7,982.18
70879541	09/23/2025	123948	LEXIS NEXIS RISK SOLUTIONS	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	1465107	$695.60
70879542	09/23/2025	100931	LIFE ASSIST INC	105	FIRE FUND	2042-53280	FIRE SCH C VOL	96080FD	$747.75
70879543	09/23/2025	106086	LOCUM TENENS COM	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$6,110.00
70879544	09/23/2025	100252	LYNNE MOULE	101	GENERAL FUND	1021-53230	AUDITOR CONTROLL	FINGERPRINTS-ARELLANO	$25.00
70879545	09/23/2025	129181	MCKESSON MEDICAL	112	HEALTH SERVICES	40121-53190	PUBLIC HEALTH	58779836	$1,644.18
70879546	09/23/2025	133522	MICHAEL JAMARCK	105	FIRE FUND	2042-53210	FIRE SCH C VOL	MISCELLANEOUS EXPENSE	$7,982.18
70879547	09/23/2025	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	Pyrantel Pamoate	$141.90
70879547	09/23/2025	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	syr 03cc	$56.14
70879547	09/23/2025	102531	MWI VETERINARY SUPPLY	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	Enrosite, Gabapentin	$532.76

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
			CO						
70879547	09/23/2025	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	Virbantel med	$465.45
70879548	09/23/2025	104256	NACO	101	GENERAL FUND	1011-53200	BOARD OF SUPERVI	MEMBERSHIPS & DUES	$1,317.00
70879549	09/23/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	112	HEALTH SERVICES	40121-53220	PUBLIC HEALTH	89517192	$1,002.93
70879549	09/23/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	112	HEALTH SERVICES	40131-53220	MENTAL HEALTH	89517192	$1,705.60
70879549	09/23/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	112	HEALTH SERVICES	40171-53220	DRUG & ALCOHOL	89517192	$1,434.24
70879549	09/23/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	112	HEALTH SERVICES	40251-53220	CLINIC SERVICES	89517192	$183.95
70879550	09/23/2025	133323	OFFICE THREE SIXTY INC	101	GENERAL FUND	2078-53220	DIV OF ANIMAL SE	Batteries	$31.16
70879551	09/23/2025	131122	OLIVIA DEL PILAR, MD	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	SUPPORT & CARE OF PERSONS	$560.00
70879552	09/23/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7032-53300	LOS MOLINOS VETE	9263246164-3	$646.94
70879552	09/23/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7032-53300	LOS MOLINOS VETE	9304912828-8	$71.59
70879552	09/23/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	0348332864-1	$207.71
70879552	09/23/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	3395590579-0	$79.32
70879552	09/23/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	6174749535-8	$666.41
70879552	09/23/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	7477614270-0	$43.53
70879552	09/23/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	9304912828-8	$71.59
70879552	09/23/2025	101231	PACIFIC GAS & ELECTRIC	602	LOS MOLINOS LIGH	60210-53300	LOS MOLINOS LIGH	Acc#5857641234-8	$859.24
70879553	09/23/2025	122687	SARAH A MAYBERRY	105	FIRE FUND	2042-53210	FIRE SCH C VOL	MISCELLANEOUS EXPENSE	$7,982.18
70879554	09/23/2025	T0023781	SHASTA COUNTY OFFICE	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$3,126.68

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
			OF EDUCAT						
70879555	09/23/2025	135605	SPECTRUM	105	FIRE FUND	2042-53120	FIRE SCH C VOL	8413120110150323	$106.25
70879556	09/23/2025	132490	STOMMEL INC	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	83075 PO9609	$1,607.57
70879557	09/23/2025	127174	SUPERION, LLC	101	GENERAL FUND	1021-53170	AUDITOR CONTROLL	Ac#4565 Ag#2023-208	$81,900.00
70879557	09/23/2025	127174	SUPERION, LLC	101	GENERAL FUND	1021-53170	AUDITOR CONTROLL	AG#2019-36 AC#4565	$334.63
70879558	09/23/2025	114627	TEHAMA SUPERIOR COURT	106	PUBLIC SAFETY	2026-53221	PUBLIC DEFENDER	Ac#5062542 Transcript GJ	$963.90
70879559	09/23/2025	101798	VALLEY VETERINARY CLINIC	101	GENERAL FUND	2078-53230	DIV OF ANIMAL SE	2024-336 SN August 2025	$5,895.00
70879559	09/23/2025	101798	VALLEY VETERINARY CLINIC	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	MED Donations August	$2,444.03
70879560	09/23/2025	132526	WILLIAM MASON	105	FIRE FUND	2042-53210	FIRE SCH C VOL	MISCELLANEOUS EXPENSE	$7,982.18
70879561	09/23/2025	134133	4417 CUBESMART	895	CAVALLERO, LINDA	895-301800	NOT APPLICABLE	5004358477	$141.00
70879563	09/23/2025	136397	APSE LLC	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	089-230-043-000 2024	$413.25
70879565	09/23/2025	133289	BENEFIT COORDINATORS CORP-BCC	211	DENTAL INSURANCE	1112-53150	DENTAL	AUG 25 DENTAL CLAIM	$52,279.90
70879565	09/23/2025	133289	BENEFIT COORDINATORS CORP-BCC	211	DENTAL INSURANCE	1112-53230	DENTAL	AUG 25 ADMIN FEE	$3,502.75
70879565	09/23/2025	133289	BENEFIT COORDINATORS CORP-BCC	213	VISION	1113-53150	VISION	AUG 25 VISION CLAIM	$5,980.81
70879565	09/23/2025	133289	BENEFIT COORDINATORS CORP-BCC	213	VISION	1113-53230	VISION	AUG 25 ADMIN FEE	$508.37
70879566	09/23/2025	T00667	BOSWELL GROUP LLC	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	089-300-002-000 2024	$52.47
70879566	09/23/2025	T00667	BOSWELL GROUP LLC	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	089-300-002-000 2025	$128.32
70879567	09/23/2025	T00673	BRIANNA SOCHA	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	091-260-032-000 2024	$32.45

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879567	09/23/2025	T00673	BRIANNA SOCHA	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	091-260-032-000 2025	$290.15
70879568	09/23/2025	T00563	CALIFORNIA STATE GRANGE	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	087-280-012-000 2024	$8.96
70879568	09/23/2025	T00563	CALIFORNIA STATE GRANGE	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	087-280-012-000 2025	$152.29
70879571	09/23/2025	102620	DAVE DOUGHTY	105	FIRE FUND	2042-53210	FIRE SCH C VOL	GIFFORD INCIDENT	$11,467.35
70879572	09/23/2025	T00669	DEBRA S MCFATE REV TRUST	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	087-130-023-000 2024	$440.12
70879575	09/23/2025	V000661	JAMES BONDS	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$250.00
70879576	09/23/2025	T00674	JUSTIN LEE WINN ETAL	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	060-140-005-000 2025	$61.22
70879577	09/23/2025	T00672	KEITH CHRISTOPHER RAY	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	091-070-018-000 2024	$39.30
70879577	09/23/2025	T00672	KEITH CHRISTOPHER RAY	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	091-070-018-000 2025	$185.83
70879579	09/23/2025	135896	KELLY FROST	106	PUBLIC SAFETY	2013-53220	DISTRICT ATTORNE	2X TISSUES	$36.03
70879582	09/23/2025	T00675	R BRIAN WINN	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	060-030-071-000 2024	$4.95
70879582	09/23/2025	T00675	R BRIAN WINN	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	060-030-071-000 2025	$40.50
70879583	09/23/2025	T00668	REBECCA DANI	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	060-070-026-000 2024	$23.91
70879583	09/23/2025	T00668	REBECCA DANI	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	060-070-026-000 2025	$80.82
70879584	09/23/2025	T00676	RYAN A OVERBO	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	060-140-0005-000 2024	$29.06
70879584	09/23/2025	T00676	RYAN A OVERBO	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	060-140-005-000 2025	$11.78
70879588	09/23/2025	T00670	TANNER GOVE ETAL	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	027-340-003-000 2024	$2.69
70879588	09/23/2025	T00670	TANNER GOVE ETAL	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	027-340-003-000 2025	$110.96
70879589	09/23/2025	V000660	TIMOTHY MARTINI	101	GENERAL FUND	101-207766	NOT APPLICABLE	DEVELOPEMENT IMPACT FEES REFUN	$2,750.00

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879590	09/23/2025	T00671	TIPHANIE ROBYN LOPEZ ETAL	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	089-050-012-000 2024	$8.27
70879590	09/23/2025	T00671	TIPHANIE ROBYN LOPEZ ETAL	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	089-050-012-000 2025	$37.80
70879590	09/23/2025	T00671	TIPHANIE ROBYN LOPEZ ETAL	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	089-050-013-000 2024	$8.27
70879590	09/23/2025	T00671	TIPHANIE ROBYN LOPEZ ETAL	310	SUPPL SECURED TA	310-301800	NOT APPLICABLE	089-050-013-000 2025	$37.80
70879591	09/23/2025	108732	TONY'S REFRIGERATION INC	116	SENIOR NUTRITION	5063-53230	SENIOR NUTRITION	PROFESSIONAL/SPECIAL SERV	$14,890.75
70879593	09/24/2025	119080	ABC LEGAL SERVICES INC	113	CHILD SUPPORT	5015-53280	CHILD SUPPORT SE	108957	$70.00
70879594	09/24/2025	134185	AGILE OCCUPATIONAL MEDICINE PC	105	FIRE FUND	2042-53230	FIRE SCH C VOL	PROFESSIONAL/SPECIAL SERV	$420.00
70879595	09/24/2025	130841	APPLIED SURVEY RESEARCH	535	TC CHILD & FAMIL	53510-555202	TC CHILD & FAMIL	SCHOOL READINESS	$1,312.50
70879595	09/24/2025	130841	APPLIED SURVEY RESEARCH	535	TC CHILD & FAMIL	53510-555204	TC CHILD & FAMIL	PROGRAM EVALUATION	$6,825.00
70879595	09/24/2025	130841	APPLIED SURVEY RESEARCH	535	TC CHILD & FAMIL	53510-555219	TC CHILD & FAMIL	TRAINING AND LEADERSHIP	$5,600.00
70879595	09/24/2025	130841	APPLIED SURVEY RESEARCH	535	TC CHILD & FAMIL	53510-555220	TC CHILD & FAMIL	EARLY MENTAL HEALTH	$2,012.50
70879596	09/24/2025	103939	AT&T	101	GENERAL FUND	1021-53120	AUDITOR CONTROLL	Acc#9391032919	$29.85
70879596	09/24/2025	103939	AT&T	101	GENERAL FUND	2072-53120	SHERIFF - CORONE	9391032859	$22.88
70879596	09/24/2025	103939	AT&T	101	GENERAL FUND	4011-53120	ENVIRONMENTAL HE	9391032902	$167.63
70879596	09/24/2025	103939	AT&T	106	PUBLIC SAFETY	2023-53120	BAILIFF	9391032928	$168.11
70879596	09/24/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032892	$568.86

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879596	09/24/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032895	$269.82
70879596	09/24/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032898	$21.71
70879596	09/24/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032899	$61.27
70879596	09/24/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032931	$20.16
70879596	09/24/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032951	$61.27
70879596	09/24/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032953	$244.09
70879596	09/24/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032954	$35.44
70879596	09/24/2025	103939	AT&T	106	PUBLIC SAFETY	2028-53120	AUTO SHOP	9391032855	$31.93
70879596	09/24/2025	103939	AT&T	712	TEHAMA MAJOR CRI	71210-53120	TEHAMA MAJOR CRI	9391032873	$32.57
70879597	09/24/2025	V000558	B & T CA LLC	101	GENERAL FUND	4011-53170	ENVIRONMENTAL HE	MAINTENANCE OF EQUIPMENT	$16.00
70879598	09/24/2025	110987	CAL FIRE	101	GENERAL FUND	2075-53260	OFFICE OF EMERG	L-0422	$270.00
70879599	09/24/2025	142466	CARREL'S OFFICE MACHINES	101	GENERAL FUND	4011-53170	ENVIRONMENTAL HE	TC27	$120.86
70879600	09/24/2025	100376	CITY OF RED BLUFF	106	PUBLIC SAFETY	2027-53300	SHERIFF	005683	$27.58
70879600	09/24/2025	100376	CITY OF RED BLUFF	106	PUBLIC SAFETY	2027-53300	SHERIFF	005916	$175.53
70879600	09/24/2025	100376	CITY OF RED BLUFF	106	PUBLIC SAFETY	2028-53300	AUTO SHOP	006775	$28.98
70879600	09/24/2025	100376	CITY OF RED BLUFF	106	PUBLIC SAFETY	2032-53300	JAIL	005686	$3,683.82
70879601	09/24/2025	108456	CROWN MOTORS	105	FIRE FUND	2042-53170	FIRE SCH C VOL	PO21927	$360.03
70879601	09/24/2025	108456	CROWN MOTORS	105	FIRE FUND	2042-53170	FIRE SCH C VOL	PO21928	$360.03
70879602	09/24/2025	102868	ENLOE MEDICAL CENTER	106	PUBLIC SAFETY	20321-532395	JAIL - HEALTH SE	500002045	$877.30
70879603	09/24/2025	V000465	GOODYEAR COMMERCIAL TIRE & SER	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	780008-0001	$136.00

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879604	09/24/2025	126762	HEARTLAND PAYMENT SYSTEMS, LLC	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	hss4327852-029368	$580.00
70879605	09/24/2025	134372	HUMBOLDT MOVING & STORAGE	101	GENERAL FUND	2061-53230	AGRICULTURE COMM	345PA25 Shred service August	$38.50
70879606	09/24/2025	134656	HUMBOLDT MOVING & STORAGE CO I	101	GENERAL FUND	1031-53220	COUNTY COUNSEL	OFFICE EXPENSE	$57.75
70879607	09/24/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	4011-53291	ENVIRONMENTAL HE	6012	$450.40
70879607	09/24/2025	136121	HUNT & SONS LLC	105	FIRE FUND	2042-53291	FIRE SCH C VOL	6014	$2,903.08
70879608	09/24/2025	115303	INTERSTATE OIL COMPANY	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	31-0078648	$61.27
70879609	09/24/2025	100820	J & L TOWING	106	PUBLIC SAFETY	2027-53230	SHERIFF	18874	$68.00
70879609	09/24/2025	100820	J & L TOWING	106	PUBLIC SAFETY	2027-53230	SHERIFF	18967	$159.20
70879609	09/24/2025	100820	J & L TOWING	106	PUBLIC SAFETY	2027-53230	SHERIFF	19031	$296.40
70879609	09/24/2025	100820	J & L TOWING	106	PUBLIC SAFETY	2027-53230	SHERIFF	19101	$364.40
70879610	09/24/2025	106774	KIMBALL-MIDWEST	105	FIRE FUND	2042-53170	FIRE SCH C VOL	056363	$1,493.43
70879611	09/24/2025	V000663	LAW OFFICE OF NATALIE R LUDWI	106	PUBLIC SAFETY	2027-460940	SHERIFF	LAW ENFORCEMENT SERVICES	$275.00
70879612	09/24/2025	101470	LES SCHWAB TIRE CENTER	105	FIRE FUND	2042-53170	FIRE SCH C VOL	603-00585	$1,718.12
70879613	09/24/2025	123687	MCI COMM SERVICE	106	PUBLIC SAFETY	2027-53120	SHERIFF	5305953391	$35.80
70879614	09/24/2025	123038	MENDES SUPPLY COMPANY	106	PUBLIC SAFETY	2032-53140	JAIL	0007377	$251.29
70879615	09/24/2025	127304	MTECH INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	MAINTENANCE OF EQUIPMENT	$392.00
70879616	09/24/2025	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	Chlorhexidine Scrub 2% SNIP	$27.38

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879616	09/24/2025	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	Ndle Disp	$11.15
70879617	09/24/2025	110884	O'REILLY AUTOMOTIVE INC	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	1047279	$213.23
70879618	09/24/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	106	PUBLIC SAFETY	2037-53220	PROBATION	ACCT#89517192 09-08-25	$75.52
70879619	09/24/2025	133323	OFFICE THREE SIXTY INC	101	GENERAL FUND	2078-53220	DIV OF ANIMAL SE	Folders	$55.73
70879620	09/24/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	2072-53300	SHERIFF - CORONE	9508521897-2	$750.00
70879620	09/24/2025	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2027-53300	SHERIFF	3466590695-3	$30.55
70879620	09/24/2025	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2027-53300	SHERIFF	9508521897-2	$5,843.21
70879620	09/24/2025	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2027-53300	SHERIFF	9550188561-0	$116.91
70879620	09/24/2025	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2028-53300	AUTO SHOP	0254503023-7	$822.37
70879620	09/24/2025	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2031-53300	WORK FARM	7199495590-5	$1,106.40
70879620	09/24/2025	101231	PACIFIC GAS & ELECTRIC	712	TEHAMA MAJOR CRI	71210-53300	TEHAMA MAJOR CRI	9508521897-2	$500.00
70879621	09/24/2025	117529	PRO PACIFIC	106	PUBLIC SAFETY	2032-53130	JAIL	61960	$990.30
70879622	09/24/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	818652	$584.06
70879623	09/24/2025	116026	PROFORCE MARKETING INC	106	PUBLIC SAFETY	2032-53280	JAIL	733995	$236.71
70879624	09/24/2025	100382	RONALD L CLARK DDS	106	PUBLIC SAFETY	20321-532396	JAIL - HEALTH SE	A110-AT0166 - FLORES	$2,655.00
70879624	09/24/2025	100382	RONALD L CLARK DDS	106	PUBLIC SAFETY	20321-532396	JAIL - HEALTH SE	A113-AT0120-LOPEZ	$951.00
70879624	09/24/2025	100382	RONALD L CLARK DDS	106	PUBLIC SAFETY	20321-532396	JAIL - HEALTH SE	A127-AT0143-REEP	$899.00
70879624	09/24/2025	100382	RONALD L CLARK DDS	106	PUBLIC SAFETY	20321-532396	JAIL - HEALTH SE	A128-HAWTHORN	$2,192.00
70879624	09/24/2025	100382	RONALD L CLARK DDS	106	PUBLIC SAFETY	20321-532396	JAIL - HEALTH SE	A128-LIGHT PEACE	$588.00

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879624	09/24/2025	100382	RONALD L CLARK DDS	106	PUBLIC SAFETY	20321-532396	JAIL - HEALTH SE	A128-VAUGHN	$1,861.00
70879624	09/24/2025	100382	RONALD L CLARK DDS	106	PUBLIC SAFETY	20321-532396	JAIL - HEALTH SE	A86-TE0065-WRIGHT	$1,123.00
70879624	09/24/2025	100382	RONALD L CLARK DDS	106	PUBLIC SAFETY	20321-532396	JAIL - HEALTH SE	INMATE DENTAL-BURK, WILLIAM	$1,452.00
70879625	09/24/2025	V000257	SELECT JANITORIAL INC	535	TC CHILD & FAMIL	53510-53180	TC CHILD & FAMIL	MTCE STRUCT-IMPRV-GROUNDS	$230.00
70879626	09/24/2025	101509	SHELBY'S PEST CONTROL INC	106	PUBLIC SAFETY	2028-53230	AUTO SHOP	21244	$50.00
70879627	09/24/2025	134591	STEPHEN A DYKE	106	PUBLIC SAFETY	2027-532214	SHERIFF	1694	$60.19
70879628	09/24/2025	111735	TOMASINI BLACK SMITHING & WELD	105	FIRE FUND	2042-53170	FIRE SCH C VOL	MAINTENANCE OF EQUIPMENT	$606.09
70879629	09/24/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	3370715	$3,100.02
70879630	09/24/2025	117079	VERIZON WIRELESS	101	GENERAL FUND	5062-53120	COMMUNITY ACTION	642639291-00001	$403.70
70879630	09/24/2025	117079	VERIZON WIRELESS	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	642639291-00001	$3,011.35
70879630	09/24/2025	117079	VERIZON WIRELESS	116	SENIOR NUTRITION	5063-53120	SENIOR NUTRITION	642639291-00001	$36.70
70879630	09/24/2025	117079	VERIZON WIRELESS	257	TC IHSS PUBLIC A	5101-53120	TC IHSS PUBLIC A	642639291-00001	$36.70
70879631	09/24/2025	123478	WILGUS FIRE CONTROL INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	MAINTENANCE OF EQUIPMENT	$397.18
70879632	09/24/2025	113681	WORLD TELECOM INC	101	GENERAL FUND	1031-53280	COUNTY COUNSEL	PO428982	$125.00
70879633	09/24/2025	112949	ADAMS ASHBY GROUP INC	103	CAPITAL OUTLAY	1081-57597	PLANT ACQUISITIO	WALNUT ST SLURRY SEAL	$20,385.00
70879634	09/24/2025	T0026074	CITY OF RED BLUFF	117	TRANSPORTATION O	3037-53300	TRAX	UTILITIES	$118.21
70879635	09/24/2025	V000657	HUFFTSOLAR	115	BUILDING & SAFET	115-207799	NOT APPLICABLE	permit refund	$4.00
70879635	09/24/2025	V000657	HUFFTSOLAR	115	BUILDING & SAFET	115-207835	NOT APPLICABLE	permit refund	$0.40
70879635	09/24/2025	V000657	HUFFTSOLAR	115	BUILDING & SAFET	2065-420120	BUILDING & SAFET	permit refund	$1,255.85

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879635	09/24/2025	V000657	HUFFTSOLAR	412	CERT ACCESS SPEC	41210-461060	CERT ACCESS SPEC	permit refund	$3.60
70879636	09/24/2025	134376	MATT HANSEN	101	GENERAL FUND	1011-532984	BOARD OF SUPERVI	M HANSEN RCRC CONF 9/17-19/25	$325.70
70879637	09/24/2025	133929	MELISSA CHAMBLIN	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$150.00
70879638	09/25/2025	133275	ALSCO-GEYER IRRIGATION INC	106	PUBLIC SAFETY	2035-53170	DAY REPORTING CE	Cust# 301212 Store 17819	$16.10
70879638	09/25/2025	133275	ALSCO-GEYER IRRIGATION INC	106	PUBLIC SAFETY	2035-53170	DAY REPORTING CE	Cust# 304052 Store 17819	$33.29
70879638	09/25/2025	133275	ALSCO-GEYER IRRIGATION INC	106	PUBLIC SAFETY	2035-53170	DAY REPORTING CE	Store 17819 Cust# 304052	$68.76
70879639	09/25/2025	112295	APEX TECHNOLOGY MANAGEMENT INC	220	TC SOLID WASTE M	4045-53170	TC/RB LANDFILL M	MAINTENANCE OF EQUIPMENT	$244.92
70879640	09/25/2025	103939	AT&T	101	GENERAL FUND	1013-53120	CLERK OF THE BOA	Phone bill Acct 9391032868	$390.57
70879640	09/25/2025	103939	AT&T	101	GENERAL FUND	2061-53120	AGRICULTURE COMM	9391032879 Service August	$155.18
70879640	09/25/2025	103939	AT&T	101	GENERAL FUND	2061-53120	AGRICULTURE COMM	9391032903 service August	$31.41
70879640	09/25/2025	103939	AT&T	101	GENERAL FUND	2078-53120	DIV OF ANIMAL SE	9391032870 Agust service	$5.38
70879640	09/25/2025	103939	AT&T	101	GENERAL FUND	6021-53120	LIBRARY	9391037345	$354.43
70879640	09/25/2025	103939	AT&T	106	PUBLIC SAFETY	2035-53120	DAY REPORTING CE	BAN#9391055756 THRU 9/16/25	$63.23
70879640	09/25/2025	103939	AT&T	106	PUBLIC SAFETY	2036-53120	JUVENILE HALL	BAN#9391032886 THRU 9/11/25	$130.47
70879640	09/25/2025	103939	AT&T	106	PUBLIC SAFETY	2037-53120	PROBATION	BAN#9391032874 THRU 9/11/25	$222.83

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879640	09/25/2025	103939	AT&T	106	PUBLIC SAFETY	2037-53120	PROBATION	BAN#9391032875 THRU 9/11/25	$383.88
70879640	09/25/2025	103939	AT&T	601	AIR POLLUTION DI	60110-53120	AIR POLLUTION DI	Acct#9391032872	$275.23
70879641	09/25/2025	126991	AXON ENTERPRISES INC	106	PUBLIC SAFETY	2037-53280	PROBATION	ACCT#308380 2021 TASER 7 BASIC	$12,639.37
70879642	09/25/2025	122025	BIMBO BAKERIES USA	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	CUST# 363203-1 09-16-25	$25.30
70879643	09/25/2025	100155	BOB BARKER COMPANY	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	Cust# TEHCA9/TEHCA5	$223.98
70879643	09/25/2025	100155	BOB BARKER COMPANY	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	Household	$269.98
70879643	09/25/2025	100155	BOB BARKER COMPANY	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	TEHCA9/TEHCA5	$385.93
70879644	09/25/2025	V000287	CINTAS CORPORATION NO 2	220	TC SOLID WASTE M	4045-53300	TC/RB LANDFILL M	UTILITIES	$213.00
70879645	09/25/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	2061-53300	AGRICULTURE COMM	7056-000 Irrigation August	$45.94
70879645	09/25/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	2061-53300	AGRICULTURE COMM	7057-000 Water/Sewer August	$83.82
70879645	09/25/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	6021-53300	LIBRARY	007440-000	$132.91
70879645	09/25/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	6021-53300	LIBRARY	UTILITIES	$100.09
70879646	09/25/2025	V000641	CLOUDFLARE INC	601	AIR POLLUTION DI	60110-53170	AIR POLLUTION DI	IN-47779369	$11.86
70879647	09/25/2025	116123	DEER CREEK BROADCASTING LLC	504	TCSLA GRANTS	50410-558005	TCSLA GRANTS	4725	$1,500.00
70879648	09/25/2025	T0014207	DFM ASSOCIATES	101	GENERAL FUND	1052-53170	ELECTIONS	Agreement #2023-136	$1,966.00
70879649	09/25/2025	104716	DIVERSIFIED SERVICES/COPY CENT	220	TC SOLID WASTE M	4045-53220	TC/RB LANDFILL M	OFFICE EXPENSE	$118.76
70879650	09/25/2025	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	CUST# 214109 9-16-25 JDF	$61.63

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879650	09/25/2025	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	CUST# 363203 09-16-25 SNP	$84.96
70879651	09/25/2025	105222	EVIDENT	106	PUBLIC SAFETY	2027-53280	SHERIFF	15461	$76.55
70879652	09/25/2025	116059	FARM BUREAU NEWS	504	TCSLA GRANTS	50410-558005	TCSLA GRANTS	UOBG (USED OIL)	$55.00
70879653	09/25/2025	V000233	GENUINE PARTS COMPANY INC	101	GENERAL FUND	2061-53170	AGRICULTURE COMM	56340 Battery foe # 687	$284.91
70879654	09/25/2025	133074	GOVERNMENT TRAINING AGENCY	106	PUBLIC SAFETY	2037-53290	PROBATION	80252 CB 08/4/25-09/18/25	$1,884.80
70879655	09/25/2025	101699	JOHN W CORNELISON DBA	106	PUBLIC SAFETY	2037-53170	PROBATION	TC PROBATION	$123.49
70879656	09/25/2025	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	Cough Tab	$182.42
70879656	09/25/2025	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	Credit VT 1	($10.00)
70879656	09/25/2025	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	Syr 01cc w/o ndle	$97.44
70879656	09/25/2025	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	Clindamycin Hcl caps 150mg	$37.76
70879656	09/25/2025	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	MED DON Azithromycin tab	$13.27
70879657	09/25/2025	V000626	NETFILE INC	101	GENERAL FUND	1052-53230	ELECTIONS	Agreement #392PA25	$9,900.00
70879658	09/25/2025	101164	NORTHERN CALIFORNIA GLOVES	106	PUBLIC SAFETY	2035-53140	DAY REPORTING CE	01579411A charge DRC	$228.90
70879658	09/25/2025	101164	NORTHERN CALIFORNIA GLOVES	106	PUBLIC SAFETY	2035-53140	DAY REPORTING CE	01580842A	$292.66
70879658	09/25/2025	101164	NORTHERN CALIFORNIA GLOVES	106	PUBLIC SAFETY	2035-53140	DAY REPORTING CE	AC#0004285	$35.98

Tehama County
TEBK400 - Check Register
Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879658	09/25/2025	101164	NORTHERN CALIFORNIA GLOVES	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	01579411B charge JDF	$228.90
70879658	09/25/2025	101164	NORTHERN CALIFORNIA GLOVES	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	01580842B	$292.66
70879658	09/25/2025	101164	NORTHERN CALIFORNIA GLOVES	106	PUBLIC SAFETY	2037-53140	PROBATION	01579411C charge Prob	$228.90
70879658	09/25/2025	101164	NORTHERN CALIFORNIA GLOVES	106	PUBLIC SAFETY	2037-53140	PROBATION	01580842C	$292.67
70879659	09/25/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	ACCT#89517192 09-10-25	$106.68
70879659	09/25/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	115	BUILDING & SAFET	2065-53220	BUILDING & SAFET	Acct# 89517192	$88.88
70879660	09/25/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	6021-53300	LIBRARY	3830640327-0	$5,010.20
70879660	09/25/2025	101231	PACIFIC GAS & ELECTRIC	106	PUBLIC SAFETY	2035-53300	DAY REPORTING CE	ACCT#1297568514-5 SEP 25	$436.26
70879660	09/25/2025	101231	PACIFIC GAS & ELECTRIC	220	TC SOLID WASTE M	4045-53300	TC/RB LANDFILL M	1357775899-1	$676.58
70879661	09/25/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	ACCT#692071 9-16-25 JDF	$117.78
70879661	09/25/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	ACCT#692071 9-19-25 JDF	$112.09
70879661	09/25/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	ACCT#717115 9-16-25 SNP	$233.89
70879661	09/25/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	ACCT#717115 9-19-25 SNP	$184.08
70879662	09/25/2025	107566	SYSCO	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	CUST #346486 9-16-25 DRC	$392.85
70879662	09/25/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	CREDIT MEMO 13163462P	($60.15)

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
								9-16-25	
70879662	09/25/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	CUST #346486 9-16-25 JDF	$1,557.01
70879662	09/25/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	CUST #346486 9-16-25 SNP	$1,701.58
70879662	09/25/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	CUST #346486 9-16-25 JDF	$147.20
70879662	09/25/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	CUST #346486 9-16-25 SNP	$94.91
70879663	09/25/2025	100929	THE LIBRARY CORPORATION	101	GENERAL FUND	6021-53230	LIBRARY	900187	$632.10
70879664	09/25/2025	131570	TOWN SQUARE PUBLICATIONS LLC	504	TCSLA GRANTS	50410-558005	TCSLA GRANTS	174236	$895.00
70879665	09/25/2025	V000190	VICI MIRANDA	101	GENERAL FUND	2077-53290	PLANNING DEPARTM	Planning Commission Meeting	$5.18
70879666	09/25/2025	111106	ZOETIS	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	Vanguard DAPP,Vanguard Feline	$928.80
70879667	09/25/2025	T00681	76 HARTNELL HOLDING COMPANY	421	TAX COLLECTOR TR	421-301309	NOT APPLICABLE	004-140-088 2025	$117.00
70879672	09/25/2025	T00680	BRAD DOWNEY	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-002-367	$207.48
70879673	09/25/2025	T00677	CATHERINE SHAVER	421	TAX COLLECTOR TR	421-301309	NOT APPLICABLE	061070015, 061070014,061070005	$100.64
70879674	09/25/2025	103756	CHRIS DITTNER	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$1,025.00
70879675	09/25/2025	110846	CLAYTON BENNETT	106	PUBLIC SAFETY	2037-53290	PROBATION	POST MANAGEMENTCOURSE	$209.21
70879676	09/25/2025	124789	DANIEL GALLINO	106	PUBLIC SAFETY	2037-53290	PROBATION	RANGE INSTRUCTOR MTG	$72.01

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879679	09/25/2025	136165	DUARTE NURSERY INC	421	TAX COLLECTOR TR	421-301309	NOT APPLICABLE	037-020-034-000 2025	$125.92
70879680	09/25/2025	T00678	ELIZABETH HUEY	421	TAX COLLECTOR TR	421-301309	NOT APPLICABLE	061070015, 061070014,061070005	$100.64
70879682	09/25/2025	T00684	GRAPE PROPERTIES LLC	421	TAX COLLECTOR TR	421-301309	NOT APPLICABLE	004-140-092-000 2025	$79.65
70879683	09/25/2025	T00683	GRAPE PROPERTIES LLC ETAL	421	TAX COLLECTOR TR	421-301309	NOT APPLICABLE	004-140-090-000 2025	$17.88
70879684	09/25/2025	V000425	HUMBLE ESTATES CORPORATION	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$700.00
70879685	09/25/2025	V000662	IPROJECTSOLUTIONS LLC	115	BUILDING & SAFET	2065-57608	BUILDING & SAFET	PO 428985	$8,618.75
70879686	09/25/2025	V000662	IPROJECTSOLUTIONS LLC	115	BUILDING & SAFET	2065-57608	BUILDING & SAFET	PO 428985	$10,338.75
70879688	09/25/2025	136365	JESSICA MARTINEZ	101	GENERAL FUND	2077-53290	PLANNING DEPARTM	VIRTUAL CLASS	$285.00
70879689	09/25/2025	T00679	JOHN C CARPENTER	421	TAX COLLECTOR TR	421-301309	NOT APPLICABLE	061070015, 061070014,061070005	$100.64
70879694	09/25/2025	T00686	LUIS MIGUEL AVENDANO MORAN	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-003-110-000 2025	$15.50
70879695	09/25/2025	V000241	MIS TRAINING INSTITUTE HOLDING	108	SOCIAL SERVICES	5013-53220	SOCIAL SERVICES	OFFICE EXPENSE	$1,198.00
70879696	09/25/2025	124029	NCCDI	108	SOCIAL SERVICES	5013-53280	SOCIAL SERVICES	SPECIAL DEPARTMENTAL EXP	$30.00
70879697	09/25/2025	T00688	NORDQUIST FAMILY TRUST	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-001-369-000 2025	$154.22
70879701	09/25/2025	120630	PAUL FREUND	220	TC SOLID WASTE M	4045-53290	TC/RB LANDFILL M	MILEAGE	$34.72
70879702	09/25/2025	T0017278	PLACER TITLE COMPANY	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-000-228-000 2025	$65.06
70879702	09/25/2025	T0017278	PLACER TITLE COMPANY	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-000-664-000 2025	$13.56
70879702	09/25/2025	T0017278	PLACER TITLE COMPANY	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-002-691-000 2025	$72.08

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879702	09/25/2025	T0017278	PLACER TITLE COMPANY	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-003-153-000 2025	$71.52
70879702	09/25/2025	T0017278	PLACER TITLE COMPANY	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-003-173-000 2025	$72.64
70879702	09/25/2025	T0017278	PLACER TITLE COMPANY	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-004-096-000 2025	$114.28
70879703	09/25/2025	122397	RED BLUFF MEADOWS	101	GENERAL FUND	5062-55400	COMMUNITY ACTION	CAA Deposit 205	$1,005.00
70879704	09/25/2025	T00682	REINALDO MENDOZA PINEDA	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-002-367	$208.20
70879705	09/25/2025	129799	SHAWN O'BRIEN	113	CHILD SUPPORT	5015-53290	CHILD SUPPORT SE	OCTOBER 2025	$166.00
70879706	09/25/2025	T00355	TIMIOS TITLE	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-002-694-000 2025	$498.92
70879707	09/25/2025	T00687	TIMIOS TITLE	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-001-278-000 2025	$12.80
70879708	09/25/2025	T00685	TRAVIS MARTINEZ ETAL	421	TAX COLLECTOR TR	421-301309	NOT APPLICABLE	045-190-006-000 2025	$44.69
70879711	09/26/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032835	$155.40
70879711	09/26/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032838	$128.86
70879712	09/26/2025	122025	BIMBO BAKERIES USA	106	PUBLIC SAFETY	2032-53130	JAIL	99-19183-9982-99	$270.00
70879713	09/26/2025	103346	DMV RENEWAL	106	PUBLIC SAFETY	2024-53170	BOATING GRANTS	3033VV	$20.00
70879713	09/26/2025	103346	DMV RENEWAL	106	PUBLIC SAFETY	2024-53170	BOATING GRANTS	3034VV	$20.00
70879714	09/26/2025	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2027-53230	SHERIFF	33750345	$1,475.60
70879714	09/26/2025	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2032-53230	JAIL	33750345	$2,008.36
70879715	09/26/2025	113434	FEDEX	101	GENERAL FUND	2062-53230	CODE/MARIJUANA E	6393 5994 8	$17.45
70879715	09/26/2025	113434	FEDEX	101	GENERAL FUND	2062-53230	CODE/MARIJUANA E	9393 5994 8	$63.56
70879716	09/26/2025	113113	GREEN WASTE OF TEHAMA	106	PUBLIC SAFETY	2027-53230	SHERIFF	10097	$118.93
70879716	09/26/2025	113113	GREEN WASTE OF TEHAMA	106	PUBLIC SAFETY	2032-53230	JAIL	10097	$47.67
70879717	09/26/2025	108299	KEEFE COMMISSARY	510	PRISONERS	51010-53130	PRISONERS WELFAR	KEEFE INVOICE	$2,017.96

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
			NETWORK		WELFAR			09/23/2025	
70879717	09/26/2025	108299	KEEFE COMMISSARY NETWORK	510	PRISONERS WELFAR	51010-53130	PRISONERS WELFAR	KEEFE REFUNDS 09/18/2025	($12.70)
70879718	09/26/2025	123948	LEXIS NEXIS RISK SOLUTIONS	101	GENERAL FUND	2062-53230	CODE/MARIJUANA E	PROFESSIONAL/SPECIAL SERV	$274.52
70879719	09/26/2025	105814	MIKE'S HEATING AND AIR INC	106	PUBLIC SAFETY	2027-53170	SHERIFF	TEHAMA CO SHERIFF	$1,608.26
70879720	09/26/2025	121129	NORTHRIDGE EYE CARE	106	PUBLIC SAFETY	20321-532397	JAIL - HEALTH SE	99258	$540.00
70879721	09/26/2025	101241	PAINT MARTS	106	PUBLIC SAFETY	2027-53170	SHERIFF	R402628	$9.44
70879722	09/26/2025	113383	RESERVE ACCOUNT	510	PRISONERS WELFAR	51010-53220	PRISONERS WELFAR	POSTAGE JUN, JUL, AUG	$25.19
70879723	09/26/2025	101509	SHELBY'S PEST CONTROL INC	106	PUBLIC SAFETY	2027-53230	SHERIFF	13726	$115.00
70879723	09/26/2025	101509	SHELBY'S PEST CONTROL INC	106	PUBLIC SAFETY	2027-53230	SHERIFF	16129	$55.00
70879723	09/26/2025	101509	SHELBY'S PEST CONTROL INC	106	PUBLIC SAFETY	2032-53230	JAIL	16130	$100.00
70879724	09/26/2025	104207	ST ELIZABETH COMM HOSP	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	36009680210S2C8405	$1,310.20
70879724	09/26/2025	104207	ST ELIZABETH COMM HOSP	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	36009737523S1C8405	$1,300.00
70879725	09/26/2025	136143	VESTIS SERVICES LLC	106	PUBLIC SAFETY	2028-53230	AUTO SHOP	792263916	$126.73
70879726	09/26/2025	128858	VICTORY SUPPLY	106	PUBLIC SAFETY	2032-531102	JAIL	442 TEHAMA CO JAIL	$4,803.63
70879727	09/26/2025	123478	WILGUS FIRE CONTROL INC	106	PUBLIC SAFETY	2032-53170	JAIL	TEHAMA CO JAIL	$815.00
70879729	09/26/2025	123962	CORAL FERRIN	101	GENERAL FUND	1041-53210	PERSONNEL	HEALTH FAIR EXPENSE	$25.74

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879736	09/26/2025	136173	S T RHOADES CONSTRUCTION INC	102	ROAD FUND	3015-53230	ROAD CAPITAL PRO	PROFESSIONAL/SPECIAL SERV	$178,387.83
70879737	09/26/2025	110534	SAMUEL & ROXY WILLIAMS TRUSTEE	102	ROAD FUND	3015-55470	ROAD CAPITAL PRO	RIGHTS OF WAY	$27,151.00
70879738	09/26/2025	121688	SANDY PHILLIPS	102	ROAD FUND	3011-53230	ROAD DEPARTMENT	DOT PHYSICAL	$80.00
70879740	09/26/2025	134089	TIA BRANTON TRUSTEE	101	GENERAL FUND	2062-53220	CODE/MARIJUANA E	PETTY CASH	$40.00
70879741	09/29/2025	V000500	ALEJANDRA RUBIO CASTRO	535	TC CHILD & FAMIL	53510-555221	TC CHILD & FAMIL	LITERACY	$515.00
70879742	09/29/2025	100065	ALSCO INC	101	GENERAL FUND	7021-53604	PARKS & RECREATI	208320	$68.47
70879743	09/29/2025	134242	AMAZON CAPITAL SERVICES INC	101	GENERAL FUND	1025-53210	PURCHASING	ALHQQGV0XAUWO	$14,292.32
70879744	09/29/2025	V000533	AMERGIS HEALTHCARE STAFFING IN	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	ERM25431	$8,255.00
70879745	09/29/2025	122809	AMERICAN JANITORIAL & MAINTENA	101	GENERAL FUND	2073-53230	PUB GUARDIAN / P	PROFESSIONAL/SPECIAL SERV	$750.00
70879746	09/29/2025	135787	AMN HEALTHCARE LOCUM TENENS IN	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	0000106051	$15,040.00
70879747	09/29/2025	127322	ANU CHOPRA	106	PUBLIC SAFETY	2026-53230	PUBLIC DEFENDER	PUB DEFENDER SEPT 2025	$8,638.36
70879748	09/29/2025	103939	AT&T	101	GENERAL FUND	1074-53120	FACILITIES MAINT	9391032921	$31.41
70879748	09/29/2025	103939	AT&T	108	SOCIAL SERVICES	5013-53120	SOCIAL SERVICES	9391032862	$83.57
70879749	09/29/2025	113573	AT&T U-VERSE	106	PUBLIC SAFETY	2035-53120	DAY REPORTING CE	PMT for 09-13 thru 10/12/25	$107.80
70879750	09/29/2025	126991	AXON ENTERPRISES INC	106	PUBLIC SAFETY	2037-53280	PROBATION	ACCT#308380 PMT 1 OF 3	$27,217.46
70879751	09/29/2025	124886	BATTLE CREEK PEST CONTROL	101	GENERAL FUND	2073-53180	PUB GUARDIAN / P	2844	$75.00
70879752	09/29/2025	107169	BAY ALARM	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	890266	$125.00

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879753	09/29/2025	122187	CBHDA	112	HEALTH SERVICES	40131-53200	MENTAL HEALTH	PO 9654	$21,133.50
70879753	09/29/2025	122187	CBHDA	112	HEALTH SERVICES	40171-53200	DRUG & ALCOHOL	PO 9654	$7,044.50
70879754	09/29/2025	111127	CHARTER COMMUNICATIONS	101	GENERAL FUND	1074-53120	FACILITIES MAINT	176976701	$100.00
70879755	09/29/2025	135415	CHRISTOPHER R LOGAN ATTORNEY A	106	PUBLIC SAFETY	2026-53230	PUBLIC DEFENDER	PUB DEFENDER SEPT 2025	$20,000.00
70879756	09/29/2025	100375	CITY OF CORNING	105	FIRE FUND	2042-53300	FIRE SCH C VOL	UTILITIES	$147.47
70879757	09/29/2025	100375	CITY OF CORNING	512	SOBRIETY TESTS	512-301800	NOT APPLICABLE	FUND BALANCE	$144.42
70879758	09/29/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	1073-5330014	GENERAL SERVICES	007396-000	$116.69
70879758	09/29/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	1073-53301	GENERAL SERVICES	005876-000	$86.05
70879758	09/29/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	1076-53300	PROPERTY PLANNIN	006486-000	$49.56
70879758	09/29/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	7033-53300	RED BLUFF VETERA	005638-000	$99.14
70879758	09/29/2025	100376	CITY OF RED BLUFF	106	PUBLIC SAFETY	2035-53300	DAY REPORTING CE	08/06/25-09/03/25	$29.15
70879758	09/29/2025	100376	CITY OF RED BLUFF	106	PUBLIC SAFETY	2036-53300	JUVENILE HALL	08/6/25-09/03/25 Water - JDF	$403.45
70879758	09/29/2025	100376	CITY OF RED BLUFF	108	SOCIAL SERVICES	5013-53300	SOCIAL SERVICES	005573 - 000	$298.57
70879759	09/29/2025	135142	CROSS CONNECTIONS EMERGENCY SE	105	FIRE FUND	2042-53800	FIRE SCH C VOL	PO 21920	$2,953.50
70879760	09/29/2025	100668	GAGER DISTRIBUTING INC	101	GENERAL FUND	2078-53280	DIV OF ANIMAL SE	Supershine, chlorine rinse	$606.53
70879761	09/29/2025	134656	HUMBOLDT MOVING & STORAGE CO I	101	GENERAL FUND	2073-53280	PUB GUARDIAN / P	S0100	$57.75
70879762	09/29/2025	136121	HUNT & SONS LLC	108	SOCIAL SERVICES	5013-53291	SOCIAL SERVICES	6041	$1,962.98
70879763	09/29/2025	102590	JAMES WHITE	105	FIRE FUND	2042-53210	FIRE SCH C VOL	PONDEROSA INCIDENT	$539.64
70879764	09/29/2025	135420	JAMF HOLDINGS INC & SUBSIDIARI	108	SOCIAL SERVICES	5013-53220	SOCIAL SERVICES	OFFICE EXPENSE	$4,800.00

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879765	09/29/2025	105839	JERRY GROSS DBA	108	SOCIAL SERVICES	5013-53180	SOCIAL SERVICES	MTCE STRUCT-IMPRV-GROUNDS	$160.00
70879766	09/29/2025	134686	KAREN JONES	101	GENERAL FUND	2077-53290	PLANNING DEPARTM	Planning Commission Meeting	$27.02
70879767	09/29/2025	123790	LAUNDRY WORLD UNIFORM & LINEN	101	GENERAL FUND	7033-53140	RED BLUFF VETERA	HOUSEHOLD EXPENSE	$82.44
70879768	09/29/2025	131831	LESA HARRIS	101	GENERAL FUND	2077-53290	PLANNING DEPARTM	Planning Commission Meeting	$6.30
70879769	09/29/2025	100957	LOS MOLINOS HARDWARE	101	GENERAL FUND	7032-53180	LOS MOLINOS VETE	MTCE STRUCT-IMPRV-GROUNDS	$27.87
70879770	09/29/2025	124624	MEDICAL DIAGNOSTIC LABORATORIE	106	PUBLIC SAFETY	2036-53190	JUVENILE HALL	ACCT#9263765 8-18-25 M.D. TEH	$225.00
70879771	09/29/2025	123038	MENDES SUPPLY COMPANY	101	GENERAL FUND	1074-53140	FACILITIES MAINT	0007366	$418.23
70879772	09/29/2025	V000449	MULTI SERVICE TECHNOLOGY SOLUT	105	FIRE FUND	2042-53170	FIRE SCH C VOL	MAINTENANCE OF EQUIPMENT	$152.50
70879773	09/29/2025	101170	NORTH MAIN EQUIPMENT	101	GENERAL FUND	1074-53170	FACILITIES MAINT	PO428981	$149.75
70879774	09/29/2025	104821	NORTHERN CALIFORNIA YOUTH	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$10,013.86
70879775	09/29/2025	133323	OFFICE THREE SIXTY INC	101	GENERAL FUND	2078-53140	DIV OF ANIMAL SE	Bath tissue 2 ply	$69.93
70879776	09/29/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1073-5330014	GENERAL SERVICES	9679240410-3	$492.55
70879776	09/29/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1076-53300	PROPERTY PLANNIN	1141711599-2	$34.89
70879776	09/29/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1076-53300	PROPERTY PLANNIN	2319970735-9	$180.06
70879776	09/29/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	2073-53300	PUB GUARDIAN / P	2049448779-7	$927.83
70879776	09/29/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	1478060154-9	$267.40
70879776	09/29/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	2065977939-9	$37.01

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879776	09/29/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	2107644603-4	$11.37
70879776	09/29/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	2217489076-8	$30.32
70879776	09/29/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	3030945214-9	$12.09
70879776	09/29/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7033-53300	RED BLUFF VETERA	4569586628-0	$206.01
70879776	09/29/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	3385246924-7	$69.64
70879776	09/29/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	9221579500-3	$1,114.13
70879776	09/29/2025	101231	PACIFIC GAS & ELECTRIC	535	TC CHILD & FAMIL	53510-53300	TC CHILD & FAMIL	1095453117-3	$526.88
70879777	09/29/2025	101241	PAINT MARTS	101	GENERAL FUND	1074-53180	FACILITIES MAINT	MTCE STRUCT-IMPRV-GROUNDS	$55.19
70879778	09/29/2025	T0019780	PASKENTA COMMUNITY SERVICES DI	101	GENERAL FUND	7021-53300	PARKS & RECREATI	8/1/25-8/31/25 - S/F PARK	$355.88
70879779	09/29/2025	123557	QUEST DIAGNOSTICS	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	46006234	$2,292.43
70879779	09/29/2025	123557	QUEST DIAGNOSTICS	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	46006234 PO9665	$4,212.01
70879780	09/29/2025	106769	ROBERT HALPIN	101	GENERAL FUND	2077-53290	PLANNING DEPARTM	Planning Commission Meeting	$9.24
70879781	09/29/2025	V000189	RYAN PATRICK	101	GENERAL FUND	2077-53290	PLANNING DEPARTM	Planning Commission Meeting	$23.24
70879782	09/29/2025	107475	SACRAMENTO VALLEY BASINWIDE	601	AIR POLLUTION DI	60110-53230	AIR POLLUTION DI	25/26 PO 428994	$5,085.00
70879783	09/29/2025	122687	SARAH A MAYBERRY	105	FIRE FUND	2042-53210	FIRE SCH C VOL	MISCELLANEOUS EXPENSE	$539.64
70879784	09/29/2025	135605	SPECTRUM	101	GENERAL FUND	7033-53120	RED BLUFF VETERA	8413120110065364	$136.25
70879785	09/29/2025	125408	STATE OF CALIFORNIA	105	FIRE FUND	2042-53171	FIRE SCH C VOL	J3182	$527.50
70879785	09/29/2025	125408	STATE OF CALIFORNIA	105	FIRE FUND	2042-53230	FIRE SCH C VOL	J3182	$465.08
70879786	09/29/2025	135244	STEVE M SHUDOMA	101	GENERAL FUND	2073-53260	PUB GUARDIAN / P	UNITS 117,210,211	$540.00

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879787	09/29/2025	102591	STEVE ZANE	105	FIRE FUND	2042-53210	FIRE SCH C VOL	MISCELLANEOUS EXPENSE	$539.64
70879788	09/29/2025	132490	STOMMEL INC	106	PUBLIC SAFETY	2037-57605	PROBATION	CUSTOMER ID 66087	$609.01
70879788	09/29/2025	132490	STOMMEL INC	106	PUBLIC SAFETY	2037-57605	PROBATION	SCM16305 CUSTOMER 66087 *	($440.21)
70879789	09/29/2025	124876	TYLER TECHNOLOGIES INC	101	GENERAL FUND	2071-53230	CLERK - RECORDER	Agreement #2023-42 Encumbered	$10,425.00
70879790	09/29/2025	121395	ULINE	101	GENERAL FUND	2061-53280	AGRICULTURE COMM	1/2 oz clear with mouth jars	$102.33
70879791	09/29/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	Customer # 44128338	$262.88
70879791	09/29/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	CM 5941292 MCR Q2-25 Rebate	($112.08)
70879791	09/29/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	CM 5936745 Cust# 44128338	($29.98)
70879791	09/29/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	CREDIT MEMO 5905660	($139.08)
70879791	09/29/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	Cust# 44128338 SNP Direct Ship	$107.67
70879791	09/29/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	DM 5930298 AC 84128586	$69.54
70879791	09/29/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	DM 5930299 AC 84128586	$69.54
70879792	09/29/2025	117079	VERIZON WIRELESS	112	HEALTH SERVICES	40121-53120	PUBLIC HEALTH	770720905-00035	$1,250.34
70879792	09/29/2025	117079	VERIZON WIRELESS	112	HEALTH SERVICES	40131-53120	MENTAL HEALTH	770720905-00035	$1,656.69
70879792	09/29/2025	117079	VERIZON WIRELESS	112	HEALTH SERVICES	40171-53120	DRUG & ALCOHOL	770720905-00035	$925.67
70879792	09/29/2025	117079	VERIZON WIRELESS	112	HEALTH SERVICES	40251-53120	CLINIC SERVICES	770720905-00035	$513.20
70879792	09/29/2025	117079	VERIZON WIRELESS	115	BUILDING & SAFET	2065-53120	BUILDING & SAFET	Acct#770720905-00031	$402.71

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879793	09/29/2025	V000190	VICI MIRANDA	101	GENERAL FUND	2077-53290	PLANNING DEPARTM	Planning Commission Meeting	$5.18
70879794	09/29/2025	V000256	WEST COAST PAPER CO INC	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	1895	$184.58
70879795	09/29/2025	117372	ALESSIO LARRABEE	106	PUBLIC SAFETY	2026-53230	PUBLIC DEFENDER	PUB DEFENDER SEPT 2025	$18,333.33
70879797	09/29/2025	126211	BETH CHRISTINE JONES	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$5,865.00
70879798	09/29/2025	V000666	CALIFORNIA STATE UNIVERSITY S	108	SOCIAL SERVICES	5013-53290	SOCIAL SERVICES	EMPLOYEE TRAVEL/TRAINING	$400.00
70879799	09/29/2025	126238	CORELOGIC TAX SERVICES LLC	421	TAX COLLECTOR TR	421-301311	NOT APPLICABLE	990-024-264-000 2021	$1,559.26
70879800	09/29/2025	136524	JENNIFER MYERS	108	SOCIAL SERVICES	5013-53290	SOCIAL SERVICES	CAPA WORKSHOP PARKING	$24.00
70879802	09/29/2025	114620	KENNETH A MILLER	106	PUBLIC SAFETY	2026-53230	PUBLIC DEFENDER	PUB DEFENDER SEPTEMBER 2025	$4,379.21
70879803	09/29/2025	126372	LAW OFFICE OF ODEH E HIJAZEEN	106	PUBLIC SAFETY	2026-53230	PUBLIC DEFENDER	PUB DEFENDER SEPTEMBER 2025	$18,333.33
70879804	09/29/2025	V000671	LUZYA SANCHEZ	108	SOCIAL SERVICES	5013-55401	SOCIAL SERVICES	SUPPORT AND CARE - OTHER	$40.00
70879808	09/29/2025	104508	THERESIA SWEENEY	101	GENERAL FUND	2011-53220	DA VICTIM/WITNES	OFFICE EXPENSE	$214.04
70879809	09/30/2025	L207805	COLONIAL LIFE AND ACCIDENT INS	265	COUNTY P/R TRUST	265-207805	NOT APPLICABLE	Payroll Interface	$5,390.61
70879810	09/30/2025	134576	D KAIN-SHERIFF GARN	265	COUNTY P/R TRUST	265-207812	NOT APPLICABLE	Payroll Interface	$866.60
70879811	09/30/2025	L207819	DEPUTY SHERIFF'S ASSOC	265	COUNTY P/R TRUST	265-207819	NOT APPLICABLE	Payroll Interface	$3,764.80
70879812	09/30/2025	L207831	EBS	265	COUNTY P/R TRUST	265-207831	NOT APPLICABLE	Payroll Interface	$2,198.24
70879813	09/30/2025	L207832	EBS	265	COUNTY P/R TRUST	265-207832	NOT APPLICABLE	Payroll Interface	$437.52

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879814	09/30/2025	V000058	EMPLOYMENT DEVELOPMENT DEPT	265	COUNTY P/R TRUST	265-207812	NOT APPLICABLE	Payroll Interface	$100.00
70879815	09/30/2025	100655	FRANCHISE TAX BOARD	265	COUNTY P/R TRUST	265-207812	NOT APPLICABLE	Payroll Interface	$480.97
70879816	09/30/2025	L208130	I U O E LOCAL 39	265	COUNTY P/R TRUST	265-208130	NOT APPLICABLE	Payroll Interface	$496.03
70879817	09/30/2025	L207818	LAW ENFORCEMENT MGMT ASSOC	265	COUNTY P/R TRUST	265-207818	NOT APPLICABLE	Payroll Interface	$420.00
70879818	09/30/2025	L136726	PHI HEALTH LLC	265	COUNTY P/R TRUST	265-208138	NOT APPLICABLE	Payroll Interface	$53.34
70879819	09/30/2025	117211	STATE DISBURSEMENT UNIT	265	COUNTY P/R TRUST	265-207812	NOT APPLICABLE	Payroll Interface	$2,165.12
70879820	09/30/2025	L207830	STATIONARY ENGINEERS, LOCAL 39	265	COUNTY P/R TRUST	265-207830	NOT APPLICABLE	Payroll Interface	$5,348.13
70879821	09/30/2025	L208134	TC DEP PROB OFFICER DUES	265	COUNTY P/R TRUST	265-208134	NOT APPLICABLE	Payroll Interface	$1,711.08
70879822	09/30/2025	L207827	TCDAIA	265	COUNTY P/R TRUST	265-207827	NOT APPLICABLE	Payroll Interface	$105.00
70879823	09/30/2025	L207834	TCPOA DUES	265	COUNTY P/R TRUST	265-207834	NOT APPLICABLE	Payroll Interface	$78.00
70879824	09/30/2025	L207807	UNITED WAY OF NORTHERN CALIFOR	265	COUNTY P/R TRUST	265-207807	NOT APPLICABLE	Payroll Interface	$30.00
70879825	09/30/2025	114176	SISKIYOU COLLEGE	106	PUBLIC SAFETY	2035-53290	DAY REPORTING CE	FALL 2025 CHRISTOPHER BARTLETT	$259.00
70879827	09/30/2025	103939	AT&T	101	GENERAL FUND	2075-53120	OFFICE OF EMERG	9391066749	$244.53
70879827	09/30/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032841	$36.15
70879827	09/30/2025	103939	AT&T	106	PUBLIC SAFETY	2027-53120	SHERIFF	9391032926	$91.12
70879828	09/30/2025	113573	AT&T U-VERSE	101	GENERAL FUND	7032-53300	LOS MOLINOS VETE	313162812	$129.41
70879829	09/30/2025	133447	AUTOZONE DEVELOPMENT CORP	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	11715864	$382.74

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879830	09/30/2025	V000068	BAYLIE COTTON	101	GENERAL FUND	101-102254	NOT APPLICABLE	ADPP PAYMENT 9/1-9/30/2025	$2,255.00
70879831	09/30/2025	122025	BIMBO BAKERIES USA	106	PUBLIC SAFETY	2032-53130	JAIL	64-000010291-04	$540.00
70879832	09/30/2025	100205	BOB'S TIRE CENTER	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	TEHAMA CO SHERIFFS	$155.46
70879833	09/30/2025	V000659	BORN PRIMITIVE LLC	106	PUBLIC SAFETY	2027-53280	SHERIFF	TEHAMA CO SHERIFFS	$2,951.04
70879834	09/30/2025	118030	BRAKE PARTS SUPPLY	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	2452	$78.52
70879835	09/30/2025	134487	CANINE DEVELOPMENT GROUP INC	106	PUBLIC SAFETY	2027-532214	SHERIFF	CHASE CORRY	$140.00
70879836	09/30/2025	102768	CHILDREN FIRST	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$420.00
70879837	09/30/2025	100375	CITY OF CORNING	106	PUBLIC SAFETY	2027-55520	SHERIFF	TEHAMA CO SHERIFF	$5,210.32
70879838	09/30/2025	100375	CITY OF CORNING	405	PUBLIC SFTY AUGM	40510-55622	PUBLIC SFTY AUGM	PROP 172 COLL 8/16/25-9/15/25	$2,904.46
70879839	09/30/2025	100376	CITY OF RED BLUFF	405	PUBLIC SFTY AUGM	40510-55623	PUBLIC SFTY AUGM	PROP 172 8/16/25-9/15/25	$10,185.45
70879840	09/30/2025	108456	CROWN MOTORS	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	137883	$6,234.93
70879841	09/30/2025	120882	DIGNITY HEALTH REG OFFICE-SAC	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	PROFESSIONAL/SPECIAL SERV	$90.00
70879842	09/30/2025	127235	DRUG DETECTION LABORATORIES IN	106	PUBLIC SAFETY	2026-53221	PUBLIC DEFENDER	22CR1434	$300.00
70879842	09/30/2025	127235	DRUG DETECTION LABORATORIES IN	106	PUBLIC SAFETY	2026-53221	PUBLIC DEFENDER	24CR888	$300.00
70879843	09/30/2025	102868	ENLOE MEDICAL CENTER	106	PUBLIC SAFETY	20321-532395	JAIL - HEALTH SE	54147049	$300.15
70879844	09/30/2025	123262	EXPRESS SERVICES INC	108	SOCIAL SERVICES	5013-53230	SOCIAL SERVICES	PROFESSIONAL/SPECIAL SERV	$34,505.70
70879845	09/30/2025	V000237	GOLDEN RULE SMALL ENGINES	106	PUBLIC SAFETY	2031-53170	WORK FARM	103330	$75.51

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879846	09/30/2025	V000465	GOODYEAR COMMERCIAL TIRE & SER	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	780008-0001	$556.04
70879847	09/30/2025	100822	JMJ SUPPLY	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	TEHAMA CO SHERIFFS	$299.88
70879848	09/30/2025	101699	JOHN W CORNELISON DBA	106	PUBLIC SAFETY	2027-53220	SHERIFF	KEY CAPS	$1.13
70879848	09/30/2025	101699	JOHN W CORNELISON DBA	106	PUBLIC SAFETY	2027-53220	SHERIFF	TC SHERIFF	$60.18
70879849	09/30/2025	123038	MENDES SUPPLY COMPANY	106	PUBLIC SAFETY	2032-53140	JAIL	0007377	$784.49
70879850	09/30/2025	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	Fatal Plus Sol 390 MG/ML	$267.63
70879850	09/30/2025	102531	MWI VETERINARY SUPPLY CO	101	GENERAL FUND	2078-532807	DIV OF ANIMAL SE	Motazol 215GM	$248.51
70879851	09/30/2025	116981	NORCAL PRESORT	101	GENERAL FUND	1023-53220	ASSESSOR	inv161840 PO428996	$233.92
70879852	09/30/2025	106919	NORTHERN CAL CHILD DEVELOPMENT	108	SOCIAL SERVICES	5013-532300	SOCIAL SERVICES	PROFESSION/SPEC OTHER	$45,863.43
70879853	09/30/2025	110884	O'REILLY AUTOMOTIVE INC	106	PUBLIC SAFETY	2028-53170	AUTO SHOP	1047279	$499.23
70879854	09/30/2025	101267	PEERLESS BUILDING MAINT INC	108	SOCIAL SERVICES	5013-53140	SOCIAL SERVICES	HOUSEHOLD EXPENSE	$8,510.55
70879855	09/30/2025	117529	PRO PACIFIC	106	PUBLIC SAFETY	2032-53130	JAIL	61960	$1,311.01
70879856	09/30/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	818652	$1,078.27
70879857	09/30/2025	101509	SHELBY'S PEST CONTROL INC	101	GENERAL FUND	7032-53180	LOS MOLINOS VETE	21400	$60.00
70879857	09/30/2025	101509	SHELBY'S PEST CONTROL INC	106	PUBLIC SAFETY	2027-53230	SHERIFF	13726	$115.00
70879857	09/30/2025	101509	SHELBY'S PEST CONTROL	106	PUBLIC SAFETY	2032-53230	JAIL	16130	$100.00

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
			INC						
70879858	09/30/2025	107566	SYSCO	106	PUBLIC SAFETY	2032-53130	JAIL	619919	$3,798.41
70879859	09/30/2025	109466	TREASURY MANAGEMENT SERVICES	106	PUBLIC SAFETY	2027-53230	SHERIFF	1-534-0179-3416	$100.30
70879860	09/30/2025	130681	TTS MOTORS INC	106	PUBLIC SAFETY	2027-53170	SHERIFF	12887	$104.15
70879861	09/30/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	3370715	$5,710.28
70879861	09/30/2025	105075	US FOODS INC	106	PUBLIC SAFETY	2032-53140	JAIL	3370715	$525.67
70879862	09/30/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2027-53120	SHERIFF	772102544-00002	$41.38
70879862	09/30/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2027-53120	SHERIFF	IPAD #1	$20.22
70879862	09/30/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2027-53120	SHERIFF	IPAD #2	$20.22
70879862	09/30/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2027-53120	SHERIFF	IPAD #3	$20.22
70879862	09/30/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2027-53120	SHERIFF	IPAD #4	$20.22
70879862	09/30/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2027-53120	SHERIFF	IPAD #5	$20.22
70879862	09/30/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2027-53120	SHERIFF	IPAD #6	$20.22
70879862	09/30/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2027-53120	SHERIFF	IPAD #7	$20.22
70879862	09/30/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2027-53120	SHERIFF	IPAD #8	$20.22
70879862	09/30/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2027-53120	SHERIFF	IPAD #9	$20.22
70879862	09/30/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2028-53120	AUTO SHOP	CODY PALMER	$41.38
70879862	09/30/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2031-53120	WORK FARM	KEN HARTMAN	$41.38
70879862	09/30/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2032-53120	JAIL	MAINTENANCE ONE	$42.37
70879862	09/30/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2032-53120	JAIL	MAINTENANCE TWO	$52.00
70879863	09/30/2025	111106	ZOETIS	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	Simparica, Vngd Rapid Resp,	$644.31

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879864	09/30/2025	V000556	ADAM LIZAMA	106	PUBLIC SAFETY	2032-53290	JAIL	PC TRAINING ARREST MODULE	$95.00
70879864	09/30/2025	V000556	ADAM LIZAMA	106	PUBLIC SAFETY	2032-53290	JAIL	PC TRAINING FIREARM MODULE	$76.00
70879865	09/30/2025	133059	BENJAMIN HALPIN	106	PUBLIC SAFETY	2027-53290	SHERIFF	BATI INVESTIGATIVE INTERVIEW &	$368.00
70879866	09/30/2025	118483	DEREK SHERRILL	106	PUBLIC SAFETY	2032-53290	JAIL	RESPONSE TO THE NON-CRIMINAL	$96.00
70879867	09/30/2025	118999	DUSTIN MARIA	106	PUBLIC SAFETY	2027-53290	SHERIFF	RESPONSE TO THE NON-CRIMINAL	$96.00
70879868	09/30/2025	133540	GABRIEL HYDRICK	101	GENERAL FUND	1014-53290	COUNTY ADMINISTR	2025 RCRC ANNUAL MEETING	$250.60
70879869	09/30/2025	110463	JAMES A KARNES	101	GENERAL FUND	7032-53180	LOS MOLINOS VETE	MTCE STRUCT-IMPRV-GROUNDS	$46.07
70879870	09/30/2025	V000555	JEREMY FUGGE	106	PUBLIC SAFETY	2032-53290	JAIL	PC TRAINING ARREST MODULE	$95.00
70879870	09/30/2025	V000555	JEREMY FUGGE	106	PUBLIC SAFETY	2032-53290	JAIL	PC TRAINING FIREARM MODULE	$76.00
70879871	09/30/2025	V000581	KAYLIE DUNCAN	106	PUBLIC SAFETY	2029-53290	SHERIFF ANIMAL R	PC TRAINING FIREARM MODULE	$76.00
70879872	09/30/2025	V000676	LUISA GARCIA	115	BUILDING & SAFET	2065-53290	BUILDING & SAFET	INSPECTOR CERIT EXAM PREPARAT	$493.44
70879873	09/30/2025	101231	PACIFIC GAS & ELECTRIC	108	SOCIAL SERVICES	5013-55400	SOCIAL SERVICES	1420400653-1	$1,408.11
70879874	09/30/2025	119999	TONYA MOORE	113	CHILD SUPPORT	5015-53290	CHILD SUPPORT SE	CSDA MEMBERSHIP MEETING	$226.72
70879875	10/01/2025	113197	A & P HELICOPTERS INC	106	PUBLIC SAFETY	2027-53230	SHERIFF	TEHAMA CO SHERIFF'S OFFICE	$12,750.00

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879876	10/01/2025	132399	AMAZON CAPITAL SERVICES	535	TC CHILD & FAMIL	53510-555219	TC CHILD & FAMIL	9/18/25	$623.30
70879876	10/01/2025	132399	AMAZON CAPITAL SERVICES	535	TC CHILD & FAMIL	53510-555220	TC CHILD & FAMIL	07/22/25	$63.07
70879876	10/01/2025	132399	AMAZON CAPITAL SERVICES	535	TC CHILD & FAMIL	53510-555220	TC CHILD & FAMIL	9/10/25	$919.00
70879876	10/01/2025	132399	AMAZON CAPITAL SERVICES	535	TC CHILD & FAMIL	53510-555221	TC CHILD & FAMIL	8/22/25	$379.13
70879876	10/01/2025	132399	AMAZON CAPITAL SERVICES	535	TC CHILD & FAMIL	53510-555221	TC CHILD & FAMIL	9/10/25	$93.47
70879876	10/01/2025	132399	AMAZON CAPITAL SERVICES	535	TC CHILD & FAMIL	53510-555221	TC CHILD & FAMIL	9/19/25	$14.38
70879877	10/01/2025	122809	AMERICAN JANITORIAL & MAINTENA	220	TC SOLID WASTE M	4045-53230	TC/RB LANDFILL M	PROFESSIONAL/SPECIAL SERV	$475.00
70879878	10/01/2025	103526	APEX FENCE CO INC	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	91025	$317.86
70879879	10/01/2025	103939	AT&T	101	GENERAL FUND	1014-53120	COUNTY ADMINISTR	9391032882	$18.53
70879879	10/01/2025	103939	AT&T	101	GENERAL FUND	1014-53120	COUNTY ADMINISTR	9391032893	$26.35
70879879	10/01/2025	103939	AT&T	101	GENERAL FUND	1014-53120	COUNTY ADMINISTR	9391058492	$14.13
70879879	10/01/2025	103939	AT&T	101	GENERAL FUND	1025-53120	PURCHASING	9391032882	$2.83
70879879	10/01/2025	103939	AT&T	101	GENERAL FUND	1025-53120	PURCHASING	9391032893	$5.51
70879879	10/01/2025	103939	AT&T	101	GENERAL FUND	1025-53120	PURCHASING	9391058492	$2.83
70879879	10/01/2025	103939	AT&T	101	GENERAL FUND	1031-53120	COUNTY COUNSEL	9391032893	$6.13
70879879	10/01/2025	103939	AT&T	101	GENERAL FUND	1031-53120	COUNTY COUNSEL	9391058492	$6.91
70879879	10/01/2025	103939	AT&T	101	GENERAL FUND	1041-53120	PERSONNEL	9391032882	$1.88
70879879	10/01/2025	103939	AT&T	101	GENERAL FUND	1041-53120	PERSONNEL	9391032893	$7.35

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879879	10/01/2025	103939	AT&T	101	GENERAL FUND	1041-53120	PERSONNEL	9391058492	$4.08
70879879	10/01/2025	103939	AT&T	101	GENERAL FUND	1076-53120	PROPERTY PLANNIN	9391032893	$9.80
70879879	10/01/2025	103939	AT&T	107	RISK MANAGEMENT	1101-53120	RISK MANAGEMENT	9391032882	$8.17
70879879	10/01/2025	103939	AT&T	107	RISK MANAGEMENT	1101-53120	RISK MANAGEMENT	9391032893	$6.13
70879879	10/01/2025	103939	AT&T	107	RISK MANAGEMENT	1101-53120	RISK MANAGEMENT	9391058492	$3.46
70879880	10/01/2025	100205	BOB'S TIRE CENTER	115	BUILDING & SAFET	2065-53220	BUILDING & SAFET	192PA25 Acct TC Building Dept	$31.99
70879881	10/01/2025	118030	BRAKE PARTS SUPPLY	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	2451	$475.30
70879882	10/01/2025	134846	CPOC	106	PUBLIC SAFETY	2037-53200	PROBATION	FY 25-26 MEMBER DUES-TEHAMA	$250.00
70879882	10/01/2025	134846	CPOC	106	PUBLIC SAFETY	2037-53290	PROBATION	PBMA 2025 ANNUAL SYMPOSIUM Y.R	$425.00
70879883	10/01/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53110	ROAD DEPARTMENT	4243351635	$43.29
70879883	10/01/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53110	ROAD DEPARTMENT	4244129999	$43.29
70879883	10/01/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	4243351551	$32.20
70879883	10/01/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	4243351635	$14.13
70879883	10/01/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	4244129999	$14.13
70879883	10/01/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-53140	ROAD DEPARTMENT	4244130011	$32.20
70879883	10/01/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	4243351551	$28.05

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879883	10/01/2025	V000287	CINTAS CORPORATION NO 2	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	4244130011	$28.05
70879884	10/01/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	1014-53300	COUNTY ADMINISTR	006389-000	$49.76
70879884	10/01/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	1025-53300	PURCHASING	006389-000	$10.41
70879884	10/01/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	1031-53300	COUNTY COUNSEL	006389-000	$18.51
70879884	10/01/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	1041-53300	PERSONNEL	006389-000	$13.89
70879884	10/01/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	1076-53300	PROPERTY PLANNIN	006389-000	$11.57
70879884	10/01/2025	100376	CITY OF RED BLUFF	107	RISK MANAGEMENT	1101-53300	RISK MANAGEMENT	006389-000	$11.57
70879885	10/01/2025	T00500	CYNTHIA JAMES	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	SEP 25 VICTIM RESTITUTION PMT	$200.00
70879886	10/01/2025	117602	DEPT OF FORESTRY & FIRE PROTEC	103	CAPITAL OUTLAY	1081-57586	PLANT ACQUISITIO	PO 42900	$4,140.00
70879887	10/01/2025	109997	DEPT OF JUSTICE	418	SHERIFF DOJ SERV	418-301800	NOT APPLICABLE	TEHAMA CO SHERIFF CCWs	$3,016.00
70879888	10/01/2025	112293	EQUIFAX CREDIT INFORMATION SER	106	PUBLIC SAFETY	2027-53230	SHERIFF	0004/736VC00020	$85.00
70879889	10/01/2025	T00508	GENE THEURET	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	SEP 25 VICTIM RESTITUTION PMT	$70.00
70879890	10/01/2025	V000233	GENUINE PARTS COMPANY INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	MAINTENANCE OF EQUIPMENT	$541.67
70879890	10/01/2025	V000233	GENUINE PARTS COMPANY INC	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	SHOP SUPPLIES EXPENSE	$172.29
70879891	10/01/2025	142511	GRAINGER INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	8325648287	$11.20
70879891	10/01/2025	142511	GRAINGER INC	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	832564827	$80.18
70879891	10/01/2025	142511	GRAINGER INC	102	ROAD FUND	3011-532801	ROAD DEPARTMENT	832564827	$60.81

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879892	10/01/2025	115028	HILL'S PET NUTRITION SALES INC	101	GENERAL FUND	2078-53280	DIV OF ANIMAL SE	Cat & Dog Food	$1,964.20
70879893	10/01/2025	136121	HUNT & SONS LLC	102	ROAD FUND	3011-53291	ROAD DEPARTMENT	99524	$12,417.96
70879894	10/01/2025	T00498	JENNIFER COHOON	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	SEP 25 VICTIM RESTITUTION PMT	$200.00
70879895	10/01/2025	115402	LIONAKIS	103	CAPITAL OUTLAY	1081-57586	PLANT ACQUISITIO	JAIL RE-ENTRY	$26,500.00
70879896	10/01/2025	134086	MCC ENGINEERING	102	ROAD FUND	3011-53230	ROAD DEPARTMENT	PROFESSIONAL/SPECIAL SERV	$9,075.53
70879896	10/01/2025	134086	MCC ENGINEERING	102	ROAD FUND	3015-53230	ROAD CAPITAL PRO	PROFESSIONAL/SPECIAL SERV	$11,640.32
70879897	10/01/2025	125711	MOORE & BOGENER	220	TC SOLID WASTE M	4045-53230	TC/RB LANDFILL M	6318	$723.60
70879898	10/01/2025	130751	MUNICIPAL MAINTENANCE EQUIPMEN	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	MAINTENANCE OF EQUIPMENT	$391.11
70879899	10/01/2025	130684	O'REILLY AUTOMOTIVE INC	102	ROAD FUND	3011-53170	ROAD DEPARTMENT	MAINTENANCE OF EQUIPMENT	$218.17
70879899	10/01/2025	130684	O'REILLY AUTOMOTIVE INC	102	ROAD FUND	3011-53270	ROAD DEPARTMENT	SMALL TOOLS & INSTRUMENTS	$64.34
70879900	10/01/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	115	BUILDING & SAFET	2065-53220	BUILDING & SAFET	Acct# 89517192	$180.23
70879901	10/01/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7031-53300	CORNING VETERANS	AC#2856470763-7	$87.44
70879901	10/01/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7031-53300	CORNING VETERANS	AC#4168882024-4	$24.64
70879902	10/01/2025	123541	PACIFIC SKY CREATIVE INC	101	GENERAL FUND	1014-53170	COUNTY ADMINISTR	MAINTENANCE OF EQUIPMENT	$260.00
70879903	10/01/2025	117529	PRO PACIFIC	106	PUBLIC SAFETY	2032-53130	JAIL	61960	$371.63
70879904	10/01/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2032-53130	JAIL	818652	$449.28

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879905	10/01/2025	102258	RED BLUFF INTERIORS	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	JDF- A POD BATHROOM FLOORING	$1,645.21
70879905	10/01/2025	102258	RED BLUFF INTERIORS	106	PUBLIC SAFETY	2036-53230	JUVENILE HALL	JDF- C POD BATHROOM FLOOR	$1,645.21
70879906	10/01/2025	136655	SURE-CLOSE LTD	504	TCSLA GRANTS	50410-558013	TCSLA GRANTS	2396	$3,570.00
70879907	10/01/2025	109099	TEHAMA ASPHALT	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	PO 41563	$226,697.57
70879908	10/01/2025	T00507	TEHAMA COUNTY DEPARTMENT OF SO	430	PROB RESTITUTION	430-207771	NOT APPLICABLE	SEP 25 VICTIM RESTITUTION PMT	$400.00
70879909	10/01/2025	101798	VALLEY VETERINARY CLINIC	101	GENERAL FUND	2078-53230	DIV OF ANIMAL SE	2024-336 Spay & Neuter	$3,220.00
70879910	10/01/2025	117079	VERIZON WIRELESS	101	GENERAL FUND	2061-53120	AGRICULTURE COMM	770720905-00039 8/19-9/18	$379.39
70879911	10/01/2025	109450	VSS EMULTECH	102	ROAD FUND	3011-53280	ROAD DEPARTMENT	SPECIAL DEPARTMENTAL EXP	$464.86
70879912	10/01/2025	113681	WORLD TELECOM INC	220	TC SOLID WASTE M	4045-53170	TC/RB LANDFILL M	MAINTENANCE OF EQUIPMENT	$93.75
70879913	10/01/2025	132087	CHASE CORRY	106	PUBLIC SAFETY	2027-53290	SHERIFF	K9	$267.00
70879914	10/01/2025	110740	DIRK LAMBERT	106	PUBLIC SAFETY	2027-53290	SHERIFF	K-9 SELECTION	$267.00
70879915	10/01/2025	118999	DUSTIN MARIA	106	PUBLIC SAFETY	2027-53290	SHERIFF	SHIFT WELLNESS	$96.00
70879916	10/01/2025	127743	GLENNDA ALLEN, TRUSTEE	106	PUBLIC SAFETY	2037-53230	PROBATION	Adult Probation Petty Cash	$35.00
70879917	10/01/2025	133854	JORDAN STOKES	106	PUBLIC SAFETY	2027-53290	SHERIFF	K-9 SELECTION	$267.00
70879918	10/01/2025	V000239	KADEN EVANS	106	PUBLIC SAFETY	2029-53290	SHERIFF ANIMAL R	BASIC ANIMAL CONTROL	$300.00
70879919	10/01/2025	V000581	KAYLIE DUNCAN	106	PUBLIC SAFETY	2029-53290	SHERIFF ANIMAL R	BASIC ANIMAL CONTROL	$300.00
70879920	10/01/2025	L208136	TEAMSTERS 137	265	COUNTY P/R TRUST	265-208136	NOT APPLICABLE	UNION DUES 3RD QUARTER 2025	$1,155.00

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879921	10/01/2025	102226	WILLIAM CLEMENT	102	ROAD FUND	3011-53110	ROAD DEPARTMENT	2025 BOOT REIMBURSEMENT	$300.00
70879922	10/02/2025	134185	AGILE OCCUPATIONAL MEDICINE PC	106	PUBLIC SAFETY	2037-53230	PROBATION	DOS 09/19/25 #600985 R.Z.	$280.00
70879923	10/02/2025	112999	ALLIANT INSURANCE SERVICES INC	605	TC SANITATION DI	60510-53150	TC SANITATION DI	TEHACOU-05	$13,496.08
70879924	10/02/2025	118165	ALLIANT INSURANCE SERVICES	535	TC CHILD & FAMIL	535-105580	NOT APPLICABLE	TEHACOU-04	$2,714.07
70879924	10/02/2025	118165	ALLIANT INSURANCE SERVICES	535	TC CHILD & FAMIL	53510-53150	TC CHILD & FAMIL	TEHACOU-04	$8,142.21
70879925	10/02/2025	V000678	ALONDRA TEJEDA	535	TC CHILD & FAMIL	53510-555221	TC CHILD & FAMIL	LITERACY	$240.00
70879926	10/02/2025	115432	ALPHA VISTA PROPERTIES LLC	113	CHILD SUPPORT	5015-53260	CHILD SUPPORT SE	RENT/LEASE OF BUILDINGS	$5,015.27
70879927	10/02/2025	103939	AT&T	101	GENERAL FUND	7031-53120	CORNING VETERANS	9391032961	$34.86
70879927	10/02/2025	103939	AT&T	105	FIRE FUND	2042-53120	FIRE SCH C VOL	9391032842	$38.80
70879927	10/02/2025	103939	AT&T	105	FIRE FUND	2042-53120	FIRE SCH C VOL	9391032960	$93.87
70879928	10/02/2025	113573	AT&T U-VERSE	106	PUBLIC SAFETY	2037-53120	PROBATION	ACCT#138860118 THRU 10/17/25	$106.29
70879929	10/02/2025	V000558	B & T CA LLC	112	HEALTH SERVICES	40121-53170	PUBLIC HEALTH	MAINTENANCE OF EQUIPMENT	$20.00
70879929	10/02/2025	V000558	B & T CA LLC	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	MAINTENANCE OF EQUIPMENT	$62.60
70879929	10/02/2025	V000558	B & T CA LLC	112	HEALTH SERVICES	40171-53170	DRUG & ALCOHOL	MAINTENANCE OF EQUIPMENT	$31.00
70879929	10/02/2025	V000558	B & T CA LLC	112	HEALTH SERVICES	40251-53170	CLINIC SERVICES	MAINTENANCE OF EQUIPMENT	$6.40

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879930	10/02/2025	122025	BIMBO BAKERIES USA	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	Cust# 363203.1 DRC Bakery	$48.07
70879931	10/02/2025	142466	CARREL'S OFFICE MACHINES	112	HEALTH SERVICES	40121-53220	PUBLIC HEALTH	TC114	$158.45
70879931	10/02/2025	142466	CARREL'S OFFICE MACHINES	112	HEALTH SERVICES	40121-53220	PUBLIC HEALTH	TC61	$237.22
70879931	10/02/2025	142466	CARREL'S OFFICE MACHINES	112	HEALTH SERVICES	40131-53220	MENTAL HEALTH	TC114	$57.09
70879931	10/02/2025	142466	CARREL'S OFFICE MACHINES	112	HEALTH SERVICES	40171-53220	DRUG & ALCOHOL	TC114	$57.09
70879932	10/02/2025	121013	COASTAL BUSINESS SYSTEMS INC	112	HEALTH SERVICES	40121-53250	PUBLIC HEALTH	RE2798	$17.00
70879932	10/02/2025	121013	COASTAL BUSINESS SYSTEMS INC	112	HEALTH SERVICES	40131-53220	MENTAL HEALTH	RE2798	$41.24
70879932	10/02/2025	121013	COASTAL BUSINESS SYSTEMS INC	112	HEALTH SERVICES	40131-53250	MENTAL HEALTH	RE2798	$410.58
70879932	10/02/2025	121013	COASTAL BUSINESS SYSTEMS INC	112	HEALTH SERVICES	40171-53250	DRUG & ALCOHOL	RE2798	$1,098.19
70879932	10/02/2025	121013	COASTAL BUSINESS SYSTEMS INC	112	HEALTH SERVICES	40251-53250	CLINIC SERVICES	RE2798	$142.78
70879933	10/02/2025	T0028934	CRESTWOOD BEHAVIORAL HEALTH	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	SUPPORT & CARE OF PERSONS	$35,398.00
70879933	10/02/2025	T0028934	CRESTWOOD BEHAVIORAL HEALTH	112	HEALTH SERVICES	40131-55407	MENTAL HEALTH	INSTITUTE MENTAL DISEASE	$61,632.00
70879934	10/02/2025	T00689	DEBORAH K FREEMAN ETAL	307	CURRENT YEAR SEC	307-301800	NOT APPLICABLE	006140007000 2024	$425.05
70879935	10/02/2025	V000395	DUCOR TELEPHONE	105	FIRE FUND	2042-53120	FIRE SCH C VOL	0000000510	$153.65

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
			COMPANY						
70879936	10/02/2025	118866	EARTHGRAINS BAKING COMPANIES I	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	Cust# 214109-1	$97.01
70879937	10/02/2025	133368	ECO MEDICAL INC	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	PROFESSIONAL/SPECIAL SERV	$276.00
70879938	10/02/2025	115376	EL DORADO COUNTY DCSS	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	PROFESSIONAL/SPECIAL SERV	$6,250.00
70879939	10/02/2025	131165	ENTERPRISE FM TRUST	112	HEALTH SERVICES	40121-53250	PUBLIC HEALTH	517151A	$1,643.65
70879939	10/02/2025	131165	ENTERPRISE FM TRUST	112	HEALTH SERVICES	40131-53250	MENTAL HEALTH	517151A	$3,745.13
70879939	10/02/2025	131165	ENTERPRISE FM TRUST	112	HEALTH SERVICES	40171-53250	DRUG & ALCOHOL	517151A	$1,216.17
70879939	10/02/2025	131165	ENTERPRISE FM TRUST	112	HEALTH SERVICES	40251-53250	CLINIC SERVICES	517151A	$245.00
70879940	10/02/2025	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2027-53230	SHERIFF	33750345	$1,468.56
70879940	10/02/2025	108526	EXPRESS PERSONNEL SERVICES INC	106	PUBLIC SAFETY	2032-53230	JAIL	33750345	$2,428.93
70879940	10/02/2025	108526	EXPRESS PERSONNEL SERVICES INC	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	33751643	$3,453.93
70879940	10/02/2025	108526	EXPRESS PERSONNEL SERVICES INC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	33751643	$7,358.82
70879940	10/02/2025	108526	EXPRESS PERSONNEL SERVICES INC	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	33751643	$1,415.01
70879941	10/02/2025	122204	GENEVA SOFTWARE CO	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	TEH854	$228.29
70879941	10/02/2025	122204	GENEVA SOFTWARE CO	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	TEH854	$398.04
70879941	10/02/2025	122204	GENEVA SOFTWARE CO	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	TEH854	$128.76
70879941	10/02/2025	122204	GENEVA SOFTWARE CO	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	TEH854	$79.91

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879942	10/02/2025	V000423	GUEST COMMUNICATIONS CORPORATI	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	PO 9597	$2,211.66
70879943	10/02/2025	112696	HENRY SCHEIN/CALIGOR	112	HEALTH SERVICES	40251-53190	CLINIC SERVICES	MEDICAL/DENTAL LAB SUPPLY	$760.85
70879944	10/02/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	2061-53291	AGRICULTURE COMM	6095-Fuel	$822.80
70879944	10/02/2025	136121	HUNT & SONS LLC	105	FIRE FUND	2042-53291	FIRE SCH C VOL	6564	$1,361.21
70879945	10/02/2025	100801	IMPRESSIVE PRINT	112	HEALTH SERVICES	40121-53220	PUBLIC HEALTH	OFFICE EXPENSE	$2,199.45
70879946	10/02/2025	136228	JOHN MUIR PHYSICIAN NETWORK	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	PO 9655	$5,149.00
70879947	10/02/2025	108299	KEEFE COMMISSARY NETWORK	510	PRISONERS WELFAR	51010-53130	PRISONERS WELFAR	KEEFE INVOICE 09302025	$2,829.65
70879947	10/02/2025	108299	KEEFE COMMISSARY NETWORK	510	PRISONERS WELFAR	51010-53130	PRISONERS WELFAR	KEEFE REFUND INVOICE	($26.59)
70879948	10/02/2025	106774	KIMBALL-MIDWEST	105	FIRE FUND	2042-53170	FIRE SCH C VOL	MAINTENANCE OF EQUIPMENT	$646.06
70879949	10/02/2025	123750	KINGS VIEW CORPORATION	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$13,230.00
70879950	10/02/2025	106086	LOCUM TENENS COM	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$1,950.00
70879951	10/02/2025	133436	M L ESLINGER & ASSOCIATES INC	106	PUBLIC SAFETY	2037-53290	PROBATION	STC #0772540 S.K. Origins Zoom	$75.00
70879952	10/02/2025	V000624	MILLER MENDEL INC	106	PUBLIC SAFETY	2027-53230	SHERIFF	TEHAMA CO SHERIFF'S OFFICE	$5,563.00
70879953	10/02/2025	V000449	MULTI SERVICE TECHNOLOGY SOLUT	105	FIRE FUND	2042-53170	FIRE SCH C VOL	MAINTENANCE OF EQUIPMENT	$31.15
70879954	10/02/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1014-53300	COUNTY ADMINISTR	8530208183-2	$128.56

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879954	10/02/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1025-53300	PURCHASING	8530208183-2	$26.91
70879954	10/02/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1031-53300	COUNTY COUNSEL	8530208183-2	$47.84
70879954	10/02/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1041-53300	PERSONNEL	8530208183-2	$35.88
70879954	10/02/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	1076-53300	PROPERTY PLANNIN	8530208183-2	$29.90
70879954	10/02/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	1009991541-4	$424.59
70879954	10/02/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	1051658205-2	$127.98
70879954	10/02/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	1338174927-7	$75.69
70879954	10/02/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7021-53300	PARKS & RECREATI	5376610062-1	$103.80
70879954	10/02/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	7031-53300	CORNING VETERANS	2814804099-2	$418.92
70879954	10/02/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	0548465545-0	$228.79
70879954	10/02/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	5554481127-0	$1,907.27
70879954	10/02/2025	101231	PACIFIC GAS & ELECTRIC	105	FIRE FUND	2042-53300	FIRE SCH C VOL	6535518462-6	$89.23
70879954	10/02/2025	101231	PACIFIC GAS & ELECTRIC	107	RISK MANAGEMENT	1101-53300	RISK MANAGEMENT	8530208183-2	$29.90
70879955	10/02/2025	101241	PAINT MARTS	105	FIRE FUND	2042-53170	FIRE SCH C VOL	R404475	$264.05
70879956	10/02/2025	101267	PEERLESS BUILDING MAINT INC	113	CHILD SUPPORT	5015-53140	CHILD SUPPORT SE	HOUSEHOLD EXPENSE	$1,155.30
70879957	10/02/2025	130243	PRIME42 LLC	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	PROFESSIONAL/SPECIAL SERV	$35.00
70879958	10/02/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 692071 JDF Dairy	$207.16
70879958	10/02/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC 717115 Dairy for SNP	$157.25
70879958	10/02/2025	108185	PRODUCERS DAIRY FOODS INC	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC717115 SNP Dairy	$164.77

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879959	10/02/2025	133378	RESOURCE CONSERVATION DISTRICT	101	GENERAL FUND	2074-53230	EMERGENCY OPERAT	PROFESSIONAL/SPECIAL SERV	$2,219.06
70879960	10/02/2025	134616	SOUTH AVENUE INC	101	GENERAL FUND	7031-53170	CORNING VETERANS	100420	$130.38
70879960	10/02/2025	134616	SOUTH AVENUE INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	100781	$46.94
70879961	10/02/2025	104207	ST ELIZABETH COMM HOSP	106	PUBLIC SAFETY	20321-532392	JAIL - HEALTH SE	1000419315	$454.40
70879962	10/02/2025	131147	STEVE WESTABY	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	Fruit JDF	$140.00
70879962	10/02/2025	131147	STEVE WESTABY	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	SNP # 29680 Fruit	$340.00
70879963	10/02/2025	108976	STEVEN HILL DBA	101	GENERAL FUND	2062-53230	CODE/MARIJUANA E	PROFESSIONAL/SPECIAL SERV	$600.00
70879964	10/02/2025	107566	SYSCO	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	AC 346486 DRC HOUSEHOLD	$106.51
70879964	10/02/2025	107566	SYSCO	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	AC# 34686 FOOD FOR DRC	$449.01
70879964	10/02/2025	107566	SYSCO	106	PUBLIC SAFETY	2035-53130	DAY REPORTING CE	DRC Food AC 346486	$275.80
70879964	10/02/2025	107566	SYSCO	106	PUBLIC SAFETY	2035-53140	DAY REPORTING CE	DRC HOUSEHOLD	$518.23
70879964	10/02/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC# 346486 JDF FOOD	$158.54
70879964	10/02/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53130	JUVENILE HALL	AC#346486 JDF FOOD	$1,874.91
70879964	10/02/2025	107566	SYSCO	106	PUBLIC SAFETY	2036-53140	JUVENILE HALL	AC 346486 HOUSEHOLD JDF	$178.02
70879965	10/02/2025	101798	VALLEY VETERINARY CLINIC	106	PUBLIC SAFETY	2027-5323016	SHERIFF	208362	$148.94
70879965	10/02/2025	101798	VALLEY VETERINARY CLINIC	106	PUBLIC SAFETY	2029-53230	SHERIFF ANIMAL R	220569	$1,353.88
70879966	10/02/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2035-53120	DAY REPORTING CE	AC77072090500041 8/19-09/18/25	$221.02

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879966	10/02/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2036-53120	JUVENILE HALL	77072090500041 8/19-09/18/25	$158.78
70879966	10/02/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2037-53120	PROBATION	77072090500041 8/19-09/18/25	$1,179.80
70879966	10/02/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2037-53120	PROBATION	A/C 770720905-00023 thru 9/18/	$204.03
70879966	10/02/2025	117079	VERIZON WIRELESS	113	CHILD SUPPORT	5015-53120	CHILD SUPPORT SE	770720905-00038	$114.03
70879967	10/02/2025	136143	VESTIS SERVICES LLC	106	PUBLIC SAFETY	2028-53230	AUTO SHOP	792263916	$364.89
70879968	10/02/2025	101821	WALKER PRINTING	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	PROFESSIONAL/SPECIAL SERV	$318.53
70879969	10/02/2025	115894	WESTERN BUSINESS PRODUCTS	113	CHILD SUPPORT	5015-53170	CHILD SUPPORT SE	MAINTENANCE OF EQUIPMENT	$17.12
70879970	10/02/2025	133059	BENJAMIN HALPIN	106	PUBLIC SAFETY	2027-53290	SHERIFF	SFST INSTRUCTOR P/DIEM	$95.00
70879973	10/02/2025	128821	DAVE DEMO	527	TC TRANS COMM AD	3033-53210	TCTC PLANNING	TCTC MEETING STIPEND 9/22/25	$100.00
70879974	10/02/2025	111125	DISH NETWORK	112	HEALTH SERVICES	40131-53280	MENTAL HEALTH	8255 7070 8208 9322	$158.79
70879976	10/02/2025	126094	INTERNATIONAL BUSINESS MACHINE	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	1069326-01	$350.00
70879977	10/02/2025	134376	MATT HANSEN	527	TC TRANS COMM AD	3033-53210	TCTC PLANNING	TCTC MEETING STIPEND 9/22/25	$100.00
70879978	10/02/2025	130642	OPTIMIZE WORLDWIDE INC	527	TC TRANS COMM AD	3033-53230	TCTC PLANNING	PROFESSIONAL/SPECIAL SERV	$25.00
70879979	10/02/2025	133801	PATRICK C HURTON	527	TC TRANS COMM AD	3033-53210	TCTC PLANNING	TCTC MEETING STIPEND 9/22/25	$100.00
70879980	10/02/2025	T0017278	PLACER TITLE COMPANY	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-002-691-000 2025	$72.08
70879981	10/02/2025	T0017278	PLACER TITLE COMPANY	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-003-153-000 2025	$71.52

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879982	10/02/2025	T0017278	PLACER TITLE COMPANY	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-003-173-000 2025	$72.64
70879983	10/02/2025	T0017278	PLACER TITLE COMPANY	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-004-096-000 2025	$114.28
70879984	10/02/2025	T0017278	PLACER TITLE COMPANY	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-00-228-000 2025	$65.06
70879985	10/02/2025	T0017278	PLACER TITLE COMPANY	421	TAX COLLECTOR TR	421-301308	NOT APPLICABLE	910-000-664-000 2025	$13.56
70879986	10/02/2025	107385	RED BLUFF HOUSING INVESTORS CA	101	GENERAL FUND	5062-55400	COMMUNITY ACTION	CAA Deposit 206	$500.00
70879987	10/02/2025	T0033040	ROY MITCHELL	112	HEALTH SERVICES	40131-53280	MENTAL HEALTH	SPECIAL DEPARTMENTAL EXP	$2,000.00
70879988	10/02/2025	136569	SPRING TIME LLC	101	GENERAL FUND	5062-55400	COMMUNITY ACTION	CAA Deposit #207	$1,350.00
70879990	10/02/2025	V000085	TOM WALKER	527	TC TRANS COMM AD	3033-53210	TCTC PLANNING	TCTC MEETING STIPEND 9/22/25	$100.00
70879991	10/03/2025	134185	AGILE OCCUPATIONAL MEDICINE PC	106	PUBLIC SAFETY	2013-53230	DISTRICT ATTORNE	PROFESSIONAL/SPECIAL SERV	$420.00
70879992	10/03/2025	107355	AIRGAS USA LLC	101	GENERAL FUND	2078-53190	DIV OF ANIMAL SE	4736170 Oxygen-SNIPTEMBER	$302.88
70879993	10/03/2025	112295	APEX TECHNOLOGY MANAGEMENT INC	601	AIR POLLUTION DI	60110-53170	AIR POLLUTION DI	Agr# 215PA25	$175.00
70879994	10/03/2025	103939	AT&T	101	GENERAL FUND	6031-53120	AGRICULTURAL EXT	9391032866	$134.28
70879994	10/03/2025	103939	AT&T	106	PUBLIC SAFETY	2007-53120	DA WELFARE FRAUD	9391032867	$31.41
70879994	10/03/2025	103939	AT&T	106	PUBLIC SAFETY	2007-53120	DA WELFARE FRAUD	9391032937	$79.03
70879994	10/03/2025	103939	AT&T	106	PUBLIC SAFETY	2013-53120	DISTRICT ATTORNE	9391032883	$32.77
70879994	10/03/2025	103939	AT&T	106	PUBLIC SAFETY	2013-53120	DISTRICT ATTORNE	9391032916	$61.27
70879994	10/03/2025	103939	AT&T	106	PUBLIC SAFETY	2013-53120	DISTRICT ATTORNE	9391032937	$79.02
70879995	10/03/2025	T00690	BARRETT READ ETAL	307	CURRENT YEAR SEC	307-301800	NOT APPLICABLE	007031031000 2023	$1,613.18
70879995	10/03/2025	T00690	BARRETT READ ETAL	307	CURRENT YEAR SEC	307-301800	NOT APPLICABLE	007031031000 2024	$1,805.36

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70879996	10/03/2025	100249	BURTON'S FIRE INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	MAINTENANCE OF EQUIPMENT	$1,701.63
70879997	10/03/2025	112962	BUTTE CO DEPT OF PUBLIC HEALTH	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	PROFESSIONAL/SPECIAL SERV	$102.00
70879998	10/03/2025	113992	CA WIC ASSOCIATION	112	HEALTH SERVICES	40121-53200	PUBLIC HEALTH	MEMBERSHIPS & DUES	$400.00
70879999	10/03/2025	132407	CAPITAL ONE	112	HEALTH SERVICES	40131-53280	MENTAL HEALTH	616772	$466.76
70880000	10/03/2025	109928	CDW GOVERNMENT INC	112	HEALTH SERVICES	40121-53220	PUBLIC HEALTH	9757194	$1,242.29
70880000	10/03/2025	109928	CDW GOVERNMENT INC	112	HEALTH SERVICES	40131-53220	MENTAL HEALTH	9757194	$1,242.29
70880000	10/03/2025	109928	CDW GOVERNMENT INC	112	HEALTH SERVICES	40131-53220	MENTAL HEALTH	9757194 PO9602	$27.31
70880000	10/03/2025	109928	CDW GOVERNMENT INC	112	HEALTH SERVICES	40171-53220	DRUG & ALCOHOL	9757194	$1,242.30
70880000	10/03/2025	109928	CDW GOVERNMENT INC	112	HEALTH SERVICES	40251-53220	CLINIC SERVICES	9757194	$1,242.29
70880001	10/03/2025	133740	CHARTER COMMUNICATIONS HOLDING	101	GENERAL FUND	1073-53120	GENERAL SERVICES	127091101	$1,525.06
70880002	10/03/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	1073-53302	GENERAL SERVICES	624 WASHINGTON	$52.13
70880002	10/03/2025	100376	CITY OF RED BLUFF	101	GENERAL FUND	6031-53300	AGRICULTURAL EXT	UTILITIES	$34.00
70880002	10/03/2025	100376	CITY OF RED BLUFF	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	PROFESSIONAL/SPECIAL SERV	$92.00
70880003	10/03/2025	V000063	COMMUNITY BEHAVIORAL HEALTH	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$49,410.35
70880004	10/03/2025	100441	CORNING HEALTHCARE DISTRICT	108	SOCIAL SERVICES	5013-53260	SOCIAL SERVICES	COT 2025 RENT	$7,437.32
70880004	10/03/2025	100441	CORNING HEALTHCARE DISTRICT	112	HEALTH SERVICES	40121-53260	PUBLIC HEALTH	COT 2025 RENT	$2,431.07
70880004	10/03/2025	100441	CORNING HEALTHCARE DISTRICT	112	HEALTH SERVICES	40131-53260	MENTAL HEALTH	COT 2025 RENT	$876.21

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70880004	10/03/2025	100441	CORNING HEALTHCARE DISTRICT	112	HEALTH SERVICES	40171-53260	DRUG & ALCOHOL	COT 2025 RENT	$876.21
70880005	10/03/2025	112469	DAVE'S TRACTOR INC	106	PUBLIC SAFETY	2031-57600	WORK FARM	PO428984	$37,688.01
70880006	10/03/2025	125007	DEBRA J VILLASENOR	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$3,120.00
70880007	10/03/2025	109997	DEPT OF JUSTICE	418	SHERIFF DOJ SERV	418-301800	NOT APPLICABLE	TEHAMA CO SHERIFF'S OFFICE	$1,404.00
70880008	10/03/2025	103045	DEPT OF JUSTICE	101	GENERAL FUND	1105-532312	PROFESSIONAL COU	847982-215074 AUG 2025	$945.00
70880009	10/03/2025	120882	DIGNITY HEALTH REG OFFICE-SAC	101	GENERAL FUND	4024-53230	AMBULANCE SERVIC	153-70400-57800-000	$4,500.00
70880010	10/03/2025	106218	DM TECH	105	FIRE FUND	2042-53120	FIRE SCH C VOL	4103	$92.85
70880011	10/03/2025	105685	DONALD EUGENE WOLFE DBA	101	GENERAL FUND	2078-53180	DIV OF ANIMAL SE	288PA25 Services, Camera	$490.00
70880012	10/03/2025	108526	EXPRESS PERSONNEL SERVICES INC	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	33751643	$1,956.38
70880012	10/03/2025	108526	EXPRESS PERSONNEL SERVICES INC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	33751643	$6,178.45
70880012	10/03/2025	108526	EXPRESS PERSONNEL SERVICES INC	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	33751643	$1,045.25
70880013	10/03/2025	136360	FACILITIES MANAGEMENT EXPRESS	101	GENERAL FUND	1074-53230	FACILITIES MAINT	PROFESSIONAL/SPECIAL SERV	$4,362.29
70880014	10/03/2025	134605	FASTENERS INC	101	GENERAL FUND	1074-53180	FACILITIES MAINT	0000640	$57.19
70880014	10/03/2025	134605	FASTENERS INC	105	FIRE FUND	2042-53170	FIRE SCH C VOL	MAINTENANCE OF EQUIPMENT	$75.70
70880014	10/03/2025	134605	FASTENERS INC	105	FIRE FUND	2042-53270	FIRE SCH C VOL	SMALL TOOLS & INSTRUMENTS	$193.49

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70880015	10/03/2025	113434	FEDEX	106	PUBLIC SAFETY	2013-53220	DISTRICT ATTORNE	2210-8457-8	$107.58
70880016	10/03/2025	131988	FRESNO OXYGEN	112	HEALTH SERVICES	40251-53190	CLINIC SERVICES	MEDICAL/DENTAL LAB SUPPLY	$139.90
70880017	10/03/2025	136667	GARETH J BRISCOE	106	PUBLIC SAFETY	2013-53220	DISTRICT ATTORNE	24CR1968	$39.90
70880018	10/03/2025	V000237	GOLDEN RULE SMALL ENGINES	112	HEALTH SERVICES	40121-53800	PUBLIC HEALTH	PO9664	$214.23
70880018	10/03/2025	V000237	GOLDEN RULE SMALL ENGINES	112	HEALTH SERVICES	40131-53800	MENTAL HEALTH	PO9664	$214.24
70880018	10/03/2025	V000237	GOLDEN RULE SMALL ENGINES	112	HEALTH SERVICES	40171-53800	DRUG & ALCOHOL	PO9664	$214.23
70880018	10/03/2025	V000237	GOLDEN RULE SMALL ENGINES	112	HEALTH SERVICES	40251-53800	CLINIC SERVICES	PO9664	$214.23
70880019	10/03/2025	113113	GREEN WASTE OF TEHAMA	101	GENERAL FUND	7021-53607	PARKS & RECREATI	TC RIVER PARK	$60.04
70880020	10/03/2025	112696	HENRY SCHEIN/CALIGOR	112	HEALTH SERVICES	40121-53190	PUBLIC HEALTH	MEDICAL/DENTAL LAB SUPPLY	$3,849.80
70880020	10/03/2025	112696	HENRY SCHEIN/CALIGOR	112	HEALTH SERVICES	40251-53190	CLINIC SERVICES	MEDICAL/DENTAL LAB SUPPLY	$465.65
70880021	10/03/2025	102806	HERITAGE OAKS HOSPITAL	112	HEALTH SERVICES	40131-55400	MENTAL HEALTH	SUPPORT & CARE OF PERSONS	$15,778.00
70880022	10/03/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40121-53140	PUBLIC HEALTH	6035-3225-4090-9714	$1.82
70880022	10/03/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40121-53170	PUBLIC HEALTH	6035-3225-4090-9714	$81.91
70880022	10/03/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40121-53180	PUBLIC HEALTH	6035-3225-4090-9714	$29.63
70880022	10/03/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40131-53140	MENTAL HEALTH	6035-3225-4090-9714	$2.89

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70880022	10/03/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	6035-3225-4090-9714	$81.92
70880022	10/03/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	6035-3225-4090-9714	$34.44
70880022	10/03/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40171-53140	DRUG & ALCOHOL	6035-3225-4090-9714	$4.68
70880022	10/03/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40171-53170	DRUG & ALCOHOL	6035-3225-4090-9714	$81.89
70880022	10/03/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40171-53180	DRUG & ALCOHOL	6035-3225-4090-9714	$42.40
70880022	10/03/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40251-53140	CLINIC SERVICES	6035-3225-4090-9714	$3.33
70880022	10/03/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40251-53170	CLINIC SERVICES	6035-3225-4090-9714	$81.91
70880022	10/03/2025	112395	HOME DEPOT CREDIT SERVICES	112	HEALTH SERVICES	40251-53180	CLINIC SERVICES	6035-3225-4090-9714	$36.39
70880023	10/03/2025	134656	HUMBOLDT MOVING & STORAGE CO I	106	PUBLIC SAFETY	2013-53230	DISTRICT ATTORNE	PROFESSIONAL/SPECIAL SERV	$639.00
70880024	10/03/2025	136121	HUNT & SONS LLC	101	GENERAL FUND	6031-53291	AGRICULTURAL EXT	6003	$224.34
70880024	10/03/2025	136121	HUNT & SONS LLC	106	PUBLIC SAFETY	2013-53291	DISTRICT ATTORNE	6178	$146.26
70880024	10/03/2025	136121	HUNT & SONS LLC	112	HEALTH SERVICES	40121-53291	PUBLIC HEALTH	6015	$640.65
70880024	10/03/2025	136121	HUNT & SONS LLC	112	HEALTH SERVICES	40131-53291	MENTAL HEALTH	6015	$2,640.16
70880024	10/03/2025	136121	HUNT & SONS LLC	112	HEALTH SERVICES	40171-53291	DRUG & ALCOHOL	6015	$583.17
70880024	10/03/2025	136121	HUNT & SONS LLC	112	HEALTH SERVICES	40251-53291	CLINIC SERVICES	6015	$194.06
70880024	10/03/2025	136121	HUNT & SONS LLC	113	CHILD SUPPORT	5015-53291	CHILD SUPPORT SE	6174	$89.39
70880025	10/03/2025	100801	IMPRESSIVE PRINT	112	HEALTH SERVICES	40121-53220	PUBLIC HEALTH	OFFICE EXPENSE	$64.49

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70880025	10/03/2025	100801	IMPRESSIVE PRINT	112	HEALTH SERVICES	40131-53220	MENTAL HEALTH	OFFICE EXPENSE	$215.99
70880025	10/03/2025	100801	IMPRESSIVE PRINT	112	HEALTH SERVICES	40171-53220	DRUG & ALCOHOL	OFFICE EXPENSE	$45.19
70880025	10/03/2025	100801	IMPRESSIVE PRINT	112	HEALTH SERVICES	40251-53220	CLINIC SERVICES	OFFICE EXPENSE	$28.89
70880026	10/03/2025	131709	INDEPENDENCE ROCK MEDIA GROUP	113	CHILD SUPPORT	5015-53230	CHILD SUPPORT SE	0992	$250.00
70880027	10/03/2025	127190	JAMES R COLES	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$716.00
70880028	10/03/2025	102590	JAMES WHITE	105	FIRE FUND	2042-53230	FIRE SCH C VOL	PROFESSIONAL/SPECIAL SERV	$80.00
70880029	10/03/2025	122326	JAR VENTURES INC	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	PO9659	$496.89
70880029	10/03/2025	122326	JAR VENTURES INC	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	PO9661	$239.50
70880030	10/03/2025	135759	JENNIFER K GARCIA CONTRERAS	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	MAINTENANCE OF EQUIPMENT	$559.90
70880031	10/03/2025	101699	JOHN W CORNELISON DBA	101	GENERAL FUND	1074-53180	FACILITIES MAINT	MTCE STRUCT-IMPRV-GROUNDS	$22.58
70880031	10/03/2025	101699	JOHN W CORNELISON DBA	112	HEALTH SERVICES	40131-53180	MENTAL HEALTH	MTCE STRUCT-IMPRV-GROUNDS	$2,854.24
70880031	10/03/2025	101699	JOHN W CORNELISON DBA	112	HEALTH SERVICES	40131-53220	MENTAL HEALTH	OFFICE EXPENSE	$21.45
70880032	10/03/2025	132334	KENNETH W BOWLIN	106	PUBLIC SAFETY	2026-53230	PUBLIC DEFENDER	SERVICES OCTOBER 2025	$4,000.00
70880033	10/03/2025	116077	KITT MURRISON PHD	106	PUBLIC SAFETY	2013-53230	DISTRICT ATTORNE	PROFESSIONAL/SPECIAL SERV	$500.00
70880034	10/03/2025	133942	KNOWLEDGE CAPITAL ALLIANCE INC	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	PROFESSIONAL/SPECIAL SERV	$3,500.00
70880035	10/03/2025	133998	KUPERS AUTOMOTIVE REPAIR	112	HEALTH SERVICES	40121-53170	PUBLIC HEALTH	MAINTENANCE OF EQUIPMENT	$39.52
70880035	10/03/2025	133998	KUPERS AUTOMOTIVE	112	HEALTH SERVICES	40131-53170	MENTAL HEALTH	MAINTENANCE OF	$63.24

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
			REPAIR					EQUIPMENT	
70880035	10/03/2025	133998	KUPERS AUTOMOTIVE REPAIR	112	HEALTH SERVICES	40171-53170	DRUG & ALCOHOL	MAINTENANCE OF EQUIPMENT	$39.52
70880035	10/03/2025	133998	KUPERS AUTOMOTIVE REPAIR	112	HEALTH SERVICES	40251-53170	CLINIC SERVICES	MAINTENANCE OF EQUIPMENT	$15.82
70880036	10/03/2025	108877	LEXIS NEXIS RISK DATA MGMT INC	113	CHILD SUPPORT	5015-53200	CHILD SUPPORT SE	4252ZDMTK	$167.00
70880037	10/03/2025	106086	LOCUM TENENS COM	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$1,300.00
70880038	10/03/2025	136652	LORRAINE L WILLIAMS	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$1,522.50
70880039	10/03/2025	100957	LOS MOLINOS HARDWARE	105	FIRE FUND	2042-53170	FIRE SCH C VOL	MAINTENANCE OF EQUIPMENT	$40.73
70880039	10/03/2025	100957	LOS MOLINOS HARDWARE	105	FIRE FUND	2042-53291	FIRE SCH C VOL	TRANSPORTATION EXPENSE	$150.08
70880040	10/03/2025	100252	LYNNE MOULE	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	PROFESSIONAL/SPECIAL SERV	$25.00
70880041	10/03/2025	120101	MANDI SELVESTER	106	PUBLIC SAFETY	2013-53230	DISTRICT ATTORNE	PROFESSIONAL/SPECIAL SERV	$275.00
70880042	10/03/2025	108986	NETSMART OHIO, INC	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$17,016.30
70880042	10/03/2025	108986	NETSMART OHIO, INC	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	PROFESSIONAL/SPECIAL SERV	$6,293.70
70880043	10/03/2025	101180	NVCSS	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$17,888.60
70880044	10/03/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	112	HEALTH SERVICES	40121-53220	PUBLIC HEALTH	89517192	$618.11

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70880044	10/03/2025	104757	OFFICE DEPOT (BUSINESS SVCS DI	112	HEALTH SERVICES	40131-53220	MENTAL HEALTH	89517192	$618.10
70880045	10/03/2025	127472	OIG COMPLIANCE NOW	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	PROFESSIONAL/SPECIAL SERV	$32.79
70880045	10/03/2025	127472	OIG COMPLIANCE NOW	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$32.79
70880045	10/03/2025	127472	OIG COMPLIANCE NOW	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	PROFESSIONAL/SPECIAL SERV	$32.79
70880045	10/03/2025	127472	OIG COMPLIANCE NOW	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	PROFESSIONAL/SPECIAL SERV	$32.79
70880046	10/03/2025	101231	PACIFIC GAS & ELECTRIC	101	GENERAL FUND	6031-53300	AGRICULTURAL EXT	8965479131-1	$767.07
70880047	10/03/2025	101267	PEERLESS BUILDING MAINT INC	101	GENERAL FUND	6031-53140	AGRICULTURAL EXT	HOUSEHOLD EXPENSE	$476.64
70880048	10/03/2025	135395	PREVENT CHILD ABUSE AMERICA	112	HEALTH SERVICES	40121-53200	PUBLIC HEALTH	MEMBERSHIPS & DUES	$2,125.00
70880049	10/03/2025	123557	QUEST DIAGNOSTICS	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	PROFESSIONAL/SPECIAL SERV	$229.79
70880049	10/03/2025	123557	QUEST DIAGNOSTICS	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$10.40
70880050	10/03/2025	106620	RALEYS IN STORE CHARGE	112	HEALTH SERVICES	40121-53280	PUBLIC HEALTH	5000323-101812-9139	$6.30
70880051	10/03/2025	104373	RED BLUFF CHAMBER OF COMMERCE	112	HEALTH SERVICES	40121-53200	PUBLIC HEALTH	MEMBERSHIPS & DUES	$48.75
70880051	10/03/2025	104373	RED BLUFF CHAMBER OF COMMERCE	112	HEALTH SERVICES	40131-53200	MENTAL HEALTH	MEMBERSHIPS & DUES	$48.75
70880051	10/03/2025	104373	RED BLUFF CHAMBER OF COMMERCE	112	HEALTH SERVICES	40171-53200	DRUG & ALCOHOL	MEMBERSHIPS & DUES	$48.75
70880051	10/03/2025	104373	RED BLUFF CHAMBER OF	112	HEALTH SERVICES	40251-53200	CLINIC SERVICES	MEMBERSHIPS & DUES	$48.75

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
			COMMERCE						
70880052	10/03/2025	121598	RELIAS LEARNING	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	PROFESSIONAL/SPECIAL SERV	$677.83
70880052	10/03/2025	121598	RELIAS LEARNING	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$1,161.27
70880052	10/03/2025	121598	RELIAS LEARNING	112	HEALTH SERVICES	40171-53230	DRUG & ALCOHOL	PROFESSIONAL/SPECIAL SERV	$387.60
70880052	10/03/2025	121598	RELIAS LEARNING	112	HEALTH SERVICES	40251-53230	CLINIC SERVICES	PROFESSIONAL/SPECIAL SERV	$343.17
70880053	10/03/2025	T0043586	SEC FOR ENV PROTECTION	477	UST & HS CODE 25	477-301800	NOT APPLICABLE	FY 23/24 1ST Q	$80.00
70880053	10/03/2025	T0043586	SEC FOR ENV PROTECTION	477	UST & HS CODE 25	477-301800	NOT APPLICABLE	FY 24/25 1ST Q	$804.00
70880054	10/03/2025	133774	SERVICEWALA STORES LLC	101	GENERAL FUND	2011-53170	DA VICTIM/WITNES	FOR 5/7-8/2025	$94.16
70880055	10/03/2025	130112	SHANNON BOWLIN	106	PUBLIC SAFETY	2026-53230	PUBLIC DEFENDER	SERVICES OCTOBER 2025	$4,000.00
70880056	10/03/2025	105424	TEHAMA COUNTY DEPT OF EDUCATIO	112	HEALTH SERVICES	40121-53230	PUBLIC HEALTH	000773	$57,681.67
70880057	10/03/2025	120624	TEHAMA PHARMACY & TRADING COMP	112	HEALTH SERVICES	40131-53190	MENTAL HEALTH	MEDICAL/DENTAL LAB SUPPLY	$70.32
70880058	10/03/2025	115214	PAPE' TRUCKS INC	101	GENERAL FUND	1074-53170	FACILITIES MAINT	MAINTENANCE OF EQUIPMENT	$645.56
70880059	10/03/2025	T0041832	THERACOM	112	HEALTH SERVICES	40251-53190	CLINIC SERVICES	479952	$3,183.73
70880060	10/03/2025	117079	VERIZON WIRELESS	101	GENERAL FUND	2011-53120	DA VICTIM/WITNES	770720905-00040	$42.51
70880060	10/03/2025	117079	VERIZON WIRELESS	105	FIRE FUND	2042-53120	FIRE SCH C VOL	870692054-00001	$271.98
70880060	10/03/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2007-53120	DA WELFARE FRAUD	770720905-00040	$65.74
70880060	10/03/2025	117079	VERIZON WIRELESS	106	PUBLIC SAFETY	2013-53120	DISTRICT ATTORNE	770720905-00040	$369.47

Tehama County

TEBK400 - Check Register

Issue Dates between Sep 21, 2025 and Oct 4, 2025

Report Generated on: **Oct 6, 2025 8:18:23 AM**

Check Number	Check Date	Vendor	Vendor Name	Fund	Fund Description	Budget Unit-Account	Budget Unit Description	Description	Check Amount
70880060	10/03/2025	117079	VERIZON WIRELESS	601	AIR POLLUTION DI	60110-53120	AIR POLLUTION DI	Acct#770720905-00044	$139.14
70880061	10/03/2025	129754	VICTOR COMMUNITY SUPPORT SERVI	112	HEALTH SERVICES	40131-53230	MENTAL HEALTH	PROFESSIONAL/SPECIAL SERV	$141,883.10
70880063	10/03/2025	V000304	ASHELY GEORGE	106	PUBLIC SAFETY	2027-53290	SHERIFF	CI CHILD ABUSE INVESTIGATIONS	$368.00
70880064	10/03/2025	106829	BRIAN LAWLEY	106	PUBLIC SAFETY	2027-53290	SHERIFF	BACKGROUND INVESTIGATION	$300.00
70880068	10/03/2025	135785	NORTHERN CALIFORNIA REGIONAL	106	PUBLIC SAFETY	2013-53290	DISTRICT ATTORNE	EMPLOYEE TRAVEL/TRAINING	$450.00
70880070	10/03/2025	124827	REBECCA KENDRICK	106	PUBLIC SAFETY	2027-53290	SHERIFF	TRAINING MANAGERS COURSE	$136.00
70880071	10/03/2025	129966	REBECCA L SPURGEON	101	GENERAL FUND	2011-53280	DA VICTIM/WITNES	SPECIAL DEPARTMENTAL EXP	$547.52

Tehama County

Agenda Request Form

File #: 25-1769 **Agenda Date:** 10/21/2025 **Agenda #:** 2.

AUDITOR'S CLAIMS

Requested Action(s)
a) Court Operations, 2026-53221, Linsday T. Stone, $2,720.00.

Financial Impact:
As Listed.

Background Information:
Click here to enter Background Info.

COUNTY OF TEHAMA
STATE OF CALIFORNIA
CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

25-1769

CLAIMANT'S NAME: Lindsay T. Stone
ADDRESS: 1558 West Street, Suite 2
Redding, CA 96001

AUDITORS USE ONLY	
COUNTY CLAIM NO:	
VENDOR NO: 136435	KP & VERIFIED:

(Do not address if transaction is between county departments)

DEPARTMENT USE

DEPARTMENT: **Defense Counsel**

PURCHASE ORDER/AGREEMENT NO:

FUND/DEPT	ACCT. NO	PROJECT NO.	ACCT. NO.	WARRANT DESRIPTIONS (25 positions)	AMOUNT
~~2065~~	~~52320~~			People vs	$ 2,720
2026	53221			Case Number 18CR2207	

DATE

DESCRIPTION – CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.

TOTAL ▶ $ 2,720

Appointment of Conflict Counsel : Lindsay Stone

Purchase Order Required:
- Supplies over allowed maximum
- Supplies + labor or installation charges
- One-time Services (Ins. must be on file)
- Write P.O. Number above & attach to claim

Agreement Required:
- All services except one-time
- Insurance must be on file
- Write Agreement number above

Under penalty of perjury, I certify: that the above claim, and the items and statements as herein set forth, are true and correct; that no part has been paid, and that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

CLAIMANT Lindsay Stone

AUDITOR USE ONLY

I hereby certify that the above claim was examined and approved by this office.

LEROY ANDERSON
Auditor/Controller

By AZ 10/2/25
Deputy County Auditor

BOARD OF SUPERVISORS

Approved: Date _____

Chairman

I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. Code. Furthermore, that the articles of services specified in the above claim were necessary and were ordered by me for use by the department and for the purpose indicated above that the articles or services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED _____ / 9/25/2025
Department Head or Authorized Signature/Date

FORM A-121

Tehama County

Agenda Request Form

File #: 25-1776 **Agenda Date:** 10/21/2025 **Agenda #:** 3.

AUDITOR'S CLAIMS

Requested Action(s)
a) Court Operations, 2026-53221, CASL Inc DBA Diana M Callahan, $862.00.
b) Court Operations, 2026-53221, Stone Law Office DBA Linsday T. Stone, $3,120.00.

Financial Impact:
As Listed.

COUNTY OF TEHAMA
STATE OF CALIFORNIA
CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: V000679	KP & VERIFIED:

CASL INC
VENDOR Diana M. Callahan
ADDRESS 9027 Pomeroy Lane
El Dorado, CA 95762

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	
				25CR1340	
2026	53221			Inv 1491 8/28/25	~~862.00~~
					862.00

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL	$862.00
8/28/2025	ASL Interpreter services		

ExParte Appointment of ASL Interpreter

Original: Auditor
Copy 1: Claims File
Copy 2:
Copy 3:

Purchase Order Required:
o Supplies over allowed maximum
o Supplies + labor or installation charges
o One-time services (insurance must be on file)
o Write P.O. Number above & attach to claim.

Agreement Required:
o All services except one-time
o Certificate of Insurance must be on file
o Write Agreement Number above.

Under penalty of perjury, I certify that the above claim, and the items and statements as herein set forth, are true and correct; that no part has been paid, that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

CLAIMANT _____
Alessio Larrabee, Contract Public Defender, for Claimant

I hereby certify under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. Code. Furthermore, that the articles of services specified in the above claim were necessary and were ordered by me for use by the department and for the purpose indicated above or services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED _____ 9/29/2025
Department Head or Authorized Signature / Date

AUDITORS USE ONLY
I hereby certify that the above claim was examined and approved by this office.
LEROY M ANDERSON
Auditor-Controller
By AZ 10/6/25
Deputy County Auditor

BOARD OF SUPERVISORS
Approved:
Date
Chairman

FORM A-121 (10/97)
bos\Claim template

COUNTY OF TEHAMA
STATE OF CALIFORNIA
CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

CLAIMANT'S NAME: Lindsay T. Stone Law office
ADDRESS: 1558 West Street, Suite 2
Redding, CA 96001

AUDITORS USE ONLY	
COUNTY CLAIM NO:	
VENDOR NO: 136435	KP & VERIFIED:

(Do not address if transaction is between county departments)

DEPARTMENT USE

DEPARTMENT: **Defense Counsel**

PURCHASE ORDER/AGREEMENT NO:

FUND/DEPT	ACCT. NO	PROJECT NO.	ACCT. NO.	WARRANT DESRIPTIONS (25 positions)	AMOUNT
~~2065~~	52320			People vs	$ 3,120
2026	53221			Case Number 24CR-001786	
				9/18/25	

DATE

DESCRIPTION – CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED. TOTAL ▶ $ 3,120

Appointment of Conflict Counsel: Lindsay Stone

Purchase Order Required:
- Supplies over allowed maximum
- Supplies + labor or installation charges
- One-time Services (Ins. must be on file)
- Write P.O. Number above & attach to claim

Agreement Required:
- All services except one-time
- Insurance must be on file
- Write Agreement number above

Under penalty of perjury, I certify: that the above claim, and the items and statements as herein set forth, are true and correct; that no part has been paid, and that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

AUDITOR USE ONLY

I hereby certify that the above claim was examined and approved by this office.

LEROY ANDERSON
Auditor/Controller

By _____ 10/6/25
Deputy County Auditor

BOARD OF SUPERVISORS

Approved: Date _____

Chairman

CLAIMANT _____

I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. Code. Furthermore, that the articles of services specified in the above claim were necessary and were ordered by me for use by the department and for the purpose indicated above that the articles or services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED _____ 9/29/2025
Department Head or Authorized Signature/Date

FORM A-121

Tehama County

Agenda Request Form

File #: 25-1678 **Agenda Date:** 10/21/2025 **Agenda #:** 4.

ADMINISTRATION / PURCHASING

Requested Action(s)

a) Declare the following vehicles to be surplus County property:

1) ROAD - 2007 Ford F-250, VIN # 1FTNX20547EB08644, County Inventory #26666, Stock #623
2) HEALTH SERVICES AGENCY - 2008 Dodge Caravan, VIN # 1D8HN44H68B149798, County Inventory #26966, Stock #950

b) Request authorization for Trindel to dispose of the property in the manner that provides the highest possible return to the County

Financial Impact:

All proceeds will be held as reimbursement to Trindel. Trindel has already provided funds to departments for replacement vehicles in accordance with our insurance process.

Background Information:

The vehicles referenced above were determined to be total losses as a result of employee-involved accidents. Tehama County's insurance provider, Trindel, will manage the disposal of these vehicles in order to obtain the highest possible return for the County. The Department's will follow Trindel processes for replacement vehicles.

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # 3011 **DEPARTMENT NAME** ROAD

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
26666	2007 FORD F-250 2WD EXT. CAB	1FTNX20547EB08644	$23,246.61

PURCHASE

DATE PURCHASED *(required)*	VENDOR/SELLER	DEPT. LOCATION
11/27/2006	CORNING FORD	GERBER

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions

County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
	Junked *(enter date item was discarded)*	
	Sent to County Sale *(enter date picked up by Maint)*	
	Sold to: City of Red Bluff	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
X	Other : Trindel Insurance	

BOARD APPROVAL

Prepared by: Matt Sieb **Date:** 9-3-25

Authorized Department Representative

Date:

Authorized Department Representative

Form A-100, 10/04 Rev 2

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

ROAD
Department

26666
Inventory (County Tag) No.

2007 FORD F-250
Year / Make / Model

246,457
Odometer Reading

1FTNX20547EB08644
VIN

1249466
License No.

Last Smog Date

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: [X]

CAN THE VEHICLE BE DRIVEN? Yes [ ] No [X]

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes [X] No [ ] *IF YES, WHAT SPECIFICALLY IS WRONG WITH THE VEHICLE?* **THE VEHICLE WAS IN AN ACCIDENT AND IS TOTALED**

REPAIR ESTIMATE: $ N/A Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? **GERBER YARD**

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

MATT SILVERA	**530-385-1462**	msilvera@tcpw.ca.gov
Name	*Phone No.*	*E-Mail Address*

PLEASE REMOVE ALL COUNTY PROPERTY, INCLUDING GAS CARDS, COUNTY LOGOS OR PLACARDS, AND TRASH FROM THE VEHICLE BEFORE RETURNING THIS FORM TO COUNTY ADMINISTRATION.

Check the Back Seat, Beneath the Seats, the Trunk or Bed, and the Glove Box

I PERSONALLY CHECKED THIS VEHICLE AND CERTIFY THAT NOTHING REMAINS IN THE VEHICLE OTHER THAN THE OWNER'S MANUAL, SPARE TIRE AND JACK.

Matt Silvera	Matt Silv	9-3-25
Printed Name	*Signature*	*Date*

RETURN THIS FORM TO TEHAMA COUNTY ADMINISTRATION, ATTN: TABETHA O'QUINN, ALONG WITH A COMPLETED & SIGNED A-100 DELETION FORM.

If you have questions, contact Tabetha O'Quinn, 527-4655 ext. 3007, toquinn@co.tehama.ca.us

RM 02/02/10

TEHAMA COUNTY

EQUIPMENT INVENTORY REPORT

TO AUDITOR

Fund/Dept # 40131 **DEPARTMENT NAME** Health Service Agency

GENERAL INFORMATION

All parts of this section must be completed

County Tag #	DESCRIPTION	MFG/SERIAL/VIN #	ACQ. VALUE
26966	2008 Dodge Caravan	1D8HN44H68B149798	$22,720.48

PURCHASE

DATE PURCHASED *(required)*	VENDOR/SELLER	DEPT. LOCATION
2008	Corning Ford	Red Bluff

DONATION

DATE DONATED	NAME OF DONOR

Purchasing Approval for Vehicle Transactions

County Stock #	Initials / Date

TRANSFER

DATE IN	FROM (Department)	DATE OUT	TO (Department)

DELETION

Must be approved by Board of Supervisors

(X)	Disposition	Date
	Junked *(enter date item was discarded)*	
	Sent to County Sale *(enter date picked up by Maint)*	
	Sold to: City of Red Bluff	
	Traded in	
	Stolen *(enter date reported to law enforcement)*	
	Move to Misc. List per Value Reduction	
X	Other: Trindel Insurance	9/11/2025

BOARD APPROVAL

Prepared by: [signature] Date: 9/11/25

Authorized Department Representative

Date: _____

Authorized Department Representative

Form A-100, 10/04 Rev 2

COUNTY OF TEHAMA

NOTICE OF SURPLUS VEHICLE

Tehama County Health Services Agency — *Department*

950 — *Inventory (County Tag) No.*

2008 Dodge Caravan — *Year / Make / Model*

Odometer Reading

1D8HN44H68B149798 — *VIN*

1291716 — *License No.*

Last Smog Date

IF THE VEHICLE CANNOT PASS SMOG INSPECTION, CHECK HERE: ☐

CAN THE VEHICLE BE DRIVEN? Yes [x] No ☐

ARE THERE ANY KNOWN MECHANICAL DEFECTS? Yes [x] No ☐ *IF YES, WHAT SPECIFICALLY IS WRONG WITH THE VEHICLE?* **Vehicle was in an accident damages to the front end**

REPAIR ESTIMATE: $ _____ Attach a copy of the estimate to this form.

WHERE IS THE VEHICLE PARKED? **1850 Walnut St. Red Bluff, Ca. 96080**

WHO CAN BE CONTACTED FOR MORE INFORMATION ON THIS VEHICLE?

Vanessea Thomson	530-528-3276	thomsonv@tchsa.net
Name	*Phone No.*	*E-Mail Address*

PLEASE REMOVE ALL COUNTY PROPERTY, INCLUDING GAS CARDS, COUNTY LOGOS OR PLACARDS, AND TRASH FROM THE VEHICLE BEFORE RETURNING THIS FORM TO COUNTY ADMINISTRATION.

Check the Back Seat, Beneath the Seats, the Trunk or Bed, and the Glove Box

I PERSONALLY CHECKED THIS VEHICLE AND CERTIFY THAT NOTHING REMAINS IN THE VEHICLE OTHER THAN THE OWNER'S MANUAL, SPARE TIRE AND JACK.

Vanessea Thomson — *Printed Name*

V Thomson — *Signature*

9/11/25 — *Date*

RETURN THIS FORM TO TEHAMA COUNTY ADMINISTRATION, ATTN: TABETHA O'QUINN, ALONG WITH A COMPLETED & SIGNED A-100 DELETION FORM.

If you have questions, contact Tabetha O'Quinn, 527-4655 ext. 3007, toquinn@co.tehama.ca.us

RM 02/02/10

Tehama County

Agenda Request Form

File #: 25-1728 **Agenda Date:** 10/21/2025 **Agenda #:** 5.

SOCIAL SERVICES / PERSONNEL

Requested Action(s)
a) OTHER THAN “A” STEP - Request approval to appoint the applicant as Supervising Staff Services Analyst, Range 39 Step B, effective 9/21/25 or upon successful completion of all pre-employment requirements

Financial Impact:
Appropriate funding is in the agency’s budget to cover this expenditure. The bi-weekly salary for the position Range 39 Step A is $2,687.20 ($33.59 hourly). The increased cost from A to B is approximately $3,494.40 in annual salary. The Department has sufficient funds budgeted for this position. There is no impact to the General Fund.

Background Information:
The Department of Social Services requests placement at Other Than A Step, Range 39, Step B, for a Supervising Staff Services Analyst. Our candidate exceeds the minimum qualifications of this position and brings over 2 years of prior experience as a Staff Services Analyst and over 1 year as a Supervising Staff Services Analyst. The candidate brings valuable experience in managing departmental finances, including expense tracking, invoicing, financial reporting, and budgeting.

The Personnel Office has reviewed the candidate’s qualifications and supports placement at Salary Range 39, Step B, upon successful completion all pre-employment requirements.

OTHER THAN "A" STEP REQUEST

The Board of Supervisors, on November 13, 1990, asked to receive consistent information from Department Heads who request to hire a new employee at other than "A" step of the classification range. Board policy cites that "A" step is the normal and desired starting point in a classification unless compelling reasons exist to start an individual at a higher step.*

**Please note that the Board has previously provided direction that a pay disparity between Tehama and other counties is not, in and of itself, a sufficient compelling reason to start an employee at higher than "A" step.*

FROM: Rebecca Emery, Department of Social Services Director
TO: Board of Supervisors/Personnel Office

RE: Request to hire an applicant in the following classification:
Supervising Staff Services Analyst at other than "A" step.

Please answer the following questions so that the Board may more objectively assess the request. Send the completed form along with the Agenda Request Form to the Personnel Office, allowing sufficient time for review and approval/disapproval prior to the anticipated hiring date. Requests for "C" step or above will be referred to the Board of Supervisors on the regular agenda for their consideration. Requests for "B" step will be placed on the consent agenda for approval.

1. $ 33.59 Step A Request: $ 35.27 Step B

2. Total applications received during recruitment for this position: 19
   Total number of "qualified" applicants: 6

3. Justification for requesting higher step than A:
The Department of Social Services requests placement at Other Than A Step, Range 39 Step B for a Supervising Staff Services Analyst. Our candidate exceeds the minimum qualifications of this position, and brings over 2 years of prior experience as a Staff Services Analyst and over 1 year as a Supervising Staff Services Analyst. The candidate brings valuable experience in managing departmental finances, including expense tracking, invoicing, financial reporting, and budgeting.

4. How has the Department budgeted for this additional cost?
Appropriate funding is in the agency's budget to cover this expenditure. The bi-weekly salary for the position Range 39 Step A is $2,687.20 ($33.59 hourly). The increased cost from A to B is approximately $3,494.40 in annual salary. The Department has sufficient funds budgeted for this position. There is no impact to the General Fund.

I hereby certify that to the best of my knowledge, the information provided above is a true and accurate representation of all of the material facts which should be considered with this request.

Department Head Signature

Tehama County

Agenda Request Form

File #: 25-1709 **Agenda Date:** 10/21/2025 **Agenda #:** 6.

TREASURER / TAX COLLECTOR

Requested Action(s)
a) RESOLUTION - Request adoption of a resolution to authorize the Tax Collector, or designee, to accept partial payments of delinquent unsecured taxes as provided in Revenue and Taxation Code section 2927.6 and to establish a delinquent unsecured property tax installment plan

Financial Impact:
This may lead to increased delinquent unsecured property collections.

Background Information:
The Tax Collector would like to establish a delinquent unsecured property tax installment plan process to allow eligible taxpayers to pay their delinquent unsecured taxes by entering into an agreement with the Tax Collector to make installment payments. The Tax Collector would then delay using other collection methods at their disposal as long as the installment plan remains in good standing.

RESOLUTION NO. _____

A RESOLUTION OF THE TEHAMA COUNTY BOARD OF SUPERVISORS TO AUTHORIZE THE TREASURER/TAX COLLECTOR TO ACCEPT PARTIAL PAYMENTS FOR UNSECURED PROPERTY TAXES AND TO ESTABLISH A DELINQUENT UNSECURED PROPERTY TAX INSTALLMENT PLAN

WHEREAS, Revenue & Taxation Code section 2927.6 provides that the tax collector, with the approval of the Board of Supervisors, may accept partial payment from the taxpayer for unsecured property tax;

WHEREAS, the Tax Collector's Office wishes to establish a delinquent unsecured property tax installment plan to facilitate delinquent unsecured collections; and

WHEREAS, allowing taxpayers to pay delinquent unsecured property taxes in installments before seeking enhanced collection methods may be a community benefit;

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors authorizes the Tax Collector, or designee, to accept partial payments of delinquent unsecured taxes as provided in Revenue and Taxation Code section 2927.6; and

BE IT FURTHER RESOLVED, that the Tax Collector, or designee, may establish a delinquent unsecured property tax installment plan under such terms and conditions as the Tax Collector may prescribe in consultation with the Office of County Counsel.

The foregoing resolution was offered on a motion by Supervisor _____ , seconded by Supervisor _____ , and carried by the following vote of the Tehama County Board of Supervisors:

AYES:

NOES:

ABSENT OR NOT VOTING:

STATE OF CALIFORNIA)
)
COUNTY OF TEHAMA)

I, SEAN HOUGHTBY, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of a resolution adopted by the Board of Supervisors on the _____ day of _____, 2025

Dated: This ____ day of _____, 2025

SEAN HOUGHTBY, County Clerk and ex-officio Clerk of the Board of Supervisors, County of Tehama, State of California

By _____Deputy

E-Contract Review
Approval as to Form

Department Name: Tehama County Treasurer-Tax Collector

Vendor Name: Tehama County Board of Supervisors

Document Description: Resolution approving payment plans for unsecured roll

APPROVED AS TO FORM:

Date: 9/24/25

Office of the Tehama County Counsel
Daniel B. Klausner, Senior Deputy County Counsel

Tehama County

Agenda Request Form

File #: 25-1773 **Agenda Date:** 10/21/2025 **Agenda #:** 7.

SOCIAL SERVICES

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Social Services Director to sign the agreement with SolutionsWest for the provision of temporary Medi-Cal support services with a maximum compensation not to exceed $250,000 effective from the date of signing through 2/28/26 *(Subject to receipt of required insurance documentation)*

Financial Impact:
Funding for this SolutionsWest contract is anticipated in the FY 25/26 budget. The Medi-Cal allocation is sufficient to fully fund this contract because of continued short staffing of Eligibility Specialists. Account 5013-53230 will be able to pay this cost. There is no County share of Medi-Cal administration. There is no impact to the County General Fund.

Background Information:
This is a contract renewal. Social Services, Eligibility branch originally enlisted the assistance of SolutionsWest in November 2023 and again mid-April 2025 to help process the large volume of Medi-Cal applications and re-certifications that Social Services receives and is required to re-evaluate. The California Department of Social Services (CDSS) has reinstated pre-covid-era regulations and processing timelines and in so doing caused the number of Medi-Cal applications and re-certifications to increase substantially. Contracting for additional help in processing Medi-Cal applications and re-certifications has proved to be a workable short-term solution for meeting required workloads and timeliness deadlines.

AGREEMENT BETWEEN
THE COUNTY OF TEHAMA AND
SOLUTIONS WEST

This agreement is entered into between the County of Tehama, through its Department of Social Services, ("County") and SolutionsWest ("Contractor") for the purpose of providing temporary Medi-Cal Support Services.

1. **RESPONSIBILITIES OF CONTRACTOR**

During the term of this agreement, Contractor shall provide services in accordance with, Exhibit C, attached hereto and made a part of this agreement.

2. **RESPONSIBILITIES OF THE COUNTY**

County shall compensate Contractor for said services pursuant to Section 3 and 4 of this agreement.

3. **COMPENSATION**

Contractor shall be paid in accordance with the rates set forth in the Fee Schedule, attached hereto as Exhibit "C" after satisfactorily completing the duties described in this Agreement. The Maximum Compensation payable under this Agreement shall not exceed $250,000. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed except as specified herein. Contractor shall have no claim against County for payment of any compensation or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Contractor shall not be paid any amount in excess of the Maximum Compensation amount set forth above, and Contractor agrees that County has no obligation, whatsoever, to compensate or reimburse Contractor for any expenses, direct or indirect costs, expenditures, or charges of any nature by Contractor that exceed the Maximum Compensation amount set forth above. Should Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. This provision shall survive the expiration or other termination of this Agreement.

4. **BILLING AND PAYMENT**

On or before the 15th of each month, Contractor shall submit to County an itemized invoice (Exhibit D) for all services rendered during the preceding calendar month. County shall make payment of all undisputed amounts within 30 days of receipt of Contractor's invoice. County shall be obligated to pay only for services properly invoiced in accordance with this section.

5. **TIMELY SUBMISSION**

Notwithstanding section #4, Contractor shall submit a final undisputed invoice for payment no more than thirty (30) calendar days following the expiration or termination date of this Agreement. Said invoice should be clearly marked "Final Invoice", thus indicating that all payment obligations of the County under this Agreement have ceased and that no further payments are due or outstanding. County will not honor any delinquent invoice. Contractor will be deemed to have forfeited its right to payment and shall have no claim against County for payment, of any kind whatsoever, for any delinquent invoice.

6. **TERM OF AGREEMENT**

This agreement shall commence on the date of signing and shall terminate Feb 28, 2026, unless terminated in accordance with section 7 below.

7. **TERMINATION OF AGREEMENT**

If Contractor fails to perform his/her duties to the satisfaction of the County, or if Contractor fails to fulfill in a timely and professional manner his/her obligations under this agreement, or if Contractor violates any of the terms or provisions of this agreement, then the County shall have the right to terminate this agreement effective immediately upon the County giving written notice thereof to the Contractor. Either party may terminate this agreement on 30 days' written notice. County shall pay contractor for all work satisfactorily completed as of the date of notice. County may terminate this agreement immediately upon oral notice should funding cease or be materially decreased, or should the Tehama County Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year.

The County's right to terminate this agreement may be exercised by the Director, the Chairperson of the Tehama County Board of Supervisors or the Purchasing Agent, as indicated on the signatory page.

8. **ENTIRE AGREEMENT; MODIFICATION**

This agreement for the services specified herein supersedes all previous agreements for these services and constitutes the entire understanding between the parties hereto. Contractor shall be entitled to no other benefits other than those specified herein. No changes, amendments or alterations shall be effective unless in writing and signed by both parties. Contractor specifically acknowledges that in entering into and executing this agreement, Contractor relies solely upon the provisions contained in this agreement and no other oral or written representation.

9. **NONASSIGNMENT OF AGREEMENT**

Inasmuch as this agreement is intended to secure the specialized services of Contractor, Contractor may not assign, transfer, delegate or sublet any interest herein without the prior written consent of the County.

10. **EMPLOYMENT STATUS**

Contractor shall, during the entire term of this agreement, be construed to be an independent contractor and nothing in this agreement is intended nor shall be construed to create an employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which Contractor performs the services which are the subject matter of this agreement; provided always, however, that the services to be provided by Contractor shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the County is to insure that the services shall be rendered and performed in a competent, efficient and satisfactory manner. Contractor shall be fully responsible for payment of all taxes due to the State of California or the Federal government, which would be withheld from compensation of Contractor, if Contractor were a County employee. County shall not be liable for deductions for any amount for any purpose from Contractor's compensation. Contractor shall not be eligible for coverage under County's Workers Compensation Insurance Plan nor shall Contractor be eligible for any other County benefit.

11. **INDEMNIFICATION**

Contractor shall defend, hold harmless, and indemnify Tehama County, its elected officials, officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees of County), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of County) being damaged, arising out of contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, whether by negligence or otherwise. Contractor shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Contractor shall also defend and indemnify County against any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency against the County with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security or income tax withholding payments, or any other legally mandated payment.

12. **INSURANCE**

Contractor shall procure and maintain insurance pursuant to Exhibit A, "Insurance Requirements For Contractor," attached hereto and incorporated by reference.

13. **PREVAILING WAGE**

Contractor certifies that it is aware of the requirements of California Labor Code Sections 1720 et seq. and 1770 et seq., as well as California Code of Regulations, Title 8, Section 16000 et seq. ("Prevailing Wage Laws"), which require the payment of prevailing wage rates and the performance of other requirements on certain "public works" and "maintenance" projects. If the Services hereunder are being performed as part of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, and if the total compensation is $1,000 or more, Contractor agrees to fully comply with and to require its subcontractors to fully comply with such Prevailing Wage Laws, to the extent that such laws apply. If applicable, County will maintain the general prevailing rate of per diem wages and other information set forth in Labor Code section 1773 at its principal office, and will make this information available to any interested party upon request. Contractor shall defend, indemnify and hold the County, its elected officials, officers, employees and agents free and harmless from any claims, liabilities, costs, penalties, or interest arising out of any failure or alleged failure of the Contractor or its

subcontractors to comply with the Prevailing Wage Laws. Without limiting the generality of the foregoing, Contractor specifically acknowledges that County has not affirmatively represented to contractor in writing, in the call for bids, or otherwise, that the work to be covered by the bid or contract was not a "public work." To the fullest extent permitted by law, Contractor hereby specifically waives and agrees not to assert, in any manner, any past, present, or future claim for indemnification under Labor Code section 1781.

Contractor acknowledges the requirements of Labor Code sections 1725.5 and 1771.1 which provide that no contractor or subcontractor may be listed on a bid proposal or be awarded a contract for a public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5, with exceptions from this requirement specified under Labor Code sections 1725.5(f), 1771.1(a) and 1771.1(n).

If the services are being performed as part of the applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

14. NON-DISCRIMINATION

Contractor shall not employ discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

15. GREEN PROCUREMENT POLICY

Through Tehama County Resolution No. 2021-140, the County adopted the Recovered Organic Waste Product Procurement Policy (available upon request) to (1) protect and conserve natural resources, water and energy; (2) minimize the jurisdiction's contribution to pollution and solid waste disposal; (3) comply with state requirements as contained in 14 CCR Division 7, Chapter 12, Article 12 (SB 1383); (4) support recycling and waste reduction; and (5) promote the purchase of products made with recycled materials, in compliance with the California Integrated

Waste Management Act of 1989 (AB 939) and SB1382 when product fitness and quality are equal and they are available at the same or lesser cost of non-recycled products. Contractor shall adhere to this policy as required therein and is otherwise encouraged to conform to this policy.

16. COMPLIANCE WITH LAWS AND REGULATIONS

All services to be performed by Contractor under to this Agreement shall be performed in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. Any change in status, licensure, or ability to perform activities, as set forth herein, must be reported to the County immediately.

17. LAW AND VENUE

This agreement shall be deemed to be made in, and shall be governed by and construed in accordance with the laws of the State of California (excepting any conflict of laws provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

18. AUTHORITY

Each party executing this Agreement and each person executing this Agreement in any representative capacity, hereby fully and completely warrants to all other parties that he or she has full and complete authority to bind the person or entity on whose behalf the signing party is purposing to act.

19. NOTICES

Any notice required to be given pursuant to the terms and provisions of this agreement shall be in writing and shall be sent first class mail to the following addresses:

NOTICES TO COUNTY:	NOTICES TO CONTRACTOR:
Bekkie F Emery Tehama County Department of Social Services P. O. Box 1515 Red Bluff, CA 96080 Fax: 530-527-5410	Renée Carter, President & CEO SolutionsWest PO Box 162639 Sacramento CA 95816 916-765-7886
ANALYST RESPONSIBLE TO RECEIVE REPORTS:	**PERSON RESPONSIBLE FOR REPORTING:**
Elaina Silva, Eligibility Program Manager, Tehama County Department of Social Services P.O. Box 1515 Red Bluff, CA 96080 OR emailed to esilva@tcdss.org OR delivered in person to 310 S. Main Street. Phone: 530-528-4076 Fax: 530-527-5410	Cale Bryan, Managing Director SolutionsWest PO Box 162639 Sacramento CA 95816 916-342-8231
INVOICES SUBMITTED TO COUNTY:	**PERSON RESPONSIBLE FOR INVOICING:**
Tehama County Department of Social Services P.O. Box 1515 Red Bluff, CA 96080 OR delivered in person to: 310 S. Main Street., Red Bluff, CA 96080 Fax: 530-527-5410 OR email to: AccountsPayable@tcdss.org	Renée Carter, President & CEO SolutionsWest PO Box 162639 Sacramento CA 95816 916-765-7886

Notice shall be deemed to be effective two days after mailing.

20. **NON-EXCLUSIVE AGREEMENT:**

Contractor understands that this is not an exclusive agreement, and that County shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Contractor, or to perform such services with County's own forces, as County desires.

21. **STANDARDS OF THE PROFESSION**

Contractor agrees to perform its duties and responsibilities pursuant to the terms and conditions of this agreement in accordance with the standards of the profession for which Contractor has been properly licensed to practice.

22. LICENSING OR ACCREDITATION

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

23. RESOLUTION OF AMBIGUITIES

If an ambiguity exists in this Agreement, or in a specific provision hereof, neither the Agreement nor the provision shall be construed against the party who drafted the Agreement or provision.

24. NO THIRD PARTY BENEFICIARIES

Neither party intends that any person shall have a cause of action against either of them as a third party beneficiary under this Agreement. The parties expressly acknowledge that is not their intent to create any rights or obligations in any third person or entity under this Agreement. The parties agree that this Agreement does not create, by implication or otherwise, any specific, direct or indirect obligation, duty, promise, benefit and/or special right to any person, other than the parties hereto, their successors and permitted assigns, and legal or equitable rights, remedy, or claim under or in respect to this Agreement or provisions herein.

25. HAZARDOUS MATERIALS

Contractor shall provide to County all Safety Data Sheets covering all Hazardous Materials to be furnished, used, applied, or stored by Contractor, or any of its Subcontractors, in connection with the services on County property. Contractor shall provide County with copies of any such Safety Data Sheets prior to entry to County property or with a document certifying that no Hazardous Materials will be brought onto County property by Contractor, or any of its Subcontractors, during the performance of the services. County shall provide Safety Data Sheets for any Hazardous Materials that Contractor may be exposed to while on County property.

26. **HARASSMENT**

Contractor agrees to make itself aware of and comply with the County's Harassment Policy, TCPR §8102: Harassment, which is available upon request. The County will not tolerate or condone harassment, discrimination, retaliation, or any other abusive behavior. Violations of this policy may cause termination of this agreement.

27. **COUNTERPARTS, ELECTRONIC SIGNATURES – BINDING**

This agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ((“CUETA”) Cal. Civil Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of “electronic signature” as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

28. **EXHIBITS**

Contractor shall comply with all provisions of Exhibits A through D, attached hereto, and incorporated by reference. In the event of a conflict between the provisions of the main body of this Agreement and any attached Exhibit(s), the main body of the Agreement shall take precedence.

29. **OWNERSHIP OF DOCUMENTS**

All documents, notes, reports, electronic storage media, plans, or any other materials produced by Contractor during the term of this agreement for any purpose related to the agreement shall become the property of the County. Contractor shall deliver, upon full payment by the County for services rendered hereunder, all such materials to County.

30. **DOCUMENTS AND RETENTION**

1. Contractor and County agree to retain all documents relevant to this agreement for five years from the termination of the agreement or until all audits, Federal and/or State, are complete, whichever is later. Upon request, Contractor shall make available these records to the County, State, or Federal government representatives.

2. Contractor shall provide County all finished and unfinished reports, data, studies, photographs, charts and other documents prepared by Contractor pursuant to this agreement, should this agreement be terminated.

3. Contractor shall develop and maintain records concerning the services provided pursuant to this agreement. Contractor shall also provide all information necessary for quarterly reports or other reports required by County, State or the Federal government. Contractor shall fully cooperate with the County in providing any information needed by any governmental entity concerning this agreement.

31. **SEXUAL HARASSMENT**

Contractor shall not employ sexual harassment or discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation. Contractor shall provide services in accordance with Exhibit B, Nondiscrimination Clause, attached hereto, and the Tehama County Sexual Harassment Policy, available upon request; both made part of this agreement.

32. **CONFLICT OF INTEREST**

Contractor and Contractor's employees shall have no interest and shall not acquire any interest, direct or indirect, which will conflict in any manner or degree with the performance of services required under this agreement.

33. **CONFIDENTIALITY**

The intent of this agreement is for the Contractor to provide temporary Medi-Cal support services. However, should specific information regarding the County's clients become known to Contractor, the following confidentiality rules shall apply:

a. Contractor shall require all employees, volunteers, agents, and officers to comply with the provisions of Section 10850 of the Welfare and Institutions Code and Manual of Policies and Procedures (MPP) Division 19, which provide that:

   1.) All applications and records concerning any individual made or kept by Contractor shall be confidential and shall not be open to examination for any purpose not directly connected to the administration of this program.

   2.) No person shall publish, disclose, use, permit or cause to be published or disclosed any list of persons receiving public social services, except as provided by law.

   3.) No person shall publish, disclose, use, permit or cause to be published, disclosed or used any confidential information pertaining to an applicant or recipient, except as provided by law.

b. Contractor shall ensure all employees, volunteers, agents, and officers comply with the above provisions, and shall inform all employees, agents, and officers that any person knowingly and intentionally violating such provisions is guilty of a misdemeanor.

c. During the term of this agreement, both parties may have access to information that is confidential or proprietary in nature. Both parties agree to preserve the confidentiality of and to not disclose any such information to any third party without the express written consent of the other party or as required by law. This provision shall survive the termination, expiration, or cancellation of the agreement.

d. Notwithstanding any other provision of this Agreement, the Contractor agrees to protect the confidentiality of any and all patient, client, or resident medical information, which may be

viewed in the process of doing his/her/its contracted services. The Contractor understands that he/she/it is subject to all of the confidentiality requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA); Title 42, Section 2.1 through 2.67-1, Code of Federal Regulations; and Confidentiality of Medical Information Act [Part 2.6 (commencing with Section 56)] of Division 1 of the Civil Code. Violation of the confidentiality of patient, client, or resident medical information may result in federally imposed fines and penalties and the cancellation of this agreement.

34. **AVAILABILITY OF FUNDS**

All funding under this agreement is subject to the availability of Federal, State, and County funds. If at any time during the period covered by this agreement the funding from any source is discontinued or decreased, this agreement shall no longer be binding upon the County or the Contractor, effective with the date funding is discontinued or decreased.

In the event of an audit exception or exceptions, the party responsible for not meeting the program requirement or requirements shall be responsible for the deficiency.

35. **MONITORING, VIOLATIONS, BREACHES OF AGREEMENT**

The County may monitor the Contractor's performance to assure compliance with the terms, conditions, and specifications of this agreement.

Contractor shall develop and make known to recipients the procedure for presenting grievances or complaints regarding services and shall be able to present the procedure to County at any time. This shall include informing recipients of their right to a State hearing.

The County may take appropriate remedies, such as fiscal penalties or withhold payment in instances whereas the Contractor or any person employed by Contractor, in any capacity during the progress of the work, whether by negligence or otherwise breach or violate any provision of this agreement.

36. **MISCELLANEOUS PROVISIONS**

Contractor will recognize the mandatory standards and policies relating to energy efficiency in the state energy conservation plan. {Title 24, California Administrative Code}.

If the amount of this agreement is in excess of $10,000.00, Contractor is required to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375 and as supplemented in Department of Labor regulations (41 CFR Part 60).

If the amount of this agreement is in excess of $100,000.00, Contractor is required to comply with Section 306 of the Clean Air Act (42 USC 1857 (h)), Section 508 of the Clean Water Act (33 USC 1368), Executive Order 11738 and Environmental Protection Agency regulations (40 CFR Part 15).

37. **DUPLICATION OF SERVICES AND REFERRALS**

Contractor, Contractors' employees and partners, and any Sub-Contractors agree to refer clients to other existing services as appropriate. New and Existing services shall be coordinated to prevent duplication of services.

Contractor certifies, by signing this agreement, that the services being provided would not otherwise be available to registrants free of charge in the absence of County funding.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

COUNTY OF TEHAMA

Date: 9/4/2025

Bekkie F Emery, Director

SOLUTIONSWEST

Date: 9/3/2025

Renée Carter, President & CEO

135342
Vendor Number

5013-53230
Budget Account Number

93.778
Federal Funding CFDA #

Exhibit A

INSURANCE REQUIREMENTS FOR CONTRACTOR

Contractor shall procure and maintain, for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work described herein and the results of that work by Contractor, his/her agents, representatives, employees or subcontractors. At a minimum, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

Commercial General Liability (including operations, products and completed operations) $1,000,000 per occurrence for bodily injury, personal injury and property damage. If coverage is subject to an aggregate limit, that aggregate limit will be twice the occurrence limit, or the general aggregate limit shall apply separately to this project/location.

Automobile Liability

Automobile liability insurance is required with minimum limits of $1,000,000 per accident for bodily injury and property damage, including owned and non-owned and hired automobile coverage, as applicable to the scope of services defined under this agreement.

Workers' Compensation

If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation insurance to cover Contractor and Contractor's employees and volunteers, as required by the State of California, as well as Employer's Liability insurance in the minimum amount of $1,000,000 per accident for bodily injury or disease.

Professional Liability (Contractor/Professional services standard agreement only)

If Contractor is a state-licensed architect, engineer, contractor, counselor, attorney, accountant, medical provider, and/or other professional licensed by the State of California to practice a profession, Contractor shall provide and maintain in full force and effect while providing services pursuant to this contract a professional liability policy (also known as Errors and Omissions or Malpractice liability insurance) with single limits of liability not less

than $1,000,000 per claim and $2,000,000 aggregate on a claims made basis. However, if coverage is written on a claims made basis, the policy shall be endorsed to provide coverage for at least three years from termination of agreement.

If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor.

All such insurance coverage, except professional liability insurance, shall be provided on an "occurrence" basis, rather than a "claims made" basis.

Endorsements: Additional Insureds

The Commercial General Liability and Automobile Liability policies shall include, or be endorsed to include "Tehama County, its elected officials, officers, employees and volunteers" as an additional insured.

The certificate holder shall be "County of Tehama."

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions of $25,000 or more must be declared to, and approved by, the County. The deductible and/or self-insured retentions will not limit or apply to Contractor's liability to County and will be the sole responsibility of Contractor.

Primary Insurance Coverage

For any claims related to this project, Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractor's insurance and shall not contribute with it.

Coverage Cancellation

Each insurance policy required herein shall be endorsed to state that "coverage shall not be reduced or canceled without 30 days' prior written notice certain to the County."

Acceptability of Insurers

Contractor's insurance shall be placed with an insurance carrier holding a current A.M. Best & Company's rating of not less than A:VII unless otherwise acceptable to the County. The County reserves the right to require rating verification. Contractor shall ensure that the insurance carrier shall be authorized to transact business in the State of California.

Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance that meets all the requirements stated herein.

Material Breach

If for any reason, Contractor fails to maintain insurance coverage or to provide evidence of renewal, the same shall be deemed a material breach of contract. County, in its sole option, may terminate the contract and obtain damages from Contractor resulting from breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

Verification of Coverage

Contractor shall furnish County with original certificates and endorsements effecting coverage required herein. All certificates and endorsements shall be received and approved by the County prior to County signing the agreement and before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

EXHIBIT B

NONDISCRIMINATION CLAUSE

The Contractor agrees to comply with Title VI of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975; as amended; the Food Stamp Act of 1977, as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code Section 51 et seq., as amended; California Government Code Section 11135-11139.5, as amended; California Government Code Section 12940 (c), (h) (1), (I), and (j); California Government Code, Section 4450; Title 22, California Code of Regulations Section 98000-98413; the Dymally-Alatorre Bilingual Services Act; Section 1808 Removal of Barriers to Inter Ethnic Adoption Act of 1996 and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91; 7 CFR Part 15; and 28 CFR Part 35], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of age, sex, color disability, national origin, race, marital status, religion or political affiliation be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and HERREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement. THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited. By ACCEPTING THE ASSURANCE, the Contractor agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of the aforementioned laws, rules, and regulations, and permit authorized CDSS and /or federal government personnel, during normal working hours, to review such records, books, and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance. This ASSURANCE is binding on the Contractor directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

Exhibit C

P.O. Box 162639 | Sacramento, CA 95816-2639
916.765.7886 | www.solutionswest.com

Medi-Cal Support Services

Proposal to: Tehama County Social Services

August 12, 2025

Overview

SolutionsWest and Tehama County Social Services have a strong history of collaborating over the past few years on Medi-Cal Support Services to increase county capacity. These services have allowed the county to process a higher volume of Medi-Cal applications and renewals, promoting timely services for Tehama residents.

SolutionsWest is ideally suited to continue providing these services given our experience with the Medi-Cal support projects, staff qualifications, and subject matter expertise. The SolutionsWest team includes former county staff with decades of experience providing client services for various programs such as Medi-Cal, CalFresh, CalWORKs, and General Assistance.

In addition to Tehama, SolutionsWest has worked on Medi-Cal support projects with Mendocino County Social Services, Monterey County Department of Social Services, Riverside County Department of Public Social Services, San Benito County Health and Human Services Agency, Siskiyou County Health and Human Services, and County of Modoc Social Services. Through these engagements, SolutionsWest supported thousands of Medi-Cal cases.

To temporarily increase Medi-Cal application and renewal processing capacity, SolutionsWest will quickly mobilize to assist with data entry and case follow-up activities, resulting in the timely and accurate issuance of client benefits.

Deliverables

1. Remote Medi-Cal Support Services
2. Weekly Productivity Reports

SolutionsWest Roles and Responsibilities

The following roles make up the SolutionsWest project team:

Role	Responsibility
Supervisor (1)	The Supervisor provides oversight and conducts case quality reviews for 100% of cases assigned. They will also provide policy and process guidance to Support Specialists and provide a Weekly Productivity Report to management.
Support Specialist (3)	Support Specialists conduct Medi-Cal processing assistance through various actions. These actions include reviewing renewal packets, contacting clients to complete phone interviews, sending the appropriate form(s) requesting additional verification(s) as required by program/county policy, and updating data collection pages in CalSAWS.

SolutionsWest Project Responsibilities

SolutionsWest will provide the following services to complete the project successfully.

1. Conduct all onboarding and support services remotely.
2. The Supervisor will oversee the Support Specialist team, distribute work, and conduct quality reviews.
3. The Supervisor delivers Weekly Productivity Reports that include:
    a. Cases reviewed
    b. Hours expended
    c. Issues, risks, and any other items deemed necessary.
4. Support Specialist will:
    a. Review and provide the appropriate updates for Medi-Cal renewals and applications.
    b. With the appropriate connectivity, image client verification documents through virtual print and index documents/verifications received as appropriate per county policy.

c. Process system tasks including, but not limited to, sending first or second requests for documents/verifications, updating Applicant/Recipient Income and Eligibility Verification System (IEVS) reports, updating data related to address change, age change, income change, change reported, Medi-Cal 355 form, Renewal reports, Other Health Coverage (OHC) change, and conducting phone interviews with customers directly.
d. Contact customers as needed to obtain necessary documentation and to clarify information to complete the work assigned.
e. Entering all required journal records on all actions performed.

5. The Supervisor will:
    a. Provide daily operational oversight of all Support Specialists.
    b. Serve as an escalation point for county leadership.
    c. Interface with county leadership on items including, but not limited to, work quality, policy, productivity, budget, and resource staffing.
6. Confidentiality
    a. Each SolutionsWest project team member will sign and comply with the terms of the county Confidentiality Agreement.
    b. The SolutionsWest project team will oversee that work and documents remain secure and compliant with Personal Identification Information (PII) requirements.

County Project Responsibilities

Tehama County will provide project personnel, devices, data system credentials, and appropriate oversight to complete the project successfully.

Additional county responsibilities include:

1. Provide guidance and communication for county-specific business processes and policies that relate to the Medi-Cal program.
2. Provision laptops and cell phones that can securely access the county network and all systems required – CalSAWS, CalHEERS, MEDS.
3. Allow pick-up and drop-off of county devices via courier.
4. Establish a program and technical single point of contact for SolutionsWest staff.
5. Distribute case assignments weekly or as needed.
6. Review and authorize final Medi-Cal eligibility determinations.
7. Establish remote sign-on access to California State Automated Welfare System (CalSAWS), Medi-Cal Eligibility Data Systems (MEDS), and California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) for all assigned staff.
8. Review Weekly Productivity Reports

Cost & Payment Schedule

SolutionsWest proposes an all-inclusive hourly service fee by resource type. Payment for services is invoiced monthly for actual hours worked within thirty (30) days of the services provided.

Medi-Cal Support Services - Tehama - FY 25/26									
Resources		Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26		
Type	**Rate**	**Hours**						**Total Hours**	**Total Cost**
Supervisor	$80.00	100	160	160	160	160	160	900	$ 72,000.00
Support Specialist	$65.00	100	160	160	160	160	160	900	$ 58,500.00
Support Specialist	$65.00	100	160	160	160	160	160	900	$ 58,500.00
Support Specialist	$65.00	100	160	160	160	160	160	900	$ 58,500.00
Maximum Hours Per Month		400	640	640	640	640	640	3600	$ 247,500.00
								Service Hour Total	$ 247,500.00

EXHIBIT D
SAMPLE INVOICE

INVOICE	Attach back-up documentation to this page. If needed for more space, insert or delete rows, or attach another page(s).

CONTRACTOR NAME AND ADDRESS	INVOICE #:	FOR MONTH(S)/YEAR:
0		
0	CONTRACT #:	PURPOSE/TITLE OF CONTRACT
0		0

BUDGET LINE ITEM	A. CONTRACT BUDGET	B. CURRENT INVOICE COSTS	C. TOTAL COSTS YEAR-TO-DATE INCLUDING THIS INVOICE	D. BALANCE REMAINING PAYABLE (A-C)
DIRECT SALARIES				
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
DIRECT BENEFITS/FRINGE				
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
DIRECT SALARIES & BENEFITS TOTAL	**$ -**	**$ -**	**$ -**	**$ -**
DIRECT COSTS				
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
DIRECT COSTS TOTAL	**$ -**	**$ -**	**$ -**	**$ -**
INDIRECT SALARIES				
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
INDIRECT BENEFITS/FRINGE				
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
INDIRECT SALARIES & BENEFITS TOTAL	**$ -**	**$ -**	**$ -**	**$ -**
INDIRECT COSTS				
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
0	$ -			$ -
INDIRECT COSTS TOTAL	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL INVOICE		**$ -**		
TOTAL CONTRACT	$ -		$ -	$ -

E-Contract Review
Approval as to Form

Department Name: Social Services

Vendor Name: Solutions West

Contract Description: For the purpose of temporary Medi-Cal support services

APPROVED AS TO FORM:



Date: 09/26/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1780 **Agenda Date:** 10/21/2025 **Agenda #:** 8.

DISTRICT ATTORNEY

Requested Action(s)
a) Request approval and authorization for the District Attorney to apply for the 2025 Victim/Witness Assistance Program Grant through the California Emergency Management Agency for funding in the amount of $334,113

b) AGREEMENT- Request approval and authorization for the District Attorney to sign the Grant Award Agreement for the 2025 Victim Witness Assistance Program Grant and all related documents with the California Emergency Management Agency in the amount of $334,113

Financial Impact:
This grant is 100% funded by CalOES. There is no fiscal impact on the county's General Fund.

Background Information:
For over 28 years, the Tehama County Victim Services Program has been providing victim advocacy to crime victims in Tehama County. This grant will allow us to continue our successful program.

Application Information Form

Program:
Victim/Witness Assistance - VW25

Grant Subaward Performance Period:
10/01/2025 to *09/30/2026*

Subrecipient:
County of Tehama - District Attorney's Office

Subrecipient UEI:
USB8GQ5S3A35

Subrecipient Federal Employer ID:
96-6000543

Implementing Agency:
Tehama County

Payment Address

Primary Location of Project/Services

Address
444 Oak St Room M

Address 2

City:
Red Bluff

County:
Tehama County

Zip Code:
96080-0000

Contact Information Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

Form Specific Instructions:

- Individuals identified below will be the official points of contact for the Grant Subaward. For descriptions of these positions see Subrecipient Handbook Section 3.005 or other applicable Program Supplemental guidance.
- The Grant Subaward Director and Financial Officer cannot be the same individual.
- Each individual must have a unique email address.
- Organization Authorized Agents must be denoted as being a Grant Subaward Authorized Agent in order to submit the application.

Grant Subaward Contacts

Grant Subaward Director

* **Person:**	*Matthew Rogers*				
* **First Name:**	*Matthew*	* **Last Name:**	*Rogers*		
* **Title:**	*District Attorney*				
* **Phone:**	*(530) 527-3053*	* **Email:**	*mrogers@tehama.gov*		
* **Address:**	*PO Box 519*				
* **City:**	*Red Bluff*	* **State:**	*California*	* **Zip Code:**	*96080*

Grant Subaward Financial Officer

* **Person:**	*Krista Peterson*				
* **First Name:**	*Krista*	* **Last Name:**	*Peterson*		
* **Title:**	*Tehama County Auditor-Controller*				
* **Phone:**	*(530) 527-3474*	* **Email:**	*kpeterson@tehama.gov*		
* **Address:**	*444 Oak Street, Room "J"*				
* **City:**	*Red Bluff*	* **State:**	*California*	* **Zip Code:**	*96080*

Grant Subaward Programmatic Point of Contact:

* **Person:**	*Jeff Eldred*				
* **First Name:**	*Jeff*	* **Last Name:**	*Eldred*		
* **Title:**	*Victim Services Coordinator*				
* **Phone:**	*(530) 527-4296*	* **Email:**	*jeldred@tehama.gov*		
* **Address:**	*PO BOX 519*				
* **City:**	*Red Bluff*	* **State:**	*California*	* **Zip Code:**	*96080*

Grant Subaward Financial Point of Contact:

* **Person:**	*Theresia Sweeney*				
* **First Name:**	*Theresia*	* **Last Name:**	*Sweeney*		
* **Title:**	*Office Manager*				
* **Phone:**	*(530) 527-3053*	* **Email:**	*tsweeney@tehama.gov*		
* **Address:**	*PO BOX 519*				
* **City:**	*Red Bluff*	* **State:**	*California*	* **Zip Code:**	*96080*

Chair of the Governing Body

* **Person:**	*Other*				
* **First Name:**	*Matthew*	* **Last Name:**	*Hanson*		
* **Title:**	*Chairman of the Board*				
* **Phone:**	*(530) 527-4655*	* **Email:**	*mhanson@tehama.gov*		
* **Address:**	*727 Oak St*				
* **City:**	*Red Bluff*	* **State:**	*CA*	* **Zip Code:**	*96080*

Grant Subaward Authorized Agent

[X] Matthew Rogers

Grant Subaward Assurances Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

Form Specific Instructions:

- Read all Grant Subaward Assurance and indicate compliance by checking acknowledgement box.

Applicable Grant Subaward Assurances

This document is a binding affirmation that the Subrecipient will comply with the assurances required by the federal program/fund source.

Assurance	Acknowledgement
Federal Fund Grant Subaward Assurances - 2025 VOCA.pdf	[X]*
Program Standard Assurance Addendum	[X]*
Standard Certification of Compliance	[X]*

Subrecipients expending $1,000,000 or more in federal funds annually must comply with the single audit requirement established by the Federal Office of Management and Budget (OMB) Uniform Guidance 2 CFR Part 200, Subpart F and arrange for a single audit by an independent Certified Public Accountant (CPA) firm annually. Audits conducted under this section will be performed using the guidelines established by the American Institute of Certified Public Accountants (AICPA) for such audits. *

[ ]Subrecipient expends $1,000,000 or more in federal funds annually.
[X]Subrecipient does not expend $1,000,000 or more in federal funds annually.

Federal Funding Accounting and Transparency Act (FFATA)

In the preceding year, did the Subrecipient receive:

Has the Subrecipient received $25,000,000 or more in federal funds in the preceding fiscal years? * [ ]Yes [X]No

Programmatic Narrative Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

Narrative Questions/Responses

Question 1 *

Briefly describe the plan to provide all mandatory services outlined in the VW Supplemental Program Components and indicate any significant changes to your Program for the 2025-26 Grant Subaward performance period.
Our program will continue to provide all mandatory and optional services outlined in the RFA. These services will include, but are not limited to: information regarding the criminal justice system, notification of court proceedings, crisis response, restitution assistance, victim impact statements, court support, and assistance with CalVCB Applications. We will maintain levels of a 1.0 FTE Coordinator, a 1.0 FTE Advocate, and a .50 FTE MVA Advocate. We will continue to review all crime reports submitted to the District Attorney's office for review to identify and contact crime victims and provide services. We will also continue to receive referrals from other community agencies such as Adult Protective Services, Rape Crisis, and Empower Tehama to ensure that we are providing services to as many crime victims as we can identify.
There will be no significant changes to our VW Program in the coming grant year.

Question 2 *

Briefly describe the optional services listed in the VW Supplemental Program Components that your VW Center provides to victims/survivors.
Our Victim Services Center provides optional services such as Employer Intervention, Witness Notification, assistance with funeral arrangements, and transportation assistance. We do not provide child care assistance.

Question 3 *

Provide a brief status update of the VW Center's crisis response and Mass Victimization (MV) Assistance plan for crime-related MV/terrorism incidents. Include after-hours contact information.
In the event of a mass victimization, we will immediately establish a Family Assistance Center to assist will CalVCB applications and Emergency Assistance. We currently have a MOU with the District Attorney's Criminal Division to utilize support staff at our Family Assistance Center. Additionally, we have an agreement with Empower Tehama, our local Domestic Violence service provider, to assist with CalVCB applications at the center if needed. Our region is almost done with our MOU between area Victim Services offices.
Our after hours contacts for mass victimization are:
Jeff Eldred: (520)798-1991
Rachael McClain: (530)722-8964

Question 4 *

List information for all field offices in the county including address, telephone numbers, employees assigned to the office, and supervisor(s) contact information.
We have one central office in Tehama County:
444 Oak Street (Room M); Red Bluff, CA
(530)527-4296

Coordinator: Jeff Eldred
V/W Advocate Meghan Swain
MVA Rachael McClain
HA Advocate Angela Lucero
AB109 Advocate (Part-time): Carla Correa

Question 5 *

This section is for additional space to answer Question 4.
none

Question 6 *

Describe how volunteers are used to accomplish the goals of the Program. If volunteers are not used, provide a justification for why a volunteer waiver is needed.

We currently use our court-certified interpreter as a volunteer. She will come to our office as needed or meet us in court to translate for Spanish speaking victims.

Required Document #1

VOCA Match Waiver Request
Document #1 Template

*VW 25 VOCA Match Waiver Request Form (2).pdf**

Subrecipient Risk Assessment Form

Per Title 2 CFR § 200.332, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding.

How many years of experience does your current grant manager have managing grants?	*>5 years*
How many years of experience does your current bookkeeper/accounting staff have managing grants?	*>5 years*
How many grants does your organization currently receive?	*1-3 grants*
What is the approximate total dollar amount of all grants your organization receives?	*$481,000*
Are individual staff members assigned to work on multiple grants?	*Yes*
Do you use timesheets to track the time staff spend working on specific activities/projects?	*Yes*
How often does your organization have a financial audit?	*Periodically*
Has your organization received any audit findings in the last three years?	*No*
Do you have a written plan to charge costs to grants?	*No*
Do you have written procurement policies?	*Yes*
Do you get multiple quotes or bids when buying items or services?	*Sometimes*
How many years do you maintain receipts, deposits, cancelled checks, invoices?	*>5 years*
Do you have procedures to monitor grant funds passed through to other entities?	*N/A*

Operational Agreements Form

Participating Agency/Organization	Date Signed	Start Date	End Date
Tehama County District Attorney	*05/05/2021*	*07/01/2021*	*06/30/2026*
Tehama County Probation	*05/11/2021*	*07/01/2021*	*06/30/2026*
Corning Police Department	*05/05/2021*	*07/01/2021*	*06/30/2026*
Red Bluff Police Department	*05/11/2021*	*07/01/2021*	*06/30/2026*
Tehama County Sheriff Department	*05/12/2021*	*07/01/2021*	*06/30/2025*
Tehama County Victim Witness	*05/06/2021*	*07/01/2021*	*06/30/2026*
California Highway Patrol	*05/21/2021*	*07/01/2021*	*06/30/2026*
Tehama County Social Services	*05/18/2021*	*07/01/2021*	*06/30/2026*
Tehama County Health Agency	*05/21/2021*	*07/01/2021*	*06/30/2026*
Empower Tehama	*05/10/2021*	*07/01/2021*	*07/01/2026*

Funding Source Allocation

Instructions:

- Please be sure to review page for accuracy.

Funding Source Allocation

Funding Source Name	Fiscal Year	Type	Amount Available	Total Match Amount Required	Available Funding Total	Funding Requested	Cash Match Amount	In Kind Match Amount	Total Project Costs
2025 VCGF	*2025*	*State*	*$141,219*	*$0*	***$141,219***	*$141,219*	*$0*	*$0*	***$141,219***	
2025 VOCA	*2025*	*Federal*	*$181,937*	*$0*	***$181,937***	*$181,937*	*$0*	*$0*	***$181,937***	
2025 VWA0	*2025*	*State*	*$10,957*	*$0*	***$10,957***	*$10,957*	*$0*	*$0*	***$10,957***	
			$334,113	***$0***	***$334,113***	***$334,113***	***$0***	***$0***	***$334,113***	

Budget Cost Categories

Cost Form Selection(s)

[X] **Personnel Costs**
[ ] **Volunteer Costs**
[ ] **Contractor/Consultant Costs**
[ ] **Rent Costs**
[X] **Travel Costs**
[ ] **Equipment Costs**
[X] **Financial Assistance For Client's Costs**
[ ] **Second-Tier Subward Costs**
[ ] **Audit Costs**
[ ] **Indirect Costs**
[X] **Other Operating Costs**
[X] **Match Waiver** *VW 25 VOCA Match Waiver Request Form (2).pdf*

Personnel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item, click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Personnel Costs

Budget/Project Line-Item *

Victim Advocate 2

Description *

1.0FTE Victim Advocate 2

*[X]***Hourly** *[ ]***Salary**

Pay per Hour * | **Number of Hours/Week *** | **Number of Weeks *** | **Hours of Full-Time Workweek ***

$30.35 | *40.00* | *52.00* | *40.00*

Full-Time Equivalent in Hours | **FTE** | **Salary Calculation Total**

2,080 | *100.00%* | *$63,128*

Does this position provide benefits? * *[X]*Yes *[ ]*No

Benefits Percentage *

91.00 %

Benefits Calculation

$57,446

Benefits Description *

PERS, Unfunded PERS Liability, Insurance, OASDI, Workman's Comp, Deferred Comp Match

Calculation Total (Includes Benefits if provided)

$120,574

Fund Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to support the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VCGF	2025	State	$84,836	$	$0	$84,836	$		
2025 VWA0	2025	State	$10,957		$0	$10,957			
2025 VOCA	2025	Federal	$24,781		$0	$24,781			Not Applicable
				$120,574	**$0**		**$0**	$0	**$120,574**

Personnel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item, click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Personnel Costs

Budget/Project Line-Item *

Victim Advocate/Coordinator

Description *

.90FTE Coordinator

*[X]***Hourly** *[ ]***Salary**

Pay per Hour * | **Number of Hours/Week *** | **Number of Weeks *** | **Hours of Full-Time Workweek ***

$40.80 | *36.00* | *52.00* | *40.00*

Full-Time Equivalent in Hours | **FTE** | **Salary Calculation Total**

2,080 | *90.00%* | *$76,378*

Does this position provide benefits? * *[X]*Yes *[ ]*No

Benefits Percentage *

83.50 %

Benefits Calculation

$63,775

Benefits Description *

PERS, Unfunded PERS Liability, Insurance, OASDI, Workman's Comp, Deferred Comp Match

Calculation Total (Includes Benefits if provided)

$140,153

Fund Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to support the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	$128,132	$	$0	$128,132	$		
2025 VCGF	2025	State	$12,021		$0	$12,021			
				$140,153		**$0**	**$0**	$0	**$140,153**

Personnel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item, click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Personnel Costs

Budget/Project Line-Item *

Mass Victimization Advocate 2

Description *

.50FTE Mass Victimization Advocate

*[X]*Hourly *[ ]*Salary

Pay per Hour * | **Number of Hours/Week** * | **Number of Weeks** * | **Hours of Full-Time Workweek** *

$27.52 | *20.00* | *52.00* | *40.00*

Full-Time Equivalent in Hours | **FTE** | **Salary Calculation Total**

2,080 | *50.00%* | *$28,621*

Does this position provide benefits? * *[X]*Yes *[ ]*No

Benefits Percentage *

55.00 %

Benefits Calculation

$15,741

Benefits Description *

PERS, Unfunded PERS Liability, Insurance, OASDI, Workman's Comp, Deferred Comp Match

Calculation Total (Includes Benefits if provided)

$44,362

Fund Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to support the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VCGF	2025	State	$44,362	$0	$0	$0	$44,362	$	
				$44,362		**$0**	**$0**	$0	**$44,362**

Travel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

Travel Costs

Travel Cost Type *

Travel

Budget/Project Line-Item *

Master Class Summit on Domestic Violence

Description *

Master Class Summit on Domestic Violence and Sexual Assault
February 9-11, 2026 Newport Beach, CA
1 Advocate/Coordinator
Registration: $375.00
Hotel: $200/night (Room + Tax) x 4 Nights= $800
Mileage Work to Hotel=$784
Per Diem $68/day x 5 days= $340.00

*[X]*In State *[ ]*Out of State

Staff Traveling *	Travel Cost Per Staff *	Calculation Total *
1	*$2,299.00*	*$2,299.00*

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	*2025*	*Federal*	*$2,299*		*$0*	*$2,299*			*Not Applicable*
				$2,299	***$0***		***$0***	***$0***	***$2,299***

Travel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

Travel Costs

Travel Cost Type *

Travel

Budget/Project Line-Item *

Prosecuting Crimes Against Women and Children

Description *

Prosecuting Crimes Against Women and Children in the Digital Age
January 26-29, 2026 in San Marcos, CA
1 Advocate
Registration: $375
Hotel Cost: $175.21/night (Room + Taxes) x 5 nights=$876.05
Mileage 1,224 miles @ $.70/mile= $868.80
Per Diem $68/day x 6 days=$408.00

*[X]*In State *[ ]*Out of State

Staff Traveling * **Travel Cost Per Staff** *

1 *$2,528.00*

Calculation Total *

$2,528.00

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	$2,528		$0	$2,528			Not Applicable
				$2,528	$0		$0	$0	$2,528

Financial Assistance For Clients Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Form Specific Instructions

- If Petty Cash is selected, complete the required Petty Cash Fields.

Budget/Project Line-Item *

Emergency Financial Assistance

Description: *

Emergency financial assistance for hardship or emergencies created from victimization. This would include, but not limited to, car impound fees, rental assistance, car repairs, cell phone, limited property damage, and hotel/food.

Is this Petty Cash (Cash/Check): * *[ ]*Yes *[X]*No

Quantity *	**Cash Amount** *	**Calculation Total** *
5	*$200.00*	*$1,000*

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	*2025*	*Federal*	*$1,000*		*$0*	*$1,000*			*Not Applicable*
				$1,000	***$0***		***$0***	***$0***	***$1,000***

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Communications Expense

Description/Justification *

Phones, cell phones, internet

Calculation Description *

$100/month x 12 months

Calculation Total *

$1,200

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	*2025*	*Federal*	*$1,200*		*$0*	*$1,200*			*Not Applicable*
				$1,200	***$0***		***$0***	***$0***	***$1,200***

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Transportation Expense
Description/Justification *

Fuel for county vehicles
Calculation Description *

$150/month x 12 months=$1800

Calculation Total *

$1,800

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	$1,800		$0	$1,800		Not Applicable	
				$1,800	$0		$0	$0	$1,800

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Maintenance of Equipment

Description/Justification *

Automobile maintenance, copy machine maintenance, Karpel Systems

Calculation Description *

Karpel System share of cost: $10,000
General Maintenance of Equipment: $100/moth x 12 months= $1200

Calculation Total *

$11,200

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	$11,200		$0	$11,200			Not Applicable
				$11,200	$0		$0	$0	$11,200

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Office Supplies

Description/Justification *

Toner, paper, pens, staples, and various office supplies.

Calculation Description *

$212.25/month x 12 months

Calculation Total *

$2,547

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	$2,547		$0	$2,547			Not Applicable
				$2,547	$0		$0	$0	$2,547

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Professional Services
Description/Justification *

mass shredding, background checks
Calculation Description *

$25/month x 12 months=$300

Calculation Total *

$300

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	*2025*	*Federal*	*$300*		*$0*	*$300*			*Not Applicable*
				$300	***$0***	***$0***	***$0***	***$0***	***$300***

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Liability Insurance

Description/Justification *

Standard liability insurance

Calculation Description *

$412.50/month x 12 month

Calculation Total *

$4,950

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	*2025*	*Federal*	*$4,950*		*$0*	*$4,950*			*Not Applicable*
				$4,950	***$0***		***$0***	***$0***	***$4,950***

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Education and Outreach

Description/Justification *

Business cards, brochures, promotional items, fees to participate in events

Calculation Description *

$50/month x 12 months

Calculation Total *

$600

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	*2025*	*Federal*	*$600*		*$0*	*$600*			*Not Applicable*
				$600	***$0***		***$0***	***$0***	***$600***

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Internal Assets
Description/Justification *

Waiting room furniture
Calculation Description *

Sofa for waiting room: $600

Calculation Total *

$600

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	$600		$0	$600			Not Applicable
				$600		$0	$0	$0	$600

Application Signatures Form

Assurances/Signatures

Authorized Body of Five *

This certifies that each member of the Approval Authority has approved the HSGP application for funding.

Proof of Authority/Governing Body Resolution *

This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

Upload Proof of Authority/Governing Body Resolution *

Standard Certification of Compliance *

By checking this box, I certify the Subrecipient will comply with the requirements of the Standard Certification of Compliance. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

Program Standard Assurance Addendum *

The undersigned represents that he/she is authorized to enter into this Addendum for and on behalf of the Applicant/Subrecipient. Applicant/Subrecipient understands that failure to comply with this Addendum or any of the assurances may result in suspension, termination, reduction, or de-obligation of funding. Applicat/Subrecipient agrees to repay funds in the event there is a violation of grant assurances.

Grant Subaward Assurances *

By checking this box, I certify I have read all applicable Grant Subaward Assurances and the Subrecipient will comply with the requirements. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

California Public Records Act *

I understand the Grant Subaward applications are subject to the California Public Records Act, Government Code section 7920.000 et seq.
Additional information: Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

Upload California Public Records Act Exemption

Authorized Agent

Name: **Title:**
Signature: **Date:**

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program Match Waiver Request Form

Complete all sections of this form using the instructions below. This form must be uploaded in the Grants Central System as part of the Grant Subaward Application.

1. **VOCA Fund Source #1:** Utilize the drop-down menu to select the VOCA Victim Assistance Formula Grant Program fund source/year for which you are requesting a match waiver.
   VOCA Victim Assistance Formula Grant Program Funds Awarded: Enter the award allocation amount for the fund source identified as VOCA Fund Source #1.
   Amount of Match Proposed: Enter the amount of match that your organization will provide for VOCA Fund Source #1.

2. **VOCA Fund Source #2 (if applicable):** Utilize the drop-down menu to select the additional VOCA Victim Assistance Formula Grant Program fund source/year for which you are requesting a match waiver.
   VOCA Victim Assistance Formula Grant Program Funds Awarded: Enter the award allocation amount for the fund source identified as VOCA Fund Source #2.
   Amount of Match Proposed: Enter the amount of match that your organization will provide for VOCA Fund Source #2.

3. **VOCA Fund Source #3 (if applicable):** Utilize the drop-down menu to select the additional VOCA Victim Assistance Formula Grant Program fund source/year for which you are requesting a match waiver.
   VOCA Victim Assistance Formula Grant Program Funds Awarded: Enter the award allocation amount for the fund source identified as VOCA Fund Source #3.
   Amount of Match Proposed: Enter the amount of match that your organization will provide for VOCA Fund Source #3.

4. **Briefly summarize the services provided:** Provide a narrative response.

5. **Describe practical/logistical obstacles and/or any local resource constraints to providing match:** Provide a narrative response.

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program Match Waiver Request Form

Cal OES Subrecipients may request a partial or full match waiver for Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program funds. Approval is dependent on a compelling justification. To request a partial or full match waiver, the Subrecipient must complete the following:

1. VOCA Fund Source #1: 25VOCA
   VOCA Victim Assistance Formula Grant Program Funds Awarded: $ 181,937
   Amount of Match Proposed: $ 0
2. VOCA Fund Source #2 (if applicable): Select
   VOCA Victim Assistance Formula Grant Program Funds Awarded:
   Amount of Match Proposed:
3. VOCA Fund Source #3 (if applicable): Select
   VOCA Victim Assistance Formula Grant Program Funds Awarded:
   Amount of Match Proposed:
4. Briefly summarize the services provided:

   We provide direct services to victims of crime in Tehama County, California. We provide all mandatory and optional services including, but not limited to, information about the criminal justice system, referral to other victim service providers, crisis intervention, court escort/support, transportation assistance, assistance with victim impact statements, assistance with CalVCB application process, and other services.

5. Describe practical/logistical obstacles and/or local resource constraints to providing match.

   Our county has a policy that we will use no general fund monies to match any grant. This has been a long standing policy. We receive no General Fund funding.

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
(Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY	
Rec'd By:	

DEPARTMENT	NAME OF CONTACT	PHONE NUMBER	BUDGET UNIT
District Attorney	Jeffery Eldred	527-4296	2011

TITLE OF GRANT **Tehama County Victim/Witness Center**

GRANTOR AGENCY **State of California-Emergency Management Agency**

GRANT OBJECTIVES **To assist victims/witnesses in criminal cases**

GRAND I.D. NO. **VW25 02 9101**

Federal Catalog # (if applicable):

GRANT PERIOD From: **10/01/25** To: **09/30/26**

Applicable Code and/or Legislative Reference:

DATE APPLICATION APPROVED BY BOARD:

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT:

IS GRANT RENEWABLE? (Check all applicable)	Yes	No	Annually	Indefinite	Specific No. of Years
	X		X		

GRANT FUNDING	**Fiscal Year: 2021/2022**	**Fiscal Year:**
FEDERAL	$181,937	
STATE	$152,176	
OTHER	$0	
1. TOTAL GRANT FUNDS	**$334,113**	
COUNTY FUNDING		
HARD MATCH (dollars)	$0	
SOFT MATCH (In-kind)	$0	
2. TOTAL COUNTY MATCH	**$0**	
USE OF FUNDS		
PERSONNEL (attach detail)	$0	
SERVICES/SUPPLIES	$0	
EQUIPMENT	$0	
OTHER CHARGES	$0	
TOTAL FUNDS (must also = 1+2 above)	**$0**	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE:

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? Yes | No

METHOD OF PAYMENT OF GRANT FUNDS: Reimburse **X** | Advance

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: **Every quarter**

EXPENDITURE DEADLINE: **9/30/2022**

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? Yes | No **X**

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) Yes **X** | No

A 0.9 Victim/Witness Coordinator position, 1.0 Victim/Witness Advocate position and a .50 Victim Advocate po would be lost if this grant application is not approved.

Matthew D. A

DEPARTMENT HEAD SIGNATURE

10/2/25

DATE

Form A-135 (Rev 8-21-07)

E-Contract Review
Approval as to Form

Department Name: District Attorney / Victim Witness

Vendor Name: California Emergency Management Agency

Contract Description: For the purpose of Victim Witness Assistance Grant

APPROVED AS TO FORM:



Date: 10/06/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1782 **Agenda Date:** 10/21/2025 **Agenda #:** 9.

DISTRICT ATTORNEY

Requested Action(s)
a) Request approval and authorization for the District Attorney to apply for the 2025 Human Trafficking Advocacy Grant through the California Emergency Management Agency for funding in the amount of $147,000

b) AGREEMENT- Request approval and authorization for the District Attorney to sign the Grant Award Agreement for the Human Trafficking Advocacy Grant and all related documents with the California Emergency Management Agency in the amount of $147,000

Financial Impact:
This grant is 100% funded by CalOES, there is no fiscal impact on the county General Fund.

Background Information:
This is our second year with the Human Trafficking Advocacy Grant. Through this grant we provide victim services to human trafficking victims and those most likely to be human trafficking victims. We also provide community outreach and education. Additionally, we are involved in multiple MDT's with other community partners regarding Human Trafficking.

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
(Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY	
Rec'd By:	

DEPARTMENT	NAME OF CONTACT	PHONE NUMBER	BUDGET UNIT
District Attorney	Jeffery Eldred	527-4296	2011

TITLE OF GRANT **Tehama County Victim/Witness Center**

GRANTOR AGENCY **State of California-Emergency Management Agency**

GRANT OBJECTIVES **To assist victims, or those likely to be victims, of Human Trafficking.**

GRAND I.D. NO. **HA25 02 9101**

GRANT PERIOD From: **01/01/26** To: **12/31/26**

Federal Catalog # (if applicable):

Applicable Code and/or Legislative Reference:

DATE APPLICATION APPROVED BY BOARD:

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT:

IS GRANT RENEWABLE? (Check all applicable)	Yes	No	Annually	Indefinite	Specific No. of Years
	X		X		

GRANT FUNDING	Fiscal Year: 2021/2022	Fiscal Year:
FEDERAL	$82,761	
STATE	$64,239	
OTHER	$0	
1. TOTAL GRANT FUNDS	**$147,000**	

COUNTY FUNDING		
HARD MATCH (dollars)	$0	
SOFT MATCH (In-kind)	$0	
2. TOTAL COUNTY MATCH	**$0**	

USE OF FUNDS		
PERSONNEL (attach detail)	$0	
SERVICES/SUPPLIES	$0	
EQUIPMENT	$0	
OTHER CHARGES	$0	
TOTAL FUNDS (must also = 1+2 above)	**$0**	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE:

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? Yes No

METHOD OF PAYMENT OF GRANT FUNDS: Reimburse **X** Advance

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: **Every quarter**

EXPENDITURE DEADLINE: **12/31/2026**

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? Yes No **X**

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) Yes **X** No

A 0.9 Victim/Witness Coordinator position, 1.0 Victim/Witness Advocate position and a .50 Victim Advocate po would be lost if this grant application is not approved.

Matthew D. N

DEPARTMENT HEAD SIGNATURE

10/2/25

DATE

Form A-135 (Rev 8-21-07)

Application Information Form

Program:
Human Trafficking Advocate - HA25

Grant Subaward Performance Period:
01/01/2026 to *12/31/2026*

Subrecipient:
County of Tehama - District Attorney's Office

Subrecipient UEI:
USB8GQ5S3A35

Subrecipient Federal Employer ID:
96-6000543

Implementing Agency:
Tehama County

Payment Address

Primary Location of Project/Services

Address
444 Oak St Room M

Address 2

City:
Red Bluff

County:
Tehama County

Zip Code:
96080-0000

Contact Information Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

Form Specific Instructions:

- Individuals identified below will be the official points of contact for the Grant Subaward. For descriptions of these positions see Subrecipient Handbook Section 3.005 or other applicable Program Supplemental guidance.
- The Grant Subaward Director and Financial Officer cannot be the same individual.
- Each individual must have a unique email address.
- Organization Authorized Agents must be denoted as being a Grant Subaward Authorized Agent in order to submit the application.

Grant Subaward Contacts

Grant Subaward Director

* **Person:**	*Matthew Rogers*				
* **First Name:**	*Matthew*	* **Last Name:**	*Rogers*		
* **Title:**	*District Attorney*				
* **Phone:**	*(530) 527-3053*	* **Email:**	*mrogers@tehama.gov*		
* **Address:**	*PO Box 519*				
* **City:**	*Red Bluff*	* **State:**	*California*	* **Zip Code:**	*96080*

Grant Subaward Financial Officer

* **Person:**	*Krista Peterson*				
* **First Name:**	*Krista*	* **Last Name:**	*Peterson*		
* **Title:**	*Tehama County Auditor-Controller*				
* **Phone:**	*(530) 527-3474*	* **Email:**	*kpeterson@tehama.gov*		
* **Address:**	*444 Oak Street, Room "J"*				
* **City:**	*Red Bluff*	* **State:**	*California*	* **Zip Code:**	*96080*

Grant Subaward Programmatic Point of Contact:

* **Person:**	*Jeff Eldred*				
* **First Name:**	*Jeff*	* **Last Name:**	*Eldred*		
* **Title:**	*Victim Services Coordinator*				
* **Phone:**	*(530) 527-4296*	* **Email:**	*jeldred@tehama.gov*		
* **Address:**	*PO BOX 519*				
* **City:**	*Red Bluff*	* **State:**	*California*	* **Zip Code:**	*96080*

Grant Subaward Financial Point of Contact:

* **Person:**	*Theresia Sweeney*				
* **First Name:**	*Theresia*	* **Last Name:**	*Sweeney*		
* **Title:**	*Office Manager*				
* **Phone:**	*(530) 527-3053*	* **Email:**	*tsweeney@tehama.gov*		
* **Address:**	*PO BOX 519*				
* **City:**	*Red Bluff*	* **State:**	*California*	* **Zip Code:**	*96080*

Chair of the Governing Body

* **Person:**	*Other*				
* **First Name:**	*Matthew*	* **Last Name:**	*Hanson*		
* **Title:**	*Chairman of Board of Supervisors*				
* **Phone:**	*(530) 527-4655*	* **Email:**	*mhanson@tehama.gov*		
* **Address:**	*727 Oak ST*				
* **City:**	*Red Bluff*	* **State:**	*CA*	* **Zip Code:**	*96080*

Grant Subaward Authorized Agent

[X] Matthew Rogers

Grant Subaward Assurances Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

Form Specific Instructions:

- Read all Grant Subaward Assurance and indicate compliance by checking acknowledgement box.

Applicable Grant Subaward Assurances

This document is a binding affirmation that the Subrecipient will comply with the assurances required by the federal program/fund source.

Assurance	Acknowledgement
Federal Fund Grant Subaward Assurances - 2025 VOCA.pdf	[X]*
Program Standard Assurance Addendum	[X]*
Standard Certification of Compliance	[X]*

Subrecipients expending $1,000,000 or more in federal funds annually must comply with the single audit requirement established by the Federal Office of Management and Budget (OMB) Uniform Guidance 2 CFR Part 200, Subpart F and arrange for a single audit by an independent Certified Public Accountant (CPA) firm annually. Audits conducted under this section will be performed using the guidelines established by the American Institute of Certified Public Accountants (AICPA) for such audits. *

[ ]Subrecipient expends $1,000,000 or more in federal funds annually.
[X]Subrecipient does not expend $1,000,000 or more in federal funds annually.

Federal Funding Accounting and Transparency Act (FFATA)

In the preceding year, did the Subrecipient receive:

Has the Subrecipient received $25,000,000 or more in federal funds in the preceding fiscal years? * [ ]Yes [X]No

Programmatic Narrative Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- When done, click the **SAVE** button.

Narrative Questions/Responses

Question 1 *

Describe the the anti-human trafficking working group your organization participates in and the Victim Witness Advocate's role in the working group.

We are part of the Saint Elizabeth's Hospital to be part of the Dignity Health Human Trafficking Council and The Tehama County Human Trafficking Violence Strategy Team. We are also an integral part of our county's CSEC Team that meets 10 times a year. At both of these team meetings we strategize with partnering agencies to develop best practices to provide services to victims. We discuss active cases, new victims, and community outreach.

Question 2 *

Describe the training and direct experience of the Victim Witness Coordinator who supervises the Victim Witness Advocate

The Victim Services Coordinator has been employed by the Tehama County Victim Services Program for 22 years. He has completed both Basic and Advanced Advocacy Training and completed many in-person and on-line trainings over the 22 year span. Many of these trainings included sessions regarding Human Trafficking and Sexual Assault. The HA Advocate has been employed for 3 years. She has received her Basic Advocacy Training and will attend the Advanced Advocacy Training in November. She has attended Domestic Violence, Sexual Assault, and Prosecuting Child Sexual and Physical Assault training. Additionally, She attending the International Family Justice Center Conference. At these trainings there were multiple sessions regarding Human Trafficking. Both the coordinator and the advocate have dealt with human trafficking cases and are part of MDTs that work with human trafficking victims.

Question 3 *

Describe how victims/survivors of human trafficking are identified and how their individual needs are assessed.

Victims/Survivors of human trafficking are identified through crime reports submitted to the District Attorney's office, through referrals from other agencies who have contact with human trafficking victims, and through our collaborative meetings and MDTs with other organizations. We make contact with the victims to notify them of the criminal process and to inquire of their current situations and needs. We collaborate with partnering agencies to asses what needs the victims may have and which organizations are best to fill those needs.

Question 4 *

Describe how your organization collaborates with local, state, and federal law enforcement, local public agencies, victim service providers, and non-profit organizations to enhance or expand service delivery to victims/survivors of human trafficking.

We regularly collaborate with local law enforcement to obtain crime reports, victim contact information, and investigation status. We regularly meet with other agencies, victim service providers, and non-profits to share services and discuss best practices to meet the needs of victims. When collaboration is needed with State and Federal Law Enforcement, we duplicate the same process as with local law enforcement.

Question 5 *

Describe how crisis intervention is provided to victims/survivors of human trafficking.

Our advocate and coordinator will provide excellent services to all human trafficking crime victims/survivors. All potential human trafficking crime reports we receive from various law enforcement agencies will be reviewed and assigned to the advocate or coordinator for immediate crisis intervention. The advocate or coordinator will contact the victim telephonically using the victims contact information in the crime report. If there is not a valid phone number in the crime report, the advocate and coordinator (with the assistance of a District Attorney Investigator if needed) will use our county vehicle to make a home visit to the victim's residence. If all contact information is invalid or non-existent, the advocate or coordinator will reach out to the investigating officer to obtain correct contact information. The advocate or coordinator will assess the victim's needs and provide the necessary emergency assistance, referrals, and safety planning. The advocate or coordinator will be in contact with the victim/survivor on a regular bases throughout the criminal court process and beyond. When we receive a referral from another agency, the advocate or coordinator will make immediate contact whether telephonic or in person and provide the same crisis intervention services as if the case was referred through a law enforcement agency.
Our advocate and coordinator will refer victim/survivors to different agencies that are equipped to meet their needs and provide additional assistance and resources. Collaborating with our CSEC team and other community partners we will establish a comprehensive list of different organizations and services they provide to human trafficking victims.

Question 6 *

Describe how emergency assistance is provided to to victims/survivors of human trafficking.
We offer emergency services. Our advocate or coordinator will ask important questions to the victim/survivor to determine any emergency need that they may have. Once those needs are determined they will be referred to the appropriate agency that can meet that need immediately. We have also set aside a substantial amount of funding for our office to meet immediate emergency needs including, but not limited to, temporary emergency housing, clothing, food, transportation cost, cell phones, and utilities

Question 7 *

Describe the resource and referral assistance provided to victims/survivors of human trafficking.
We have established a comprehensive list of different organizations and services they provide to human trafficking victims. Referrals will be made from this list and we will add service providers as more become available. We will also provide a written list of area mental health providers and assist with making initial appointments.

Question 8 *

Describe how counseling/therapy is provided to victims/survivors of human trafficking.
Our advocate and coordinator will receive training to give basic, crisis counsel and safety planning. When appropriate and within the skill set of our training, we will offer counselling and advice to every victim/survivor that we contact. If the counselling/therapy requires more than we are capable and trained to provide, we will give each victim with a list of area mental health care providers to seek more in depth counselling. We will gladly offer assistance in setting up any mental health treatment appointments and acting as an introducing agency to the provider.

Question 9 *

Describe how victims/survivors of human trafficking are assisted with property return.
When property has been taken into evidence, we will provide assistance in its return to the victim/survivor. We will fill out a "Property Return Request Form" and submit it to the Assistant District Attorney for approval for release. The District Attorney's office will then forward a letter to the agency that is holding the property allowing the property's release. We will assist the victim with contacting the right agency and setting up an appointment to retrieve their items.

Question 10 *

Describe how victims/survivors of human trafficking are provided with information about the criminal justice system. Include details about information provided to victims/survivors with limited English proficiency.
f the case is charged criminally, our advocate or coordinator will stay in continuous contact with the victim/survivor to provide updates after each court appearance. This update will also include an explanation of the criminal justice system and an explanation as to what comes next in the process.

Question 11 *

Describe how victims/survivors of human trafficking are provided with physical accompaniment during their court appearances.
If the victim/survivor wishes to attend any court appearance, the assigned advocate or coordinator will arrange to meet them either at our office or in front of the courthouse top attend criminal court with the victim/survivor. If the victim wishes to attend and are a residence in the local area but have no transportation, our advocate will use our county vehicle to provide transportation to and from the courthouse. If the victim is from out of the area then we will supply them with a gas card to offset their cost of travelling to court.

Question 12 *

Describe outreach efforts to make criminal justice agencies aware of the services and resources available through the Center and the Program.

We have regular meetings and presentations to our local law enforcement agencies to inform them of services we provide to Human Trafficking victims. We also have regular, personal contact with individual law enforcement officers and inform them of case specific services that we can provide to victims of human trafficking.

Question 13 *

Describe outreach efforts to increase community awareness of the services available through the Center and the Program.
A key component to the success of this grant will be community outreach and awareness. Our advocate and coordinator will work together to present awareness and services at many events throughout the grant year. One of our operational agreements is with Latino Outreach of Tehama County. Through our agreement with this wonderful organization that has continual contact with an at-risk population, they will refer victims/survivors to our office. We will attend and provide outreach at two of their largest events each year; the annual Bi-National Health Fair and the annual Cinco De Mayo Festival. Both of these events draw thousands of attendees. Additionally, we will attend multiple community events, fairs, and celebrations. These events are attended by thousands of people and allow us to distribute literature, meet our community, and develop relationships with citizens and other community groups. We are also part of many community groups such as our county's CSEC, SARB, Child Abuse Prevention Counsel, CART, SART, and Domestic Violence prevention Council. Through these groups and meetings, we are able to consistently make many agencies aware of our services available to victims/survivors. Additionally, we regularly perform presentations and outreach to various groups and organizations such as local schools, law enforcement, non-profits, and faith-based organizations.

Question 14 *

Describe how your organization provides case status updates to victims/survivors.
Our assigned advocate or coordinator will provide case status to victims/survivors after each court appearance by the defendant and when the District Attorney makes any decision or offer regarding the case. The victim/survivor will be notified of any plea offer before it has been made and accepted by the court. The victim/survivor will be notified of any decision to file or decline prosecution of a criminal case and given an opportunity to express any input regarding the decision of the District Attorney on their criminal case.

Question 15 *

Describe how your organization notifies family, friends, and employers that a crime has been committed against a victim/survivor of human trafficking.
Upon request of the victim/survivor we will notify any family member, friend or employer regarding their victimization and the criminal justice status. The victim will make the determination as to how much information we will provide and can request that we give no information. Our office takes confidentiality very seriously. If the victim is a minor we will provide all information to their guardian.

Question 16 *

Describe how your organization provides restitution advocacy for victims/survivors of human trafficking.
Upon conviction, our advocate or coordinator will assist the victim in collecting information regarding any financial and /or property loss the victim has suffered as a result of the crime. We will assist the victim with completing a Restitution Request Form and providing that information to the District Attorney's office and the Probation Department. When applicable, we will assist the victim in obtaining non-financial loss restitution for some sex crimes.

Question 17 *

Describe your organization's referral system for providing linkage to public and private agencies, social services/human assistance agencies, schools, mental health, healthcare providers, and other services for victims/survivors of human trafficking.
We have established a comprehensive list of different organizations and services they provide to human trafficking victims. Referrals will be made from this list and we will add service providers as more become available. We will also provide a written list of area mental health providers and assist with making initial appointments.

Question 18 *

Describe how volunteers are used to accomplish the goals of the Program. If volunteers are not used, provide a justification for why a volunteer waiver is needed.
Our office utilizes multiple interpreters as volunteers. Although these are not regular volunteers, and we use them for other grants as well, they will be available and used for instances when interpretation is needed.

Subrecipient Risk Assessment Form

Per Title 2 CFR § 200.332, Cal OES is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass-through funding.

How many years of experience does your current grant manager have managing grants?	*>5 years*
How many years of experience does your current bookkeeper/accounting staff have managing grants?	*>5 years*
How many grants does your organization currently receive?	*1-3 grants*
What is the approximate total dollar amount of all grants your organization receives?	*$481,000*
Are individual staff members assigned to work on multiple grants?	*Yes*
Do you use timesheets to track the time staff spend working on specific activities/projects?	*Yes*
How often does your organization have a financial audit?	*Periodically*
Has your organization received any audit findings in the last three years?	*No*
Do you have a written plan to charge costs to grants?	*No*
Do you have written procurement policies?	*Yes*
Do you get multiple quotes or bids when buying items or services?	*Sometimes*
How many years do you maintain receipts, deposits, cancelled checks, invoices?	*>5 years*
Do you have procedures to monitor grant funds passed through to other entities?	*N/A*

Funding Source Allocation

Instructions:

- Please be sure to review page for accuracy.

Funding Source Allocation

Funding Source Name	Fiscal Year	Type	Amount Available	Total Match Amount Required	Available Funding Total	Funding Requested	Cash Match Amount	In Kind Match Amount	Total Project Costs
2025 VCGF	*2025*	*State*	*$64,239*	*$0*	***$64,239***	*$64,239*	*$0*	*$0*	***$64,239***	
2025 VOCA	*2025*	*Federal*	*$82,761*	*$0*	***$82,761***	*$82,761*	*$0*	*$0*	***$82,761***	
			$147,000	***$0***	***$147,000***	***$147,000***	***$0***	***$0***	***$147,000***	

Budget Cost Categories

Cost Form Selection(s)

[X] **Personnel Costs**
[ ] **Volunteer Costs**
[ ] **Contractor/Consultant Costs**
[ ] **Rent Costs**
[X] **Travel Costs**
[ ] **Equipment Costs**
[X] **Financial Assistance For Client's Costs**
[ ] **Second-Tier Subward Costs**
[ ] **Audit Costs**
[ ] **Indirect Costs**
[X] **Other Operating Costs**
[X] **Match Waiver** *HA VOCA Match Waiver Request Form.pdf*

Personnel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item, click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Personnel Costs

Budget/Project Line-Item *

Victim Services Coordinator

Description *

.10 FTE Coordinator

*[ ]*Hourly *[X]*Salary

Salary Per Month *

$

Number of Months *

Hours of Full-Time Workweek *

40.00

FTE *

Full-Time Equivalent in Hours

2,080

%

Salary Calculation Total

$8,255

Does this position provide benefits? * *[X]*Yes *[ ]*No

Benefits Percentage *

47.00 %

Benefits Calculation

$3,880

Benefits Description *

PERS, Unfunded PERS Liability, Insurance, OASDI, Workman's Comp, Deferred Comp Match

Calculation Total (Includes Benefits if provided)

$12,135

Fund Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to support the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	$12,135		$0	$12,135			
				$12,135		**$0**	**$0**	$0	**$12,135**

Personnel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item, click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Personnel Costs

Budget/Project Line-Item *

Victim Advocate 2

Description *

1.0 FTE Advocate 2

*[X]***Hourly** *[ ]***Salary**

Pay per Hour * **Number of Hours/Week ***

$

Number of Weeks * **Hours of Full-Time Workweek ***

40.00

Full-Time Equivalent in Hours

2,080

FTE **Salary Calculation Total**

% *$59,904*

Does this position provide benefits? * *[X]*Yes *[ ]*No

Benefits Percentage *

59.50 %

Benefits Calculation

$35,643

Benefits Description *

PERS, Unfunded PERS Liability, Insurance, OASDI, Workman's Comp, Deferred Comp Match

Calculation Total (Includes Benefits if provided)

$95,547

Fund Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to support the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VCGF	*2025*	*State*	*$64,239*		*$0*	*$64,239*			
2025 VOCA	*2025*	*Federal*	*$31,308*		*$0*	*$31,308*		*Not Applicable*	
				$95,547	***$0***		***$0***	*$0*	***$95,547***

Travel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

Travel Costs

Travel Cost Type *

Travel

Budget/Project Line-Item *

CDAA Summer Conference

Description *

CDAA Summer Conference
Date and Place TBA
All expenses are estimates

Registration: $500
Hotel: $200/night x 4 Nights= $800
Per Diem: $68/day x 5 days= $340
Mileage: 1200 miles x $.70/mile= $840

*[X]*In State *[ ]*Out of State

Staff Traveling *	Travel Cost Per Staff *	Calculation Total *
1	*$2,480.00*	*$2,480.00*

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	*2025*	*Federal*	*$2,480*		*$0*	*$2,480*			*Not Applicable*
				$2,480	***$0***		***$0***	***$0***	***$2,480***

Travel Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Form Specific Instructions

- If you have selected that the travel will be Out of State, please be sure to complete the required Out-of-State travel Request fields.

Travel Costs

Travel Cost Type *

Travel

Budget/Project Line-Item *

Crime Against Children Conference

Description *

Crimes Against Children Conference
August 2-6, 2026
Dallas Texas

Registration= $895
Airline Tickets (Est: Round Trip Sacramento to Dallas)= $550.00
Hotel Cost (Est): $170/night x 5 nights= $850
Per Diem $51/1st day + $51/last day + $68/day x 4 Days= $374

*[ ]*In State *[X]*Out of State

Staff Traveling *	Travel Cost Per Staff *	Calculation Total *
1	*$2,669.00*	*$2,669.00*

Out-of-State Travel Request

Purpose of Travel *

Crime Against Children Conference

Location of Travel (TBD is okay) *

Dallas, TX

Are you non-profit/for profit? * *[ ]*Yes *[X]*No

Description of how travel supports the intent of the Program: *

This conference is an intensive, international training regarding crimes against children. There a many sessions, general and breakout, that will deal with human trafficking and child sexual abuse. These are two of the main components of our grant. This training will give our advocate better understanding of human trafficking, resources available for victims, and allow her to network with other service providers from all over the world. Additionally, community partners will attend.

Are all travelers included in personnel? * *[X]*Yes *[ ]*No

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	*2025*	*Federal*	*$2,669*		*$0*	*$2,669*		*Not Applicable*	
				$2,669	***$0***		***$0***	***$0***	***$2,669***

Financial Assistance For Clients Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Form Specific Instructions

- If Petty Cash is selected, complete the required Petty Cash Fields.

Budget/Project Line-Item *

Emergency Financial Assistance
Description: *

$500 per victim per crime x 10+ $5000
Is this Petty Cash (Cash/Check): *

*[ ]*Yes *[X]*No

Quantity *
20

Cash Amount *
$500.00

Calculation Total *
$10,000

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	$10,000		$0	$10,000		Not Applicable	
				$10,000		$0	$0	$0	$10,000

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Communications
Description/Justification *

Software, telephone, fax
Calculation Description *

$100/month x 12 months= $1200

Calculation Total *

$1,200

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	$1,200		$0	$1,200			Not Applicable
				$1,200		$0	$0	$0	$1,200

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Liability Insurance

Description/Justification *

Liability Insurance as required by law

Calculation Description *

$100/month for 12 months= $1200

Calculation Total *

$1,200

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	*2025*	*Federal*	*$1,200*		*$0*	*$1,200*		*Not Applicable*	
			$1,200		***$0***		***$0***	***$0***	***$1,200***

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Transportation Expense
Description/Justification *

Fuel for vehicles
Calculation Description *

$200/month x 12 months= $2400

Calculation Total *

$2,400

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	*2025*	*Federal*	*$2,400*		***$0***	*$2,400*		*Not Applicable*	
				$2,400	***$0***		***$0***	***$0***	***$2,400***

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Internal Assets
Description/Justification *

New Sofa and Love Seat for waiting room. (Cost to be shared with VW Grant)
Calculation Description *

Sofa and Love Seat: $3200

Calculation Total *

$3,200

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	$3,200		$0	$3,200			Not Applicable
				$3,200		$0	$0	$0	$3,200

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Education and Outreach Materials

Description/Justification *

Brochures, business cards, promotional items

Calculation Description *

$400/month x 12 months= $4800

Calculation Total *

$4,800

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	2025	Federal	$4,800		$0	$4,800		Not Applicable	
				$4,800		$0	$0	$0	$4,800

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Office Supplies and Expenses

Description/Justification *

Paper, Toner, general office supplies

Calculation Description *

$430.75/month x 12 months= $5169

Calculation Total *

$5,169

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	*2025*	*Federal*	*$5,169*		*$0*	*$5,169*		*Not Applicable*	
			$5,169		***$0***		***$0***	***$0***	***$5,169***

Other Operating Budget Category Form

Navigation Instructions:

- All required fields are marked with an *.
- Use the **SAVE** button at least every 30 minutes to avoid losing data.
- To add another Line Item click the **ADD** button.
- To delete this Line Item, click the **DELETE** button. WARNING: This action cannot be undone.
- When done, click the **SAVE** button.

Other Operating Costs

Budget/Project Line-Item *

Maintenance of Equipment

Description/Justification *

Maintenance for vehicles, office machines, Karpel System

Calculation Description *

$100/month x 12 months= $1200
Share of Cost for Karpel System= $5000

Calculation Total *

$6,200

Funding Source Allocations

Fund Source Allocations Instructions

- Select the Fund Source(s) to the line-item
- Add amount(s)
- Click the + symbol to request money from another funding source.
- Click the - symbol to remove request from a funding source.

Funding Source Name	Fiscal Year	Type	Allocation	Cash Match Amount	In Kind Match Amount	Match Amount	Total	State Funds Used to Match Federal Match Requirements	Federal Fund
2025 VOCA	*2025*	*Federal*	*$6,200*		***$0***	*$6,200*		*Not Applicable*	
				$6,200	***$0***		***$0***	***$0***	***$6,200***

Application Signatures Form

Assurances/Signatures

Proof of Authority/Governing Body Resolution *

[X]This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

Upload Proof of Authority/Governing Body Resolution *

Authority to Sign.pdf

Standard Certification of Compliance *

[X]By checking this box, I certify the Subrecipient will comply with the requirements of the Standard Certification of Compliance. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

Program Standard Assurance Addendum *

[X]The undersigned represents that he/she is authorized to enter into this Addendum for and on behalf of the Applicant/Subrecipient. Applicant/Subrecipient understands that failure to comply with this Addendum or any of the assurances may result in suspension, termination, reduction, or de-obligation of funding. Applicat/Subrecipient agrees to repay funds in the event there is a violation of grant assurances.

Grant Subaward Assurances *

[X]By checking this box, I certify I have read all applicable Grant Subaward Assurances and the Subrecipient will comply with the requirements. I am fully aware that this certification is made under penalty of perjury under the laws of the State of California.

California Public Records Act *

[X]I understand the Grant Subaward applications are subject to the California Public Records Act, Government Code section 7920.000 et seq.
Additional information: Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

Upload California Public Records Act Exemption

Authorized Agent

Name:	*Matthew Rogers*	**Title:**	*District Attorney*
Signature:	*Matthew Rogers*	**Date:**	*09/24/2025*

E-Contract Review
Approval as to Form

Department Name: District Attorney / Victim Witness

Vendor Name: California Emergency Management Agency

Contract Description: For the purpose of Human Trafficking Advocacy Grant

APPROVED AS TO FORM:



Date: 10/06/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1783 **Agenda Date:** 10/21/2025 **Agenda #:** 10.

SHERIFF'S OFFICE

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Sheriff to sign the Asset Disposition Services Agreement Addendum No. 1 with PropertyRoom.com, Inc. (Misc. Agree. 2020-288) for the provision of web-based auctions to dispose of excess property collected during the investigations, extending the term effective 9/16/25 and shall terminate 9/16/30

Financial Impact:
The revenues generated from these services will be deposited into the Sheriff's Budget Unit 2027, Revenue Account 471120, for all fiscal years during with the agreement remains in effect.

Background Information:
Law enforcement agencies are required to auction seized, found or unclaimed personal property at public auction. PropertyRoom.com has been the leading Police Auction website for over 20 years and has bidders nationwide. Tehama County Sheriff's Office has been utilizing PropertyRoom.com since 2016 to successfully dispose of excess property collected during investigations and generate revenue.

PRC Account #: 0161

Amendment #01 to
Tehama County Agreement #2020-288/
PropertyRoom.com Asset Disposition Services Agreement and Addendum

Whereas, the intent of the Tehama County's Asset Disposition Services Agreement with PropertyRoom.com, inc., a Delaware corporation (the "Contractor") with an effective date of 9/16/2020 (the "Agreement'') was to establish an initial contract term of five years ending on 9/16/2025;
Whereas, the intent was to allow the contract to be extended for an additional five-year term via a written notification from the Tehama County Sheriff's Office ("TCSO") to the Contractor before the end of the term on September 16, 2025; and
Whereas, TCSO provided the Contractor with that written notification on August 14, 2025;

Now therefore, this is Amendment No. 1 and all of its recitals are incorporated into and made part of the Agreement. In the event of a conflict between the provisions of the Agreement and this Amendment, the terms of this Amendment shall govern.

The Agreement is hereby modified as follows:

Section 3. Term and Termination. The first paragraph of this section shall read:

This agreement shall commence on the Effective Date and shall have an initial term of five years. Thereafter, TCSO may elect to extend the Term by providing the Contractor with written notification prior to the expiration of the then current Term. This written notification which may indicate a desire to extend the Agreement by an additional one to five years, shall only be effective for 90 days unless the written notice is ratified by the Board of Supervisors in which case the term extension in the notice shall be effective unless another length of term is identified by the Board of Supervisors. The current term expires on 9/16/2030.

Items a-c of Section 3 shall remain unchanged.

All other terms, conditions, and provisions of the Original Agreement shall remain unchanged.

The Agreement and this Amendment No. 1 (collectively referred to as the "Modified Agreement"), constitutes the entire agreement of the parties and supersedes all previous agreements, writings, and oral statements. In the event of any inconsistency or conflict between this Amendment and the Agreement, the provisions of this Amendment shall prevail over those of the Agreement and all Attachments or Addendums to the Agreement.

The Modified Agreement may not be further modified except in writing signed by both parties.

IN WITNESS WHEREOF, the County and the Contractor have executed this agreement on the day and year set forth below.

---NO ADDITIONAL REVISIONS---

ORGANIZATION: Tehama County Sheriff's Office

By: _____ Date:_____
Signature / Dave Kain, Sheriff-Coroner

PROPERTYROOM.COM, INC.

By: _____ Date: _____
Aaron Thompson, CEO

Asset Disposition Services Agreement

This Asset Disposition Services Agreement ("Agreement") is made by and between PropertyRoom.com, Inc., a Delaware corporation ("Contractor") and Tehama County Sheriff's Office ("Owner"). The Agreement is effective upon Owner's signature date ("Effective Date").

Whereas Contractor's business involves surplus asset management, selling, auction, disposition and related services ("Services"); and
Whereas Contractor desires to provide Services to Owner and Owner desires Contractor to provide Services subject to this Agreement.
Now therefore, in consideration of premises above and mutual covenants and agreements set forth herein, Contractor and Owner agree as follows.

Any other municipal, county, or state government agency located within the same state as Owner may also procure Services under this Agreement under the same terms and conditions stated in this Agreement by executing an adoption agreement with Contractor based upon this Agreement.

1. **Items Requiring Services.** Owner will identify items ("Assets") it desires to provide to Contractor for Services. Contractor retains the right to accept or reject certain Assets in its sole discretion.

2. **Title to Assets.** Owner shall retain, at all times, legal title to Assets unless and until Assets are purchased or otherwise disposed of according to the Agreement, at which time Owner will be deemed to have transferred title directly to an Asset purchaser or other acquirer ("Buyer") identified by Contractor. Owner appoints Contractor as its representative and instrumentality to hold and offer Assets for sale, on Owner's behalf, in accordance with the Agreement. Owner appoints Contractor as its attorney-in-fact to sign any and all documents necessary to assign to Buyers all of Owner's rights, title and interest in and to Assets sold or disposed. Cash receipts, accounts receivable, contract rights, notes, general intangibles, and other rights to payment of any kind arising out of Asset sales ("Proceeds") belong to Owner. Contractor may withhold from Proceeds amounts owed to Contractor and any third parties in connection with Services, which amounts shall be disbursed by Contractor on Owner's behalf. Contractor will remit remaining balances to Owner ("Owner Net Proceeds").

3. **Term and Termination**

This Agreement shall commence on the Effective Date and shall continue for an initial term of one (1) year from the Effective Date and thereafter will automatically renew for consecutive one (1) year terms unless written notice of non-renewal is provided by either party to the other at least sixty (60) days prior to the expiration of the then current term.

a. Either Owner or Contractor (the "Party" or "Parties") may terminate the Agreement upon thirty (30) days prior notice to the other Party.
b. The rights of the Parties to terminate the Agreement are not exclusive of any other rights and remedies available at law or in equity, and such rights will be cumulative. Exercising any such right or remedy will not preclude exercising these or any other rights and remedies.
c. Upon any termination or expiration, Contractor may continue to provide Services for any unsold Assets then in the possession of Contractor. Alternatively, Owner may, at Owner's expense, arrange for the return of Owner Assets.

4. **Payment for Services**

a. **Fees.** Fees for Contractor Services appear in signed addendums to this Agreement.
b. **Remittance of Proceeds.** Once a month, Contractor will remit Owner Net Proceeds from sales completed the prior month. Sales are deemed completed when all items from an asset list line-item are sold, paid for and shipped. Contractor may defer payment of any amount less than $250 until such time as the amount owed Owner equals or exceeds $250.
c. **Invoices.** If monthly Proceeds do not cover amounts owed, Contractor and Owner will mutually agree for Contractor to either:
   (1) Invoice Owner for Services, net of Proceeds collected, or
   (2) Accrue and carry-over unpaid balances, invoicing Owner when negative balances persist for six (6) consecutive months.
d. **Reporting.** Each month, Contractor will publish a standard online report containing information related to Owner Assets, Services provided, Fees and Owner Net Proceeds.

5. **Contractor Obligations.** Contractor may utilize subcontractors in its performance of Services, provided Contractor shall be responsible for any breach of this Agreement by such subcontractors. With respect to delivering Services:

a. Contractor shall maintain insurance covering Assets against fire, theft, and extended coverage risks ordinarily included in similar policies.
b. For auction Services, Contractor will use organic marketing techniques ("**OMT**") to increase bidding on Owner Assets. OMT may include, but not be limited to, email, publicity related to this Agreement, and facilitation of

clickable links on Owner website(s) to websites used by Contractor for Asset sales.

6. **Asset Lists**
   a. **Manifest & Asset Lists.** Owner will complete paperwork reasonably necessary to convey custodial possession of Assets to Contractor, such as written manifests or Asset lists (the "Asset Lists") describing items in sufficient detail for proper identification. Contractor owns exclusive rights to sell Assets described in Asset Lists provided by Owner for a period of 120 days from the date Owner releases an Asset to Contractor for sale and Owner will not grant any such rights to any third party (or itself sell the applicable Assets).
   b. **Excluded Assets.** Owner agrees it will not knowingly provide illegal or hazardous Assets or Assets that infringe intellectual property rights of any third party ("Excluded Assets"). In the event Contractor identifies any item as an Excluded Asset, Contractor shall have the right to suspend, cancel, or unwind any sale or disposal of such Excluded Asset.

7. **Salability of Assets.**
   a. Owner states Assets subject to Services are legally available for sale to the general public; and
   b. If required, Owner has taken necessary actions for transfer of Asset title(s) to Buyers.

8. **Books and Records**. Contractor will keep complete and accurate books of account, records, and other documents with respect to the Agreement ("Books and Records") for at least 3 years following Agreement expiration or termination. Upon reasonable notice, Books and Records will be available for inspection by Owner, at Owner's expense, at the location where Books and Records are regularly maintained, during Contractor's normal business hours.

9. **Assignment.** This Agreement shall be binding upon and inure to the benefit of the Parties named herein and their respective successors and assigns. Neither Party may assign any of its obligations under this Agreement without the prior written consent of the other Party, such consent not to be unreasonably withheld or delayed, provided that Contractor may assign this Agreement without such consent to a successor in interest by way of a merger, consolidation, or sale of all or substantially all of Contractor's assets.

10. **Notices.** Any notice or other communication given under the Agreement will be in writing and delivered by hand, sent by facsimile (provided acknowledgment of receipt thereof is delivered to the sender), sent by certified, registered mail or sent by any nationally recognized overnight courier service to the addresses provided in the Owner information section. Notices sent by registered mail or national overnight carrier shall be effective upon delivery. The Parties may, from time to time and at any time, change their respective addresses and each will have the right to specify as its address any other address by written notice to the other Party. A change of address will take effect upon receipt of notice unless a later date is otherwise specified.

11. **Interpretation.** Whenever possible, each provision of the Agreement will be interpreted in such a manner as to be effective and valid under applicable law, but if any provision of the Agreement is held to be prohibited by or invalid under applicable law, such provision will be ineffective only to the extent of such prohibition or invalidity, without invalidating the remainder of such provision or the remaining provisions of the Agreement. The Agreement headings are inserted for convenience of reference only and shall not constitute a part hereof.

12. **Governing Law.** The internal law, and not the law of conflicts, of the state in which Owner is located will govern all questions concerning construction, validity and interpretation of the Agreement and the performance of the obligations imposed by the Agreement. The proper venue for any proceeding at law or in equity will be the state and county in which the Owner is located, and the Parties waive any right to object to the venue.

13. **Further Assurances.** Contractor and Owner will each sign such other documents and take such actions as the other may reasonably request in order to effect the relationships, Services and activities contemplated by the Agreement and to account for and document those activities.

14. **Relationship of the Parties.** No representations or assertions will be made or actions taken by either Party that could imply or establish any joint venture, partnership, employment or trust relationship between the Parties with respect to the subject matter of the Agreement. Except as expressly provided in the Agreement, neither Party will have any authority or power whatsoever to enter into any agreement, contract or commitment on behalf of the other, or to create any liability or obligation whatsoever on behalf of the other, to any person or entity.

15. **Force Majeure.** Neither Party will be liable for any failure of or delay in performance of the Agreement for the period that such failure or delay is due to acts of God, public enemy, war, strikes or labor disputes, or any other cause beyond the Parties' reasonable control (each a "Force Majeure"), it being understood that lack of financial resources will not to be deemed a cause beyond a Party's control. Each Party will notify the other Party promptly of any Force Majeure occurrence and carry out the Agreement as promptly as practicable after such Force Majeure is terminated. The existence of any Force Majeure will not extend the term of the Agreement.

This Agreement, together with one or more signed addendums attached hereto, comprises the entire agreement between Contractor and Owner relating to Services and supersedes any prior understandings, agreements, or representations by or between the parties, whether written or oral.

OWNER	
Signature	
Name	Dave Hencratt
Title	Sheriff-Coroner
Date	09/16/2020

CONTRACTOR	
Signature	
Name	Andrew J. Nash
Title	President & CEO
Date	9/22/2020

OWNER INFORMATION & AGREEMENT OPTIONS SELECTED

Owner Name: Tehama County Sheriff's Office	***Account #:***
Street Address: 22840 Antelope Blvd P.O. Box 729 - Mailing	***Cooperative Purchasing Agreement?*** *Sourcewell* ❑ *Other (Please specify)*_____ ❑ ***Member #:*** _____
City, State/Province, Postal Code, Country: Red Bluff, Ca. 96080	***Resolution of Unpaid Monthly Service Fees:*** *Balance carry-over* ❑ *Monthly Invoice* ❑
Telephone: 530-528-8979, Ext 1	***Fax:***
Primary Contact: *Name* Lisa Callaway *Work* 530-528-8979 *Mobile* _____ *Email* lcallaway@tehamaso.org	***Secondary Contact:*** *Name* Sue Leitem *Work* 530-529-7940 *Mobile* 530-529-7906 *Email* sleitem@tehamaso.org

Standard Fees & Services Addendum

Account # 0161

1. This addendum ("Addendum") is attached to and made part of the Asset Disposition Services Agreement dated October 6, 2020 ("Agreement") between Contractor and Owner. In the event of a conflict between the provisions of the Agreement, this Addendum and any prior agreement or Agreement addendum, this Addendum will govern.

2. **Definitions.**
   a. **Winning Bid.** "Winning Bid" means the highest amount committed and paid by a Buyer of a sold Asset. Winning Bid does not include shipping & handling, buyer premiums, or other fees, if any, nor does Winning Bid include an amount a Buyer commits but fails to pay.
   b. **Sales Price.** "Sales Price" equals the Winning Bid plus shipping & handling, shipping insurance and sales tax paid by a Buyer.
   c. **Payment Processing Costs.** Payment processing costs equal 3% of Sales Price ("PP Costs").
   d. **Success Fee.** For sold Assets, Owner will pay Contractor a Services fee equal to a percent of profits or Winning Bids as specified below ("Success Fee").
   e. **Buyer Premiums.** Notwithstanding anything to the contrary herein, Contractor may collect a Winning Bid percent fee from a Buyer, typically referred to as a "Buyer's Premium".

3. **Services Offered.** Contractor provides a suite of Services referenced herein. Upon mutual agreement of Owner and Contractor, Contractor may provide all or any combination of Services. Contractor will use commercially reasonable efforts to deliver Services.
   a. **Portables Auction Service ("Portables").** Applying to Assets small enough for pick-up by Contractor via box truck or common carrier shipment, excluding firearms, Contractor will transport, test and/or authenticate (if applicable and practicable), erase or destroy memory media (in the case of electronics), image, store, list and sell Assets via public internet auction on one or more Contractor selected websites. Owner will pay Contractor a Success Fee as described below.
      (1) **Non-bicycle Asset Success Fee.** For non-bicycle assets, Success Fee equals 50% of the Winning Bid.
      (2) **Bicycle Asset Success Fee.** For bicycle assets, Success Fee equals 85% of the Winning Bid.
      (3) **Net Proceeds.** For each Portables Asset, Owner Net Proceeds equals Winning Bid less Success Fee less PP Costs.
      (4) **Fuel Surcharge.** If quarterly retail diesel prices, as published by the U.S. Energy Information Administration, rise above the level shown in the table below, a fuel surcharge ("Fuel Surcharge") will be deducted from Owner Net Proceeds for each Portable Manifest picked up at Owner's location.

Retail Diesel (per gal)	Fuel Surcharge
< $ 2.50	$ 0.00
$ 2.50 to $ 2.99	$ 12.40
$ 3.00 to $ 3.49	$ 24.80
$ 3.50 to $ 3.99	$ 37.20*

* Table continues at same rate of $12.40 increments per $0.50 per gal change in Retail Diesel.

      (5) **Shipping Fee.** If assets are transported via common carrier and not picked up by Contractor, the shipping fee will be deducted from Owner Net Proceeds.

   b. **Firearms Auction Service.** This service is restricted to Owner firearm assets ("Firearm Assets") legally available for public sale in the United States. Contractor is compliant with ATF, Title 18, U.S. Code Ch. 44 and NFA (26 U.S.C., Ch. 53), as well as applicable state and local laws. Contractor may work with one or more subcontractors ("Subcontractor") for storage and processing of Firearm Assets.

      Contractor will deliver Firearm Assets disposition services beginning with the collection and transport of Firearm Assets to a Federal Firearms Licensee ("FFL") holder ("Recipient FFL" or "Partner FFL"). Subsequently, Contractor and Recipient FFL will store, catalog, image, list for public internet auction, process purchaser payment and ship Firearms Assets to another FFL holder ("Transferee FFL") that will administer final physical transfer to purchaser ("Buyer") in compliance with applicable federal, state, and local laws. Owner will pay Contractor a Success Fee as described below.
      (1) **Success Fee.** For Firearm Assets, Success Fee equals 50% of the Winning Bid.
      (2) **Net Proceeds.** For each Firearm Asset, Owner Net Proceeds equals Winning Bid less Success Fee less PP Costs.

c. **In Place Auction Service ("In Place").** Applying to Assets that Owner and Contractor mutually agree to auction in place, Contractor will sell In Place Assets via public internet auction on one or more Contractor selected websites using descriptions and digital images supplied by Owner. Owner will maintain physical control of In Place Assets and transfer possession to Buyers after sale. Owner will pay Contractor a Success Fee as described below.
   (1) **Success Fee.** For each In Place Asset, Success Fee equals 5% of Winning Bid.
   (2) **Net Proceeds.** For each In Place Asset sold at auction, Winning Bid less Success Fee less PP Costs equals Owner Net Proceeds.

d. **Haul Away Auction Service ("Haul Away").** Applying to fleet vehicles and equipment, Contractor will tow Assets to, or take delivery at, Yards. Contractor will store, image, describe, list and sell Haul Away Assets via public internet auction on one or more Contractor selected websites. Contractor may work with one or more subcontractors ("Subcontractor") for storage and processing of Assets at Yards. Owner will pay Contractor a Success Fee as well as other fees as specified below.
   (1) **Success Fee.** For each Haul Away Asset, Success Fee equals 12.5% of Winning Bid.
   (2) **Tow & Miscellaneous Fees.** Tow and Miscellaneous Service Fees are indicated in fee schedule below that specifies tow processes and related fees for Client-specific needs ("Tow & Miscellaneous Fee Schedule"). The Tow & Miscellaneous Fee Schedule will distinguish between Assets that can be hauled away on a standard vehicle transporter (such as automobiles and light trucks) from over-sized Assets (e.g., cranes, buses, backhoes).

Haul Away Auction Service – Tow and Miscellaneous Fee Schedule

Fee Type	Fee Description	Rate Description	Rate Per Asset
Light Tow	Light duty vehicles up to 11,000 GVWR	Per vehicle towed	First 30 miles free. $10 for every 10 miles over the 1st 30 free miles
Medium Tow	Medium duty vehicles 11,001 - 33,000 GVWR and oversized vehicles such as an F-350 w/ dual wheels, etc.)	Per vehicle towed	Billed at cost by subcontractor - see standard schedule
Heavy Tow	Heavy duty vehicles 33,001+ GVWR	Per vehicle towed	Billed at cost by subcontractor - see standard schedule
Re-list / Re-run	Fee for re-listing asset more than three (3) times due to any type of client imposed bidding restriction	Per re-list of asset on 4th or subsequent attempt	$35 / re-list
Storage - light & medium duty	Storage for assets stored for any reason other than awaiting auction	Per day over 30 days after pickup date	$5 / day
Storage - heavy duty	Storage for assets stored for any reason other than awaiting auction	Per day over 30 days after pickup date	$8 / day
De-identification	De-identifying assets	Charged in 15 minute increments for the labor to de-identify	$20 / quarter hour
Decal Removal	Removal of a decal	Charged in 15 minute increments for the labor to perform decal removal	$20 / quarter hour; $45 minimum charge per vehicle ($45 maximum charge per vehicle for Light Duty Vehicles)

   (3) **Net Proceeds.** For each Haul Away Asset, Winning Bid less the sum of Success Fee, Tow & Miscellaneous Fees, and PP Costs equals Owner Net Proceeds.

e. **Impound Storage & Auction Service ("Impound").** Applying to citizen vehicles seized and or impounded by Owner, Contractor will receive tows of Impound Assets at tow yard facilities ("Yards"), storing Assets while Owner decides whether to release to a citizen or auction. For release-to-citizen vehicles ("Released Vehicles"), Contractor will process and collect fees from citizens. For auctioned vehicles, Contractor will store, image, describe and sell Impound Assets via public internet auction on one or more Contractor selected websites. Contractor may work with one or more sub-contractors ("Subcontractor") for storage and processing of Assets at Yards. Owner will pay Contractor a Success Fee as well as other fees as specified below.

(1) **Success Fee.** For each Impound Asset sold at auction, Success Fee equals 12.5% of the Winning Bid.

(2) **Tow & Miscellaneous Fees.** Tow and Miscellaneous Service Fees are indicated in fee schedule below that specifies tow processes and related fees for Client-specific needs ("Tow & Miscellaneous Fee Schedule"). The Tow & Miscellaneous Fee Schedule will distinguish between Assets that can be hauled-away on a standard vehicle transporter (such as automobiles and light trucks) from over-sized Assets (e.g., cranes, buses, backhoes).

(3) **Storage Fees.** Impound storage fees are indicated in the fee schedule below. Owner retains rights to charge citizens higher storage fees for Released Vehicles and Contractor will collect those storage fees along with other citizen fees set by Owner, such as tow charges, administrative charges, court processing fees, etc. ("Citizen Payments"). In the event that Assets are stored for an extended period of time without being released by Owner for auction, Owner agrees to reimburse Contractor for such storage fees in a manner to be mutually agreed upon.

Impound Storage & Auction Service – Tow and Miscellaneous Fee Schedule

Fee Type	Fee Description	Rate Description	Rate Per Asset
Light Tow	Light duty vehicles up to 11,000 GVWR	Per vehicle towed	Billed at cost by subcontractor - see standard schedule
Medium Tow	Medium duty vehicles 11,001 - 33,000 GVWR and oversized vehicles such as an F-350 w/ dual wheels, etc.)	Per vehicle towed	Billed at cost by subcontractor - see standard schedule
Heavy Tow	Heavy duty vehicles 33,001+ GVWR	Per vehicle towed	Billed at cost by subcontractor - see standard schedule
Re-list / Re-run	Fee for re-listing asset more than three (3) times due to any type of client imposed bidding restriction	Per re-list of asset on 4th or subsequent attempt	$35 / re-list
Owner Storage Fees	Daily storage for assets stored and awaiting auction	Per day	$8 / day
Citizen Storage Fees	Daily storage for release vehicles	Per day	$15 / day
De-identification	De-identifying assets	Charged in 15 minute increments for the labor to de-identify	$20 / quarter hour
Decal Removal	Removal of a decal	Charged in 15 minute increments for the labor to perform decal removal	$20 / quarter hour; $45 minimum charge per vehicle ($45 maximum charge per vehicle for Light Duty Vehicles)

(4) **Net Proceeds.** For each Impound Asset, the sum of Winning Bid and Citizen Payments less the sum of Success Fee, Tow & Miscellaneous Fees, Owner/Citizen Storage Fees and PP Costs equals Owner Net Proceeds.

4. **Modifications.** Contractor may, from time to time, modify Standard Fees & Services. To effect a fee change, Contractor will provide Owner advance written notice which will include an update to this Addendum.

OWNER	
Signature	
Name	Dave Hencratt
Title	Sheriff-Coroner
Date	09/16/2020

CONTRACTOR	
Signature	
Name	Andrew J. Nash
Title	President & CEO
Date	9/22/2020

Addendum to Asset Disposition Services Agreement

This addendum is attached to and made part of Tehama County Sheriff's Office Asset Disposition Services Agreement dated October 6, 2020 (the "Agreement"). In the event of a conflict between the provisions of the Agreement and this Addendum, the terms of this Addendum shall govern.

The Agreement is hereby modified as follows:

Section 3. Term and Termination. The paragraph of this section shall read:

This agreement shall commence on the Effective Date and shall continue for a term of five (5) years from the Effective Date unless written notice of non-renewal is provided by either party to the other at least sixty (60) days prior to the expiration of the then current term.

Items a – c of Section 3 remain unchanged.

Owner

By: _____ 09-16-2020 Date

Name: Dave Hencratt, Sheriff-Coroner

PropertyRoom.com, Inc.

By: _____ 9/22/2020 Date

Name: Andrew J. Nash

E-Contract Review
Approval as to Form

Department Name: Tehama County Sheriff's Office

Vendor Name: PropertyRoom.Com, Inc.

Contract Description: Property Disposition Services Agreement and Addendum for the provision of web-based auctions to dispose of excess property collected during investigations. The agreement is for a 5-year term.

APPROVED AS TO FORM:

By: Andrew Plett Date: 9-14-2020
Andrew D. Plett
Deputy County Counsel

Client#: 1432653 PROROOM

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/02/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
USI Insurance Services LLC-CL
3190 Fairview Park Drive Suite 400
Falls Church, VA 22042-4546
703 698-0788

CONTACT NAME:
PHONE (A/C, No, Ext): 703 698-0788 FAX (A/C, No): 610 362-8377
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : AIX Specialty Insurance Company	12833
INSURER B : Evanston Insurance Company	35378
INSURER C : Travelers Casualty & Surety Co. of Amer	31194
INSURER D : Lloyds of London	85202
INSURER E : AmGUARD Insurance Co.	42390
INSURER F : Hartford Fire Insurance Co.	19682

INSURED
PropertyRoom.com, Inc.
8435 Progress Drive
Suite U
Frederick, MD 21701

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	X	X	IPZCL20000064	04/02/2020	04/02/2021	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
	X BI/PD Ded:1,000						MED EXP (Any one person)	$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$1,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$
								$
E	AUTOMOBILE LIABILITY	X	X	PRAU148920	04/25/2020	04/25/2021	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	UMBRELLA LIAB OCCUR			MKLV7EUL101364	04/02/2020	04/02/2021	EACH OCCURRENCE	$5,000,000
	X EXCESS LIAB X CLAIMS-MADE						AGGREGATE	$5,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
C	Crime			105943928	04/02/2020	04/02/2021	$2,000,000 per claim	
D	Tech E&O/Cyber			INT165997	04/02/2020	04/02/2021	$3,000,000 per claim	
F	Dealer/Bailee			42UUMBH2157	04/02/2020	04/02/2021	$500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Tehama Co Sheriff's Office
502 Oak St.
Red Bluff, CA 96080-0000

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

E-Contract Review
Approval as to Form

Department Name: Tehama County Sheriff's Office

Vendor Name: ThePropertyRoom.Com, Inc.

Document Description: Amendment extending agreement #2020-288

APPROVED AS TO FORM:

Office of the Tehama County Counsel
Daniel B. Klausner, Senior Deputy County Counsel

Date: 10/3/25

Tehama County

Agenda Request Form

File #: 25-1722 **Agenda Date:** 10/21/2025 **Agenda #:** 11.

SHERIFF'S OFFICE

Requested Action(s)
a) TRANSFER OF FUNDS: SHERIFF; B-11 - From Public Safety (106-301900), to Contingency (2002-59000), $63,366.25; and From Contingency (2002-59000) to Professional/Special Services (2027-53230), $63,366.25 **(Requires 4/5's vote)**

Financial Impact:
There is no financial impact on the FY 2025/26 General Fund. The funds are being transferred from the AB443 funds.

Background Information:
The AB443 funds will be utilized to pay for the costs of the R56 Site Grounding Remediation on the three radio repeaters located at Eagle Point (Rancho Tehama), Inskip Hill, and the Jail/Dispatch Center. The radio repeater grounding remediation is the second portion of phase one of the Emergency Radio Communications Infrastructure Improvements Project.

The need for these repairs was identified in the R56 Survey conducted in May 2025. Completion of the R56 Site Grounding Remediation is essential, as the new dispatch console cannot be installed until all identified deficiencies at the repeater sites have been corrected. These repairs are a critical step to ensure continued progress on the Emergency Radio Communications Infrastructure Improvements project.

Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-11

DEPARTMENT NAME AB443/Sheriff

Date: 09/25/2025

I am requesting an increase to my budget appropriates as listed below:

Check one [X] **"Previous Year Revenue"** [ ] **"New Revenue"**

Funding Source AB443 funds held in account 106-301163 for the R56 site grounding remediation.

****Note*** ***General Fund and Public Safety "MUST" use Contingency when increasing budget***

Increase Revenue Budget				Increase Expenditure Budget			
FUND DEPT NO	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**	**FUND DEPT NO**	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**
106	301900	Public Safety	$ 63,366.25	2002	59000	Contingency	$ 63,366.25
2002	59000	Contingency	$ 63,366.25	2027	53230	Professional/Special Services	$ 63,366.25
		Total Journal	**$ 126,732.50**			Total Journal	**$ 126,732.50**

TRANSFER APPROVED

JF 092525

SIGNATURE OF REQUESTING OFFICIAL DATE

SANDRA PALMER 9/25/2025

AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117
07/2018

190

AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND DAY WIRELESS SYSTEMS

This agreement is entered into between the County of Tehama, through its Sheriff's Office, ("County") and Day Management Corporation DBA Day Wireless Systems ("Contractor") for the purpose of the R56 Site Grounding Remediation for the Tehama County Sheriff's Office sites, including Eagle Point (RTR/Ducor), Inskip, and Jail/Dispatch.

1) **RESPONSIBILITIES OF CONTRACTOR**

During the term of this agreement, Contractor shall upon request by the Tehama County Sheriff's Office agree to provide R56 site grounding remediation for Eagle Point (RTR/Ducor), Inskip, and Jail/Dispatch to include hardware, labor, installation, bonding, and grounding, according to Exhibit B.

2) **RESPONSIBILITIES OF THE COUNTY**

County shall compensate Contractor for said services pursuant to Section 3 and 4 of this agreement.

3) **COMPENSATION**

Contractor shall be paid an all-inclusive flat fee of $63,366.25, attached hereto as Exhibit B, for all services rendered under this agreement. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed except as specified herein. Contractor shall have no claim against County for payment of any compensation or reimbursement beyond the flat fee amount set forth above, of any kind whatsoever, or 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. This provision shall survive the expiration or other termination of this Agreement.

4) **BILLING AND PAYMENT**

On or before the 15th of each month, Contractor shall submit to County an itemized invoice for all services rendered during the preceding calendar month. County shall make payment of all undisputed amounts within 30 days of receipt of Contractor's invoice. County shall be obligated to pay only for services properly invoiced in accordance with this section.

Agreement #: 2025-270

5) TERM OF AGREEMENT

This agreement shall commence on the date of signing and shall terminate upon completion, unless terminated in accordance with section 6 below.

6) TERMINATION OF AGREEMENT

If Contractor fails to perform his/her duties to the satisfaction of the County, or if Contractor fails to fulfill in a timely and professional manner his/her obligations under this agreement, or if Contractor violates any of the terms or provisions of this agreement, then the County shall have the right to terminate this agreement effective immediately upon the County giving written notice thereof to the Contractor. Either party may terminate this agreement on 30 days' written notice. County shall pay contractor for all work satisfactorily completed as of the date of notice. County may terminate this agreement immediately upon oral notice should funding cease or be materially decreased, or should the Tehama County Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year.

The County's right to terminate this agreement may be exercised by the Sheriff-Coroner.

7) ENTIRE AGREEMENT; MODIFICATION

This agreement for the services specified herein supersedes all previous agreements for these services and constitutes the entire understanding between the parties hereto. Contractor shall be entitled to no other benefits other than those specified herein. No changes, amendments or alterations shall be effective unless in writing and signed by both parties. Contractor specifically acknowledges that in entering into and executing this agreement, Contractor relies solely upon the provisions contained in this agreement and no other oral or written representation.

8) NONASSIGNMENT OF AGREEMENT

Inasmuch as this agreement is intended to secure the specialized services of Contractor, Contractor may not assign, transfer, delegate or sublet any interest herein without the prior written consent of the County.

9) EMPLOYMENT STATUS

Contractor shall, during the entire term of this agreement, be construed to be an independent contractor and nothing in this agreement is intended nor shall be construed to create an employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which Contractor performs the services which are the subject matter of this agreement; provided always, however, that the services to be provided by Contractor shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the County is to insure that the services shall be rendered and performed in a competent, efficient and satisfactory manner. Contractor shall be fully responsible for payment of all taxes due to the State of California or the Federal government, which would be withheld from compensation of Contractor, if Contractor were a County employee. County shall not be liable for deductions for any amount for any purpose from Contractor's compensation. Contractor shall not be eligible for coverage under County's Workers Compensation Insurance Plan nor shall Contractor be eligible for any other County benefit.

10) INDEMNIFICATION

Contractor shall defend, hold harmless, and indemnify Tehama County, its elected officials, officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees of County), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of County) being damaged, arising out of contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, whether by negligence or otherwise. Contractor shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Contractor shall also defend and indemnify County against any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency against the County with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security or income tax withholding payments, or any other legally mandated payment.

11) INSURANCE

Contractor shall procure and maintain insurance pursuant to Exhibit A, "Insurance Requirements For Contractor," attached hereto and incorporated by reference.

12) PREVAILING WAGE

Contractor certifies that it is aware of the requirements of California Labor Code Sections 1720 et seq. and 1770 et seq., as well as California Code of Regulations, Title 8, Section 16000 et seq. ("Prevailing Wage Laws"), which require the payment of prevailing wage rates and the performance of other requirements on certain "public works" and "maintenance" projects. If the Services hereunder are being performed as part of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, and if the total compensation is $1,000 or more, Contractor agrees to fully comply with and to require its subcontractors to fully comply with such Prevailing Wage Laws, to the extent that such laws apply. If applicable, County will maintain the general prevailing rate of per diem wages and other information set forth in Labor Code section 1773 at its principal office, and will make this information available to any interested party upon request. Contractor shall defend, indemnify and hold the County, its elected officials, officers, employees and agents free and harmless from any claims, liabilities, costs, penalties, or interest arising out of any failure or alleged failure of the Contractor or its subcontractors to comply with the Prevailing Wage Laws. Without limiting the generality of the foregoing, Contractor specifically acknowledges that County has not affirmatively represented to contractor in writing, in the call for bids, or otherwise, that the work to be covered by the bid or contract was not a "public work." To the fullest extent permitted by law, Contractor hereby specifically waives and agrees not to assert, in any manner, any past, present, or future claim for indemnification under Labor Code section 1781.

Contractor acknowledges the requirements of Labor Code sections 1725.5 and 1771.1 which provide that no contractor or subcontractor may be listed on a bid proposal or be awarded a contract for a public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5, with exceptions from this requirement specified under Labor Code sections 1725.5(f), 1771.1(a) and 1771.1(n).

If the services are being performed as part of the applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

13) NON-DISCRIMINATION

Contractor shall not employ discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

14) GREEN PROCUREMENT POLICY

Through Tehama County Resolution No. 2021-140, the County adopted the Recovered Organic Waste Product Procurement Policy (available upon request) to (1) protect and conserve natural resources, water and energy; (2) minimize the jurisdiction's contribution to pollution and solid waste disposal; (3) comply with state requirements as contained in 14 CCR Division 7, Chapter 12, Article 12 (SB 1383); (4) support recycling and waste reduction; and (5) promote the purchase of products made with recycled materials, in compliance with the California Integrated Waste Management Act of 1989 (AB 939) and SB1382 when product fitness and quality are equal and they are available at the same or lesser cost of non-recycled products. Contractor shall adhere to this policy as required therein and is otherwise encouraged to conform to this policy.

15) COMPLIANCE WITH LAWS AND REGULATIONS

All services to be performed by Contractor under to this Agreement shall be performed in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. Any change in status, licensure, or ability to perform activities, as set forth herein, must be reported to the County immediately.

16) LAW AND VENUE

This agreement shall be deemed to be made in, and shall be governed by and construed in accordance with the laws of the State of California (excepting any conflict of laws provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

17) AUTHORITY

Each party executing this Agreement and each person executing this Agreement in any representative capacity, hereby fully and completely warrants to all other parties that he or she has full and complete authority to bind the person or entity on whose behalf the signing party is purposing to act.

18) NOTICES

Any notice required to be given pursuant to the terms and provisions of this agreement shall be in writing and shall be sent first class mail to the following addresses:

NOTICES TO COUNTY:
Tehama County Sheriff's Office
Attn: Dave Kain, Sheriff-Coroner
P.O. BOX 729
Red Bluff, CA 96080
(530) 527-7900
dkain@tehamaso.org

NOTICES TO CONTRACTOR:
Day Management Corp dba
Day Wireless Systems
6430 SE Lake Road
Milwaukie, OR 97222
(503) 659-1240
Contact: Calvin Emigh
cemigh@daywireless.com

INVOICES SUBMITTED TO COUNTY:
Tehama County Sheriff's Office
Attn: Nickoli Brummond
P.O. BOX 729
Red Bluff, CA 96080
(530) 528-8979 option 1
nbrummond@tehamaso.org

GRANTS/CONTRACTS TO COUNTY:
Tehama County Sheriff's Office
Attn: Grants/Contracts
P.O. BOX 729
Red Bluff, CA 96080
(530) 528-8979 option 2
jcrane@tehamaso.org

Notice shall be deemed to be effective two days after mailing.

19) NON-EXCLUSIVE AGREEMENT:

Contractor understands that this is not an exclusive agreement, and that County shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Contractor, or to perform such services with County's own forces, as County desires.

20) STANDARDS OF THE PROFESSION

Contractor agrees to perform its duties and responsibilities pursuant to the terms and conditions of this agreement in accordance with the standards of the profession for which Contractor has been properly licensed to practice.

21) LICENSING OR ACCREDITATION

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

22) RESOLUTION OF AMBIGUITIES:

If an ambiguity exists in this Agreement, or in a specific provision hereof, neither the Agreement nor the provision shall be construed against the party who drafted the Agreement or provision.

23) NO THIRD PARTY BENEFICIARIES:

Neither party intends that any person shall have a cause of action against either of them as a third party beneficiary under this Agreement. The parties expressly acknowledge that is not their intent to create any rights or obligations in any third person or entity under this Agreement. The parties agree that this Agreement does not create, by implication or otherwise, any specific, direct or indirect obligation, duty, promise, benefit and/or special right to any person, other than the parties hereto, their successors and permitted assigns, and legal or equitable rights, remedy, or claim under or in respect to this Agreement or provisions herein.

24) HAZARDOUS MATERIALS

Contractor shall provide to County all Safety Data Sheets covering all Hazardous Materials to be furnished, used, applied, or stored by Contractor, or any of its Subcontractors, in connection with the services on County property. Contractor shall provide County with copies of any such Safety Data Sheets prior to entry to County property or with a document certifying that no Hazardous Materials will be brought onto County property by Contractor, or any of its Subcontractors, during the performance of the services. County shall provide Safety Data Sheets for any Hazardous Materials that Contractor may be exposed to while on County property.

25) HARASSMENT

Contractor agrees to make itself aware of and comply with the County's Harassment Policy, TCPR §8102: Harassment, which is available upon request. The County will not tolerate or condone harassment, discrimination, retaliation, or any other abusive behavior. Violations of this policy may cause termination of this agreement.

26) COUNTERPARTS, ELECTRONIC SIGNATURES – BINDING

This agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ((“CUETA”) Cal. Civil Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of “electronic signature” as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

27) EXHIBITS

Contractor shall comply with all provisions of Exhibits A through B, attached hereto and incorporated by reference. In the event of a conflict between the provisions of the main body of this Agreement and any attached Exhibit(s), the main body of the Agreement shall take precedence.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

COUNTY OF TEHAMA

Date: 8/28/25

Sheriff-Coroner

Date: 8/19/2025

Chairman, Board of Supervisors

DAY MANAGEMENT CORP dba DAY WIRELESS SYSTEMS

Date: 7/29/2025

Kimberly Boswell

Kimberly Boswell, Contracts & Compliance Mgr

Agreement #: 2025-270

T0027247
Vendor Number

2027-53170
Budget Account Number

MWeinberger@daywireless.com
Vendor/Contractor Email Address

(530) 440-9030
Vendor/Contractor Phone Number

Exhibit A

INSURANCE REQUIREMENTS FOR CONTRACTOR

Contractor shall procure and maintain, for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work described herein and the results of that work by Contractor, his/her agents, representatives, employees or subcontractors. At a minimum, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

Commercial General Liability (including operations, products and completed operations) $1,000,000 per occurrence for bodily injury, personal injury and property damage. If coverage is subject to an aggregate limit, that aggregate limit will be twice the occurrence limit, or the general aggregate limit shall apply separately to this project/location.

Automobile Liability

Automobile liability insurance is required with minimum limits of $1,000,000 per accident for bodily injury and property damage, including owned and non-owned and hired automobile coverage, as applicable to the scope of services defined under this agreement.

Workers' Compensation

If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation insurance to cover Contractor and Contractor's employees and volunteers, as required by the State of California, as well as Employer's Liability insurance in the minimum amount of $1,000,000 per accident for bodily injury or disease.

Professional Liability (Contractor/Professional services standard agreement only)

If Contractor is a state-licensed architect, engineer, contractor, counselor, attorney, accountant, medical provider, and/or other professional licensed by the State of California to practice a profession, Contractor shall provide and maintain in full force and effect while providing services pursuant to this contract a professional liability policy (also known as Errors and Omissions or Malpractice liability insurance) with single limits of liability not less than $1,000,000 per claim and $2,000,000 aggregate on a claims made basis. However, if

coverage is written on a claims made basis, the policy shall be endorsed to provide coverage for at least three years from termination of agreement.

If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor.

All such insurance coverage, except professional liability insurance, shall be provided on an "occurrence" basis, rather than a "claims made" basis.

Endorsements: Additional Insureds

The Commercial General Liability and Automobile Liability policies shall include, or be endorsed to include "Tehama County, its elected officials, officers, employees and volunteers" as an additional insured.

The certificate holder shall be "County of Tehama."

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions of $25,000 or more must be declared to, and approved by, the County. The deductible and/or self-insured retentions will not limit or apply to Contractor's liability to County and will be the sole responsibility of Contractor.

Primary Insurance Coverage

For any claims related to this project, Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractor's insurance and shall not contribute with it.

Coverage Cancellation

Each insurance policy required herein shall be endorsed to state that "coverage shall not be reduced or canceled without 30 days' prior written notice certain to the County."

Acceptability of Insurers

Contractor's insurance shall be placed with an insurance carrier holding a current A.M. Best & Company's rating of not less than A:VII unless otherwise acceptable to the County. The County

reserves the right to require rating verification. Contractor shall ensure that the insurance carrier shall be authorized to transact business in the State of California.

Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance that meets all the requirements stated herein.

Material Breach

If for any reason, Contractor fails to maintain insurance coverage or to provide evidence of renewal, the same shall be deemed a material breach of contract. County, in its sole option, may terminate the contract and obtain damages from Contractor resulting from breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

Verification of Coverage

Contractor shall furnish County with original certificates and endorsements effecting coverage required herein. All certificates and endorsements shall be received and approved by the County prior to County signing the agreement and before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

Exhibit B

Quote #QO69800

Customer ID: 11125699

Day Management Corp.
Day Wireless Systems
3669 Aviation Way
Medford OR 97504
United States

Date 07/22/2025
Terms NET 30
Expires 08/22/2025
Representative Weinberger, Matthew
Direct Phone (530) 440-9030
E-Mail MWeinberger@daywireless.com
Shop Phone (541) 772-5602
Customer Contact Derek Sherrill
Contact Phone (530) 529-7940
Project Name Tehama R56 Sites Remediation

Bill To	Ship To
Tehama County Sheriff 22840 Antelope Blvd Red Bluff CA 96080 United States	Tehama County Sheriff 22840 Antelope Blvd Red Bluff CA 96080 United States

Quantity	Description	Rate	Amount
	R56 Site Grounding Remediation for Tehama County Sites: • Eagle Point (RTR/Ducor) • Inskip • Jail/Dispatch		
1	Eagle Point - Construction Team Hardware: 1 ROUND PULL BOX 2 COPPER BUS BAR 2 1/2 INCH GROUND KIT 1 7/8 INCH GROUND KIT 250 2 AWG SOLID TIN GROUND WIRE 3 POLYPHASERS 2 LMR 400 CONNECTOR 1 LMR 600 CONNECTOR 100 3/4 INCH LIQUIDTIGHT 1 3/4 INCH STRAIGHT CONNECTOR 20 3/4 INCH 2 HOLE STRAP 2 SILICONE 1 CADWELD MISC	$3,500.00	$3,500.00
1	6350 CONSTRUCTION LABOR Eagle Point - (3) PERSON CREW	$2,610.00	$2,610.00
	INSTALL TOWER BUS BAR AND BOND TO TOWER GROUND RING		
1	6350 CONSTRUCTION LABOR Eagle Point - (3) PERSON CREW	$2,610.00	$2,610.00
	INSTALL BUS BAR IN CABLE ENTRY BOX AND GROUND TO BUILDING GROUND ROD		
1	6350 CONSTRUCTION LABOR Eagle Point - (3) PERSON CREW	$2,610.00	$2,610.00
	DRIVE GROUND BELOW GROUND LEVEL AND INSTALL SPLICE BOX		
1	6350 CONSTRUCTION LABOR Eagle Point - (3) PERSON CREW	$2,610.00	$2,610.00
	INSTALL SURGE SUPPRESSION IN CABLE ENTRY BOX AND GROUND TO BUS BAR		

DAY WIRELESS SYSTEMS

Quote #QO69800

Customer ID: 11125699

Quantity	Description	Rate	Amount
1	6350 CONSTRUCTION LABOR Eagle Point - (3) PERSON CREW GROUND EACH TOWER LEG TO GROUND RING	$2,610.00	$2,610.00
1	INSKIP - Construction Team Hardware: 1 COPPER BUS BAR 4 1/2 INCH GROUND KIT 100 2 AWG SOLID TIN GROUND WIRE 100 3/4 INCH LIQUIDTIGHT 1 CADWELD MISC	$1,750.00	$1,750.00
1	6350 CONSTRUCTION LABOR INSKIP - (3) PERSON CREW INSTALL BUS BAR AT ENTRY PORT AND BOND TO TOWER GROUND	$1,050.00	$1,050.00
1	6350 CONSTRUCTION LABOR INSKIP - (3) PERSON CREW GROUND EACH TOWER LEG TO TOWER GROUND RING	$2,090.00	$2,090.00
1	6350 CONSTRUCTION LABOR INSKIP - (3) PERSON CREW GROUND ALL COAX TO ENTRY BUS BAR	$2,610.00	$2,610.00
1	DISPATCH/JAIL - Construction Team Hardware: 1 8 FT GROUND ROD 100 4/0 GROUND CABLE 1 COPPER BUS BAR 8 1/2 INCH GROUND KIT 6 LMR 400 GROUND KIT 1 UNIVERSAL GROUND KIT 50 2 AWG SOLID TIN GROUND WIRE 75 BLACK INSULATED GROUND WIRE 1 COPPER TERMINAL, 1 HOLE 4/0 AWG 3 PIPE GROUND CLAMP 50 3/4 INCH LIQUIDTIGHT 100 1 INCH LIQUIDTIGHT 20 1 INCH ONE HOLE STRAP 20 1 INCH STRAPS 20 DURABLOCKS 1 GROUNDING MISC 1 CADWELD MISC	$6,500.00	$6,500.00
1	6350 CONSTRUCTION LABOR DISPATCH/JAIL - (3) PERSON CREW INSTALL GROUND ROD AND RUN 4/0 CABLE TO TOWER	$10,430.00	$10,430.00
1	6350 CONSTRUCTION LABOR DISPATCH/JAIL - (3) PERSON CREW INSTALL EXTERIOR BUS BAR AND GROUND COAX	$2,610.00	$2,610.00

DAY WIRELESS SYSTEMS

Quote #QO69800

Customer ID: 11125699

Quantity	Description	Rate	Amount
1	6350 CONSTRUCTION LABOR DISPATCH/JAIL - (3) PERSON CREW GROUND BUS BAR AND TOWER LEGS TO 4/0	$2,610.00	$2,610.00
1	Shipping, Handling & Freight	$750.00	$750.00
1	6350 PROJECT MANAGEMENT LABOR; CONSTRUCTION	$3,500.00	$3,500.00
1	6350 TRAVEL LABOR Construction (3) Person Crew Lodging & Per diem	$3,000.00	$3,000.00
2,500	PRE-SALE PROJECT MANAGEMENT LABOR	$1.00	$2,500.00
1	2113 TECHNICIAN LABOR (1) Tech; Eagle Point	$1,820.00	$1,820.00
1	2113 TECHNICIAN LABOR (1) Tech; Inskip	$1,820.00	$1,820.00
1	2113 TECHNICIAN LABOR (1) Tech; Jail/Dispatch	$1,820.00	$1,820.00
1	Misc Installation Hardware for Technician	$1,000.00	$1,000.00

Subtotal	$62,410.00
Tax Total	$956.25
Total	$63,366.25

Dave Kain, Sheriff-Coroner

LEGAL NAME OF PURCHASER

2025-270

P.O. NUMBER

AUTHORIZED SIGNATURE

8/28/25

DATE

Quote #QO69800

Customer ID: 11125699

By approving this quotation, the customer is agreeing to purchase the items listed in the quote. The customer will be invoiced for the items as they arrive at a DWS facility and is expected to pay according to the terms of the quote or Net30. If the customer cancels any part of the order, the equipment must be picked up from the DWS facility. Normally stocked items may be returned for a 20% restocking fee, but non-stock items are not eligible for return and must be picked up and paid for in full at the DWS facility. Shipping and handling charges, as well as any applicable sales tax, may be included on the invoices. The terms of the order are subject to credit review. This quote is subject to review by management for completeness and accuracy, and prices are firm for 30 days unless otherwise stated. If paying by card the processing fee will be charged up to 3.5% of the transaction.

*** Customers should reference the quotation number on any correspondence or purchase orders. ***
*** There may be a $25 charge for insufficient funds and a 1.5% late fee may apply. ***

E-Contract Review
Approval as to Form

Department Name: Tehama County Sheriff's Office

Vendor Name: Day Management Corporation DBA Day Wireless Systems

Document Description: Agreement for Communications site remediation

APPROVED AS TO FORM:

Date: 8/6/25

Office of the Tehama County Counsel
Daniel B. Klausner, Senior Deputy County Counsel

Tehama County

Minutes Certification

File Number: 25-1426 **Enactment Number: MISC. AGR 2025-270**

30. SHERIFF'S OFFICE - Sheriff Dave Kain **25-1426**

a) AGREEMENT - Request approval and authorization for the Chair and the Sheriff to sign the Agreement with Day Wireless Systems, for the purpose of R56 site grounding remediation for three repeater towers located at Rancho Tehama, Inskip and the Tehama County Jail/Dispatch Center, with maximum compensation not to exceed $63,366.25 effective upon signing and shall terminate upon completion

Enactment No: MISC. AGR 2025-270

RESULT:	APPROVE
MOVER:	Pati Nolen
SECONDER:	Rob Burroughs
AYES:	Supervisor Jones, Supervisor Burroughs, Supervisor Walker, Vice Chair Nolen, and Chairperson Hansen

RESULT: APPROVE

I, SEAN HOUGHTBY, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of an order adopted by said Board of Supervisors on 8/19/2025.

Attest: Megan Willis **August 25, 2025**

Date Certified

Tehama County

Agenda Request Form

File #: 25-1784 **Agenda Date:** 10/21/2025 **Agenda #:** 12.

DEPARTMENT OF AGRICULTURE

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Agricultural Commissioner to sign cooperative agreement No. 25-0251-018-SF with the California Department of Food and Agricultural (CDFA) for the provision of Asian Citrus Psyllid (ACP) detection trapping in the amount not to exceed $8,000, effective 10/1/25 through 9/30/26

Financial Impact:
The funds to be received have been identified as revenue in the department's FY 25/26 budget.

Background Information:
The department has historically entered into agreements with the California Department of Food and Agriculture to perform these services. Without an approved agreement, the department will not be eligible to receive payments for performing Asian Citrus Psyllid detection activities.

State of California, Department of Food and Agriculture
AGREEMENT
GAU-03 (Rev. 8/2024)

COOPERATIVE AGREEMENT SIGNATURE PAGE

AGREEMENT NUMBER
25-0251-018-SF

1. This Agreement is entered into between the State Agency and the Recipient named below:

STATE AGENCY'S NAME
CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)

RECIPIENT'S NAME
COUNTY OF TEHAMA

2. The Agreement Term is: October 1, 2025 through September 30, 2026

3. The maximum amount of this Agreement is: $8,000.00

4. The parties agree to comply with the terms and conditions of the following exhibits and attachments which are by this reference made a part of the Agreement:

Exhibit A: Prime Award Information Recipient and Project Information	2 Page(s)
Exhibit B: General Terms and Conditions	5 Page(s)
Exhibit C: Payment and Budget Provisions	2 Page(s)
Exhibit D: Federal Terms and Conditions	3 Page(s)
Attachments: Scope of Work and Budget	

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

RECIPIENT

RECIPIENT'S NAME *(Organization's Legal Name)*
COUNTY OF TEHAMA

BY *(Authorized Signature)* ✍	DATE SIGNED

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS
Post Office Box 38, Red Bluff, CA 96080

STATE OF CALIFORNIA

AGENCY NAME
CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)

BY *(Authorized Signature)* ✍	DATE SIGNED

PRINTED NAME AND TITLE OF PERSON SIGNING
ANDREA PERKINS, STAFF SERVICES MANAGER I, OFFICE OF GRANTS ADMINISTRATION

ADDRESS
1220 N STREET, ROOM 120
SACRAMENTO, CA 95814

CJ

EXHIBIT A

PRIME AWARD INFORMATION

Federal Agency:	United States Department of Agriculture, Animal and Plant Health Inspection Service, Plant Protection and Quarantine
Federal Award Identification Number:	Pending
Federal Award Date:	Pending
Catalog of Federal Domestic Assistance Number (CFDA) and Name:	10.025 Plant and Animal Disease, Pest Control and Animal Care
Amount Awarded to CDFA:	$Pending
Effective Dates for CDFA:	October 1, 2025 through September 30, 2026
Federal Award to State Agency is Research & Development (Yes/No)	Yes

RECIPIENT AND PROJECT INFORMATION

1. CDFA hereby awards an Agreement to the Recipient for the project described herein:
The county shall place and service traps for the detection of the Asian Citrus Psyllid to prevent a major threat to the citrus industry in California. Food and Agricultural Code 403, 2276.5, and 2283.

Project Title: Asian Citrus Pysllid Winter Trapping

2.The Managers for this Agreement are:

FOR CDFA:		**FOR RECIPIENT:**	
Name:	Ravneet Behla	Name:	Thomas Moss
Division/Branch:	Citrus Pest and Disease Prevention	Organization:	COUNTY OF TEHAMA
Address:	1220 N Street	Address:	Post Office Box 38
City/State/Zip:	Sacramento, CA 95814	City/State/Zip:	Red Bluff, CA 96080
Phone:	916-241-6217	Phone:	530-527-4504
Email Address:	ravneet.behla@cdfa.ca.gov	Email Address:	tmoss@tehama.gov

3. The Grant Administrative Contacts for this Agreement are:

FOR CDFA:		**FOR RECIPIENT:**
Name:	Preetika Pratap	Name:
Division/Branch:	Citrus Pest and Disease Prevention	Organization:
Address:	1220 N Street	Address:
City/State/Zip:	Sacramento, CA 95814	City/State/Zip:
Phone:	916-274-6313	Phone:
Email Address:	preetika.pratap@cdfa.ca.gov	Email Address:

FISCAL CONTACT FOR RECIPIENT (if different from above):
Name:
Organization:
Address:
City/State/Zip:
Phone:
Email Address:

4. **RECIPIENT: Please check appropriate box below:**
   Research and Development (R&D) means all research activities, both basic and applied, and all development activities that are performed by non-Federal entities. The term research also includes activities involving the training of individuals in research techniques where such activities utilize the same facilities as other R&D activities and where such activities are not included in the instruction function.

   This award ☐ does ☒ does not support R&D.

5. For a detailed description of activities to be performed and duties, see Scope of Work and Budget.

EXHIBIT B

GENERAL TERMS AND CONDITIONS

1. **Approval**
   This Agreement is of no force or effect until signed by both parties. The Recipient may not invoice for activities performed prior to the commencement date or completed after the termination date of this Agreement.

2. **Agreement Execution**
   Unless otherwise prohibited by state law, regulation, or Department or Recipient policy, the parties agree that an electronic copy of a signed Agreement, or an electronically signed Agreement, has the same force and legal effect as an Agreement executed with an original ink signature. The term "electronic copy of a signed Agreement" refers to a transmission by facsimile, electronic mail, or other electronic means of a copy of an original signed Agreement in a portable document format. The term "electronically signed Agreement" means an Agreement that is executed by applying an electronic signature using technology approved by all parties.

3. **Assignment**
   This Agreement is not assignable by the Recipient, either in whole or in part, without the prior consent of the CDFA Agreement Manager or designee in the form of a formal written amendment.

4. **Governing Law**
   This Agreement is governed by and will be interpreted in accordance with all applicable State and Federal laws.

5. **State and Federal Law**
   It is the responsibility of the Recipient to know and understand which State, Federal, and local laws, regulations, and ordinances are applicable to this Agreement and the Project, as described in Exhibit A. The Recipient shall be responsible for observing and complying with all applicable State and Federal laws and regulations. Failure to comply may constitute a material breach.

6. **Recipient Commitments**
   The Recipient accepts and agrees to comply with all terms, provisions, conditions and commitments of the Agreement, including all incorporated documents, and to fulfill all assurances, declarations, representations, and statements made by the Recipient in the application, documents, amendments, and communications in support of its request for funding.

7. **Performance and Assurances**
   The Recipient agrees to faithfully and expeditiously perform or cause to be performed all Project work as described in the Scope of Work, and to apply grant funds awarded in this Agreement only to allowable Project costs.

8. **Mutual Liability**
   Parties shall, to the extent allowed by law, each be individually liable for any and all claims, losses, causes of action, judgments, damages, and expenses to the extent directly caused by their officers, agents, or employees.

9. **Unenforceable Provision**
   In the event that any provision of this Agreement is unenforceable or held to be unenforceable, the parties agree that all other provisions of this Agreement shall remain operative and binding.

10. Contractors/Consultants

The Recipient, and the agents and employees of Recipient, in the performance of this Agreement, are not officers, employees, or agents of the CDFA. The Recipient's obligation to pay its Contractors/Consultants is an independent obligation from the CDFA's obligation to make payments to the Recipient. Recipient agrees to comply with all applicable State and local laws and regulations during the term of this Agreement. The Recipient is responsible to ensure that any/all contractors/consultants it engages to carry out activities under this Agreement shall have the proper licenses/certificates required in their respective disciplines. The Contractors/Consultants shall not affect the Recipient's overall responsibility for the management of the project, and the Recipient shall reserve sufficient rights and control to enable it to fulfill its responsibilities under this Agreement.

11. Non-Discrimination Clause

The Recipient agrees that during the performance of this Agreement, it will not discriminate, harass, or allow harassment or discrimination against any employee or applicant for employment based on race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. The Recipient agrees to require the same of all contractors and consultants retained to carry out the activities under this Agreement.

The Recipient agrees that during the performance of this Agreement, the evaluation and treatment of its employees and applicants for employment are free from discrimination and harassment. The Recipient will comply with the provision*s* of the Fair Employment and Housing Act (Government Code section 12990 *et seq*.) and the applicable regulations promulgated there under (California Code of Regulations, Title 2, section 10000 *et seq*.). The applicable regulations of the Fair Employment and Housing Council implementing Government Code section 12990 (a-f), set forth in Division 4.1 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. The Recipient will give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining unit or other Agreement. The Recipient must include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under this Agreement.

The Recipient agrees to require the same of all contractors and consultants retained to carry out activities under this Agreement.

12. Excise Tax

The State of California is exempt from federal excise taxes and no payment will be made for any taxes levied on employees' wages. The CDFA will pay for any applicable State of California or local sales or use taxes on the services rendered or equipment or parts supplied pursuant to this Agreement. California may pay any applicable sales and use tax imposed by another State.

13. Disputes

The Recipient must continue with the responsibilities under this Agreement during any dispute. In the event of a dispute, the Recipient must file a "Notice of Dispute" with the CDFA Agreement Manager, identified in Exhibit A, or designee within ten (10) calendar days of discovery of the problem. The Notice of Dispute must contain the Agreement number. Within ten (10) calendar days of receipt of the Notice of Dispute, the CDFA Agreement Manager or designee must meet with the Recipient for the purpose of resolving the dispute. In the event of a dispute, the language contained within this Agreement prevails.

14. Termination for Convenience

This Agreement may be terminated by either party upon written notice. Notice of termination must be delivered to the other party at least thirty (30) calendar days prior to the intended date of termination. Notice of termination does not nullify obligations already incurred prior to the date of termination. In the event of Termination for Convenience of this Agreement by CDFA, CDFA must pay all responsible costs and non-cancellable obligations incurred by the Recipient as of the date of termination.

15. Termination for Cause

Either party may terminate this Agreement for cause in the event of a material breach of this Agreement, provided that the non-breaching party provides written notice of the material breach. If the breach is not cured to the satisfaction of the non-breaching party, this Agreement shall automatically terminate and the CDFA shall reimburse the Recipient for all documented costs incurred up to the date of the notice of termination, including all non-cancellable obligations. Timelines associated with notice and curing of material breaches shall be consistent with the timelines outlined in paragraph 17.

16. Acceptable Failure to Perform

The Recipient shall not be liable for any failure to perform as required by this Agreement, to the extent such failure to perform is caused by any of the following: labor disturbances or disputes of any kind, accidents, the inability to obtain any required government approval to proceed, civil disorders, acts of aggression, acts of God, energy or other conservation measures, failure of utilities, mechanical breakdowns, materials shortages, disease, pandemics, or similar occurrences.

17. Breach

The parties may be in material breach under this Agreement if they fail to comply with any term of this Agreement, or a party determines that the other party is not implementing the Project in accordance with the provisions of this Agreement, or that a party has failed in any other respect to comply with the provisions of this Agreement. In the event of a material breach, the party identifying the breach shall provide a Notice of Material Breach to the breaching party within fifteen (15) calendar days upon discovery of breach. The breaching party shall have fifteen (15) calendar days from receipt of the notice to notify how it intends to cure the breach. Upon receipt of the proposed cure, the non-breaching party has fifteen (15) days to accept or reject the proposed cure. Upon the non-breaching party's approval of the cure, the breaching party has thirty (30) days to implement the cure. If the breaching party fails to cure the breach within thirty (30) days of the non-breaching party's approval of the cure, the non-breaching party may take the following respective actions:

A. CDFA may suspend payments;
B. CDFA may demand repayment of all funding;
C. Either party may terminate the Agreement
D. CDFA may debar Recipient; or
E. Either party may take any other action deemed necessary to recover costs.

The non-breaching party shall send a Notice of Failure to Cure Material Breach upon its decision to carry out any of these actions. These actions are effective upon issuance of the Notice of Failure to Cure Material Breach, unless the Recipient appeals a Notice of Failure to Cure Material Breach, in which case the effective date falls on the issuance of a final decision on the appeal.

Where CDFA notifies the Recipient of its decision to demand repayment pursuant to this paragraph, the funds that are subject to the demand shall be repaid immediately. CDFA may consider the Recipient's refusal to repay the requested disbursed amount a material breach.

A Notification of Failure to Cure Material Breach may be appealed to CDFA. The appeal must be post marked within ten (10) calendar days of the date the Recipient received the Notice of Failure to Cure

and addressed to the CDFA Legal Office of Hearing and Appeals or emailed to CDFA.LegalOffice@cdfa.ca.gov.

California Department of Food and Agriculture
Legal Office of Hearing and Appeals
1220 N Street
Sacramento, CA 95814

All notices, communications, and appeals described in this paragraph must be received in writing to be considered timely.

If CDFA notifies the Recipient of its decision to withhold the entire funding amount from the Recipient pursuant to this paragraph, this Agreement shall terminate upon receipt of such notice by the Recipient and CDFA shall no longer be required to provide funds under this Agreement and the Agreement shall no longer be binding on either party.

18. Publicity and Acknowledgement

The Recipient agrees that it will acknowledge CDFA's support whenever projects funded, in whole or in part, by this Agreement are publicized in any news media, brochures, publications, audiovisuals, presentations or other types of promotional material and in accordance with the Grant Procedures Manual if incorporated by reference and attachment to the Agreement. The Recipients may not use the CDFA logo.

19. News Releases/Public Conferences

The Recipient agrees to notify the CDFA in writing at least two (2) business days before any news releases or public conferences are initiated by the Recipient or its Contractors/Consultants regarding the project described in the Attachments, Scope of Work and Budget and any project results.

20. Scope of Work and Budget Changes

Changes to the Scope of Work, Budget, or the Project term, must be requested in writing to CDFA Grant Administrative Contact no less than thirty (30) days prior to the requested implementation date. Any changes to the Scope of Work and Budget are subject to CDFA approval and, at its discretion, CDFA may choose to accept or deny any changes. If accepted and after negotiations are concluded, the agreed upon changes will be made and become part of this Agreement. CDFA will respond in writing within ten (10) business days as to whether the proposed changes are accepted.

21. Reporting Requirements

The Recipient agrees to comply with all reporting requirements specified in Scope of Work and/or Grant Procedures Manual if incorporated by reference to this Agreement as an attachment.

22. Equipment

Purchase of equipment not included in the approved Budget requires prior approval. The Recipient must comply with state requirements regarding the use, maintenance, disposition, and reporting of equipment as contained in CCR, Title 3, Division 1, Chapter 5, sections 303, 311, 324.1 and 324.2.

23. Closeout

The Agreement will be closed out after the completion of the Project or project term, receipt and approval of the final invoice and final report, and resolution of any performance or compliance issues.

24. Confidential and Public Records

The Recipient and CDFA understand that each party may come into possession of information and/or data which may be deemed confidential or proprietary by the person or organization furnishing the information or data. Such information or data may be subject to disclosure under the California Public Records Act or the Public Contract Code. To the extent allowed by law, CDFA determines whether the information is releasable. Each party agrees to maintain such information as confidential and notify the other party of any requests for release of the information.

25. Amendments

Changes to funding amount or Agreement term require an amendment and must be requested in writing to the CDFA Agreement Manager or designee no later than sixty (60) calendar days prior to the requested implementation date. Amendments are subject to CDFA approval, and, at its discretion, may choose to accept or deny these changes. No amendments are possible if the Agreement is expired.

26. Executive Order N-6-22 Russia Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. “Economic Sanctions” refers to sanctions imposed by the U.S. government in response to Russia’s actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate agreements with, and to refrain from entering any new agreements with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Recipient is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. The State shall provide Recipient advance written notice of such termination, allowing Recipient at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.

EXHIBIT C
PAYMENT AND BUDGET PROVISIONS

1. Invoicing and Payment

A. For activities satisfactorily rendered and performed according to the attached Scope of Work and Budget, and upon receipt and approval of the invoices, CDFA agrees to reimburse the Recipient for actual allowable expenditures incurred in accordance with the rates specified herein, which is attached hereto and made a part of this Agreement.

B. Invoices must include the Agreement Number, performance period, type of activities performed in accordance with this Agreement, and when applicable, a breakdown of the costs of parts and materials, labor charges, and any other relevant information required to ensure proper invoices are submitted for payment.

C. Unless stated in the Scope of Work quarterly invoices must be submitted to the CDFA Administrative Contact, within thirty (30) calendar days after the end of each quarter in which activities under this Agreement were performed.

D. Unless stated in the Scope of Work, a final invoice will be submitted for payment no more than thirty (30) calendar days following the expiration date of this Agreement, or after project is complete, whichever comes first. The final invoice must be clearly marked “Final Invoice” thus indicating that all payment obligations of the CDFA under this Agreement have ceased and that no further payments are due or outstanding.

2. Allowable Expenses and Fiscal Documentation

A. The Recipient must maintain adequate documentation for expenditures of this Agreement to permit the determination of the allowability of expenditures reimbursed by CDFA under this Agreement. If CDFA cannot determine if expenditures are allowable under the terms of this Agreement because records are nonexistent or inadequate according to Generally Accepted Accounting Principles, CDFA may disallow the expenditures.

B. If mileage is a reimbursable expense, using a privately-owned vehicle will be at the standard mileage rate established by the United States (U.S.) Internal Revenue Service (IRS) and in effect at the time of travel. The standard mileage rate in effect at the time of travel can be found on IRS’s website regardless of funding source/type.

If domestic travel is a reimbursable expense, receipts must be maintained to support the claimed expenditures. The maximum rates allowable are those established by the Federal Travel Regulation, issued by General Services Administration (GSA), including the maximum per diem and subsistence rates prescribed in those regulations.

C. If foreign travel is a reimbursable expense, receipts must be maintained to support the claimed expenditures. The maximum rates allowable are those established in a per diem supplement to Section 925, Department of State Standardized Regulations.

D. The Recipient will maintain and have available, upon request by CDFA, all financial records and documentation pertaining to this Agreement. These records and documentation will be kept for three (3) years after completion of the Agreement period or until final resolution of any performance/compliance review concerns or litigation claims.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, California Government Code Title 1, Division 3.6, Part 3, Chapter 4.5, commencing with Section 927 - The California Prompt Payment Act.

4. Budget Contingency Clause

If funding for any fiscal year is reduced or deleted for purposes of this program, the CDFA has the option to either cancel this Agreement with no liability occurring to the CDFA or offer to amend the Agreement to reflect the reduced amount.

EXHIBIT D

FEDERAL TERMS AND CONDITIONS

The Recipient and recipients of any subawards under this award, agree to comply with all applicable requirements of all Federal laws, executive orders, regulations, and policies governing this program, including but not limited to 2 CFR 200, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards. For-profit organizations will be subject to 48 CFR Subpart 31. Recipients are responsible for identifying the federal regulations appropriate to their organization, consistently applying cost principles and ensuring contractors or consultants comply with applicable federal regulations.

1. Civil Rights

The Recipient must comply with civil rights and nondiscrimination standards pursuant to the following:

A. Civil Rights Act, 42 USC 2000, as implemented at 28 CFR Part 42;
B. Age Discrimination Act, 42 USC 6101, as implemented at 45 CFR Part 90;
C. Age Discrimination in Employment Act, 29 USC 621, as implemented at 29 CFR Part 1625;
D. Title IX of the Education Amendments of 1972, 20 USC 1681, as implemented at 45 CFR Part 86;
E. Section 504 of the Rehabilitation Act, 29 USC 791, as implemented at 28 CFR Part 41;
F. Executive Order (EO) 11246; and
G. Americans with Disabilities Act, (PL 101-366).

2. Labor Standards

The Recipient must comply with labor standards pursuant to the following:

A. Fair Labor Standards Act, 29 USC 207, as implemented at 29 CFR Part 500-899;
B. Davis-Bacon Act, 40 USC 3141-3148, as implemented at 29 CFR Parts 1, 3, 5, and 7; and
C. Contract Work Hours and Safety Standards Act, 40 USC 3701, as implemented at 29 CFR Part 5.

3. Environmental Standards

The Recipient must comply with environmental standards pursuant to the following:

A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969 (PL 91-190) and EO 11514 as implemented at 7 CFR Part 1b;
B. Notification of violating facilities pursuant to EO 11738;
C. Protection of wetlands pursuant to EO 11990;
D. Evaluation of flood hazards in floodplains in accordance with EO 11988;
E. Assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 USC §§1451 *et seq*.);
F. Conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176 (c) of the Clean Air Act of 1955, as amended (42 USC §§7401 *et seq*.);
G. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (PL 93-523); and,
H. Protection of endangered species under the Endangered Species Act of 1973, as amended (PL 93-205).

4. Drug-Free Environment

The Recipient must comply with drug-free environment standards pursuant to §5151-5610 of the Drug-Free Workplace Act of 1988, as implemented by 2 CFR 421.

5. Restrictions on Lobbying and Political Activities

The Recipient must comply with lobbying restriction standards pursuant to the Limitations on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions, 31 USC 1352, as implemented at 2 CFR 418.

6. Officials Not to Benefit

The Recipient must ensure that no member of Congress be admitted to any share or part of this Agreement or to any benefit arising from it, in accordance with 41 USC 22.

7. Trafficking in Persons

The Recipient must comply with the provisions in 2 CFR Part 175, prohibiting trafficking in persons.

8. Intergovernmental Review

The Recipient must comply with intergovernmental review standards pursuant to the following:

A. Executive Order 12372, as implemented at 2 CFR 415; and
B. The Intergovernmental Cooperation Act of 1968, 31 USC 6501.

9. Confidentiality

The Recipient must comply with confidentiality standards pursuant to the following:

A. Freedom of Information Act, 5 USC 552, as implemented at 7 CFR Part 1; and
B. Privacy Act, 5 USC 552 (a).

10. Conservation in Procurement

The Recipient must comply with procurement standards pursuant to the Resource Conservation and Recovery Act, 42 USC 6962 and EO 12873, as implemented at 40 CFR Part 247.

11. Debarment, Suspension, Criminal or Civil Convictions

The Recipient and its principals must comply with debarment and suspension standards pursuant to the EO 12549, as implemented at 2 CFR 180 and 2 CFR 417.

The Recipient must provide immediate written notice to CDFA if at any time it learns that this certification was erroneous when made or has become erroneous by reason of changed circumstances and must require recipients of lower-tier covered transactions under this Agreement to similarly certify pursuant to EO 12549, as implemented by 2 CFR 180 and 2 CFR 417.

See www.sam.gov to determine debarment and suspension status.

12. Crimes and Prohibited Activities

The Recipient must comply with crimes and prohibited activities standards pursuant to the following:

A. Anti-Kickback (Copeland) Act, as implemented at 29 CFR Part 3.1;
B. False Claims Act, 31 USC 3729; and
C. Program Fraud Civil Remedies Act, 31 USC 3801-3812.

13. Biosafety in Laboratories

The Recipient must comply with laboratory biosafety standards pursuant to the following the *Biosafety in Microbiological and Biomedical Laboratories*, published jointly by the Centers for Disease Control and the National Institutes of Health.

14. Conflicts of Interest

The Recipient must comply with the conflict of interest standards pursuant to 2 CFR 400.2.

15. Inventions, Patents, Copyrights and Project Results

A. The Recipient must comply with invention and patent standards pursuant to the following:
   1. Patent Rights in Inventions Made with Federal Assistance, 35 USC 202-204, as implemented at 37 CFR Part 401 (Bayh-Dole Act and the Technology Transfer Commercialization Act of 2000) to ensure that inventions made are used in a manner to promote free competition and enterprise without unduly encumbering future research and discovery.
   2. The Plant Variety Protection Act, 7 USC 2321 *et seq*.

B. The Recipient may retain title to any invention conceived of or first actually reduced to practice using Federal funds provided Recipient does the following:
   1. Reports all subject inventions to CDFA;
   2. Makes efforts to commercialize the subject invention through patent or licensing;
   3. Formally acknowledges the Federal government's support in all patents that arise from the subject invention; and
   4. Formally grants the Federal government and CDFA a limited use license to the subject invention.

C. The Recipient may copyright any publications, data, or other copyrightable works developed using Federal funds provided it provides the Federal government and CDFA a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use the material, and agrees that the Federal government and CDFA may do so in cooperation with other public agencies.

D. The Recipient agrees that the results of this project may be published by the Federal government, CDFA or appropriate contractors or cooperators as mutually agreed.

16. Care and Use of Laboratory Animals

The Recipient must comply with the care and use of laboratory animal standards pursuant to the following:

A. Animal Welfare Act, 7 USC 2131, as implemented at 9 CFR, Sub Chapter A, Parts 1-4; and
B. Marine Mammal Protection Act, 16 USC 1361-1407.

17. Fly America Act

The Recipient must comply with the Fly America Act (49 USC 40118) as implemented at 41 CFR 301-10.131 to 301-10.143.

18. Motor Vehicle Safety

The Recipient must comply with seat belt use standards pursuant to the following:

A. Highway Safety Act of 1966 as amended (23 USC 402-403);
B. Occupational Safety and Health Act of 1970 as amended (29 USC 668);
C. Federal Property and Administrative Services Act of 1949 as amended (40 USC §101 *et seq*.)
D. Increasing Seat Belt Use in the United States (EO 13043).
E. Federal Leadership on Reducing Text Messaging While Driving (EO 13513).

19. Records Retention and Accessibility

The Recipient and its contractors must comply with the procedures and requirements regarding record retention and accessibility as contained in 2 CFR 200.333 – 200.337.

20. All Other Federal Laws

The Recipient must comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SCOPE OF WORK

AGREEMENT SPECIFICATIONS FOR STATE-COUNTY ASIAN CITRUS PSYLLID DETECTION TRAPPING

Section 1

The California Department of Food and Agriculture (CDFA) shall:

A. Provide all yellow panel traps, trap parts, and handouts.

B. Provide technical assistance and training to county agricultural commissioner personnel on the use of traps and detection procedures.

C. Provide county trappers with copies of the CDFA Insect Trapping Guide (ITG) and Asian citrus psyllid (ACP) Trapping Guidelines FY 2025-2026 (ACPTG). The current version of the ACPTG is provided along with this Agreement and the ITG. The ITG is available from the Citrus Division District Manager or online at https://www.cdfa.ca.gov/plant/PDEP/Insect_Trapping_Guide/.

D. Provide annual training programs for county trapping supervisors.

E. Provide annual training to county trappers and follow up training, as needed, including training on CDFA's management practices and any necessary mitigations.

F. Conduct quality control (QC) inspections of the county trapping program via field work inspections and county office visits.

Section 2

The County Agricultural Commissioner shall:

A. Hire and train personnel.

B. Provide and maintain trapping vehicles.

C. Purchase supplies necessary to conduct field activities including permanent markers, paper clips, etc.

D. Procure shipping supplies including boxes and packing tape.

E. Ensure that supervisors attend training provided by the CDFA State Entomologist, Dr. Beucke (Kyle.Beucke@cdfa.ca.gov) or the Citrus Pest and Disease Prevention Division.

F. Ensure that all trapping activities conform to the current version of the ITG and the ACPTG, except as noted below.

1. Ensure that a copy of the current version of the ITG is kept in each trapper's vehicle for reference.

2. Should there be a discrepancy between the ITG and the Scope of Work or ACPTG, the Scope of Work and ACPTG shall supersede the ITG.

G. Place and service the specified number traps as indicated on the Trapping Hours/Year Worksheet (THYW) (Form 66-223). The number of active traps must not exceed the number of traps indicated in the THYW, unless otherwise agreed to by the Citrus Division District Manager. If an agreement amendment is needed to modify the THYW, contact the Citrus Division District Manager. Barring any unique circumstances, modifications may be made up to 90 days prior to the expiration of the agreement.

H. Trap placements:

1. Year-round trapping: Ensure traps are placed by the beginning of the season start date of October 1, 2025. Remove traps at the last servicing for the season so that all traps have been removed by the end of the season, September 30, 2026. Traps may be left in place if those trap sites are going to be used in the following ACP detection agreement period.

2. Winter trapping: ensure traps are placed in October 2025 prior to the beginning of the season (November 1, 2025). Remove traps at the last servicing for the season so that all traps have been removed by April 30, 2026.

Schedule for winter trapping counties							
Oct	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May-Sep**
Place ACP traps	1st regular ACP service	2nd regular ACP service	3rd regular ACP service	4th regular ACP service	5th regular ACP service	6th final ACP service. ACP traps removed.	Send GWSS traps from citrus hosts for ACP screening

I. Ensure that not more than one trap is placed per sub-grid or quint for general detection and not more than two per sub-grid for delimitation trapping.

J. Ensure that all traps are properly identified with a unique trap number and accurately reflect servicing dates. The unique trap numbering system is based upon the Statewide Trapping Grid (STG). Links to Map Books and Geographic Information System layers based on the STG are available at http://maps.cdfa.ca.gov/TrapBooks.

1. The naming convention for the STG is alphanumeric. Columns are named alphabetically (A – UW) and rows numerically (001 – 656). The grid name is the combination of column and row names. Naming starts in the northwest corner of the state and runs through the southeast. The remainder of the trap number consists of the quint or sub-grid, trap type, and an intra-quint or intra-sub-grid designation if more than one trap of that type is present, or it is otherwise needed to track a trap that moves between quints. For example, trap EV241-18-ACP1 is in grid EV241, sub-grid 18, trap type is ACP, and it is designated as number "1" ACP trap within that sub-grid.
2. Ensure that the unique trap number is written correctly on all traps, along with accurate placement and servicing dates, as appropriate. The following information must be indicated on each ACP trap:

    a. Complete trap number, placement date, and trapper's initials on **both** non-adhesive sides of the trap when placing.

K. Ensure that Global Positioning System (GPS) coordinates are recorded for all trap sites using North American Datum of 1983 (NAD83) in decimal degrees to 6 digits after the decimal points (e.g., 34.423301, –119.825056). Record GPS reading on the trap map card. New GPS points must be recorded for traps when they are relocated or rotated.

L. Ensure that all ACP detection traps are serviced monthly, and all delimitation traps are serviced either weekly or monthly dependent on situation (see ACPTG for guidance), from October 1, 2025 through September 30, 2026, unless determined otherwise by the Citrus Division District Manager.

M. Ensure that all traps removed from the field are sent to CDFA for screening. The word "Delimitation" must appear on the outside of the shipping box for traps removed from an ACP delimitation grid. The Citrus Division District Manager will provide guidance regarding which of the below facilities traps should be sent.

CDFA Screening Facility
7401 W. Sunnyview Ave, Suite A
Visalia, CA 93291
Attention: Mark Reis
Phone: 559-751-0611

OR

CDFA Screening Facility
2710 Gateway Oaks Drive, Suite 210-S
Sacramento, CA 95833
Attention: Nilan Watmore
Phone: 916-274-6300

N. Participate in new delimitation activities if requested to do so by CDFA.

O. Ensure that all activities are performed following CDFA's management practices and any necessary mitigation measures as required and consistent with CDFA's Checklist. A partially completed Attachment 1 – CDFA Checklist (Checklist) template is included with this Agreement and is available from the Citrus Division District Manager. Complete the Checklist prior to conducting trapping activities and submit the Checklist with the Agreement. When the Agreement ends, a copy of the Checklist is to be signed and dated by the county project coordinator and emailed to

the Citrus Division Data Analysis and Visualization Unit at CDFA_DL_CPDPD_DAVU@cdfa.ca.gov.

P. Maintain a Daily Trapping Summary (DTS) (Form 60-210), or equivalent record, for each trapper. This form must be completed daily, signed by the trapper who performed the work and submitted to the trapping supervisor. At minimum, the record must specify the trapper's name, date, county, route/book, and number of traps placed, removed, serviced, relocated (if applicable), and total number of traps in service. Any alternate record keeping format used in lieu of the DTS form must be agreed to by the Citrus Division District Manager or designee. The records must be available for immediate review by the Citrus Division District Manager or designee conducting the QC inspection. All DTS forms, or equivalent records, must be kept on file, for review by the CDFA Audits Office, for three years. The DTS form is available from the Citrus Division District Manager.

Q. Complete the Monthly Detection Activity Report (MDAR) form, or equivalent documentation as agreed to by the Citrus Division District Manager, documenting all traps deployed, added, removed, and serviced during the month. Equivalent documentation may include, for example, a pest detection report generated through CalTrap. Any reporting format used in lieu of the MDAR must be agreed to by the Citrus Division District Manager or designee. A servicing is an inspection of the trap for the presence of the target pest. Relocations are considered a trap servicing. Do not count trap relocations as "removed" and then "placed." A copy of this form must accompany the monthly invoice. The MDAR form is available from the Citrus Division District Manager.

R. Provide one set of trapping records for all traps. This set may either be a "Trap Book" or an electronic record and shall indicate the exact trap location using a site map and all information regarding trap placement, servicing, relocation, and removal.

S. Maintain an inventory of known host sites. The inventory shall be organized by square mile, contain the addresses of host properties traceable to the nearest cross street, and indicate all known hosts on that property. The inventory shall be updated yearly. The multiple trap card system will suffice for this inventory. This inventory must be available for the trapper to use in the field daily.

T. Maintain county wall maps with numbered square mile grids based upon the state trapping grid (STG), depicting the density of all currently deployed traps.

U. Allow state detection personnel and/or federal officers to perform QC inspections on all ACP trap lines with a 48-hour notice.

V. Allow state detection personnel and/or federal officers to accompany trappers and/or supervisors in the field with a 48-hour notice. This will be credited as field training for county personnel.

W. Submit suspect ACP samples to the Plant Pest Diagnostics Center in Sacramento,

California via the most expeditious method, no later than 24-hours after the initial identification. Notify the Citrus Division District Manager of suspect ACP submitted to the laboratory. See **Submitting Specimens for Identification** in the ACPTG.

Plant Pest Diagnostics Center
3294 Meadowview Road
Sacramento, CA 95832
Phone: 916-262-1100

X. Be fully reimbursed for trapping not in conjunction with other detection activity (i.e., stand-alone).

Y. Be reimbursed at six minutes per trap for trapping performed in conjunction with existing detection trapping routes or sites (i.e., piggybacked). No mileage reimbursement is allowed for piggybacked traps.

Submit invoices along with the Monthly Detection Activity Report Form, or equivalent documentation, no later than (30 calendar days) past the end of the month in which the invoiced activity occurred by e-mail to the Citrus Division County Contracts Coordinator, ThuyVy (Vy) Truong (Thuyvy.Truong@cdfa.ca.gov) and the designated Senior Environmental Scientist Supervisor as indicated below. Reimbursement will not occur unless the trapping Monthly Detection Activity Report Form, or equivalent documentation, is submitted with the invoice.

Year-Round Trapping	**Supervisory Environmental Scientist**
Fresno, Merced	Lauren Murphy (Lauren.Murphy@cdfa.ca.gov)
Kern, Kings, Tulare	Fabian Velasco (Fabian.Velasco@cdfa.ca.gov)
Monterey, San Luis Obispo	Deborah Ayalya (Deborah.Ayala@cdfa.ca.gov)
San Joaquin, Stanislaus, Placer	Ravneet Behla (Ravneet.Behla@cdfa.ca.gov)

Winter Trapping	**Supervisory Environmental Scientist**
Alameda, Butte, Contra Costa, Glenn, Sacramento, San Mateo Santa Cruz, Napa, Solano, Sonoma, Tehama	Ravneet Behla (Ravneet.Behla@cdfa.ca.gov)

1. If the invoice carries a signature block, the block must be signed. Invoices with blank signature blocks cannot be processed and will be returned to the county for re-submission.

2. Only authorized charges matching the Financial Plan will be reimbursed; for example - salaries, benefits, overhead, supplies, vehicle mileage, and vehicle leasing costs. These expenditures must be itemized on the invoice with documentation to support the charges in the event of an audit (federal or state). Reimbursable items also include supplies procured to support field activities. Such items must be itemized as “Field Activity Supplies.” Any

expenditure that is not listed in the Financial Plan is considered unauthorized and cannot be reimbursed.

3. A sample invoice is included with this Agreement and is available from the Citrus Division District Manager. The county may use this form or submit their own invoice, but the invoice must contain the following:

   a. County name
   b. Remit to address
   c. Date of submittal
   d. Invoice number
   e. Agreement name
   f. Agreement number
   g. Billing period
   h. Allowable itemized charges as listed on the Financial Plan:
   i. Employee salaries. The following information must be included in the invoice: employee name (or other unique identifying number), classification, hours worked on the pest detection program, hourly rate, benefit rate. Note: The number of hours worked claimed on the invoice must match those documented on the Monthly Detection Activity Report Form, or equivalent documentation. Invoices received without this documentation will not be paid.
   j. Vehicle expenses. The following information must be included in the invoice: vehicle license plate number (or unique identifying number), driver name, ownership of the vehicle (county, state, or leased), allowable mileage rate for the vehicle, and if leased, the monthly lease or rental rate for the vehicle.

4. Payment of the invoice is contingent upon submission of the Monthly Detection Activity Report Form, and compliance with the required information as listed in items one through three above.

5. All invoices, including any invoice amendments, must be received within (30 days) of the expiration date of the Agreement. Invoices received more than (30 days) after expiration of the Agreement will not be paid.

6. All invoices without a signature block must be submitted as either an Excel or PDF file. If submitting via PDF, the file must be clear and legible without any dark highlights. Invoices that are illegible will not be paid. All illegible invoices will be returned to the county for re-submission.

7. Payment will be made monthly, in arrears, upon receipt of the Monthly Detection Activity Report Form, or equivalent documentation, and approval of the invoice.

8. Please note that CDFA cannot reimburse for more than the total Agreement amount.

ASIAN CITRUS PSYLLID TRAPPING GUIDELINES
FY 2025-26

1. Trapping Season

    a. Year-round Asian citrus psyllid (ACP) detection trapping occurs from October 1 through September 30.
    b. Winter ACP detection trapping occurs from November 1 through April 30.

2. Trapping Locations

    a. Conduct detection trapping in all urban and rural residential areas. Refer to the California Department of Food and Agriculture (CDFA) Insect Trapping Guide (ITG) for definitions.
    b. Conduct delimitation trapping on any type of property with hosts (includes commercial agriculture).
    c. Conduct commercial trapping in commercial citrus groves only.
    d. If there are areas deemed to be at high-risk of introductions (packing houses, swap meets, farmers markets, etc.) additional traps may be placed. Confer with the Citrus Division District Manager prior to placement of these traps for approval.
    e. Locations should be stand-alone (i.e., not piggybacked), unless otherwise agreed upon with the Citrus Division District Manager.

3. Trap Density - Traps shall be placed at the following densities. For detection traps, the Citrus Division District Manager will provide the appropriate number for each county within the ranges noted below.

    a. Detection traps placed at five to 16 traps per square mile.
        i. Counties with citrus production in excess of 10,000 acres must place a maximum of 16 traps per square mile in host trees only. Each trapping grid must be divided into 16 subgrids using a four-by-four grid layer.
        ii. Counties with citrus production between 1,000 and 9,999 acres must place a maximum of nine traps per square mile in host trees only. Each trapping grid must be divided into nine subgrids using a three-by-three grid layer.
        iii. Counties with citrus production less than 999 acres must place a maximum of five traps per square mile in host trees only. Each trapping grid must be divided into five subgrids using a quint grid layer.
    b. Delimitation traps placed at 50 traps per square mile in four-square miles centered on the detection location (i.e., one-mile radius from detection location).
    c. Commercial traps placed at one trap per 40 acres.

4. Inspection Frequency (see item 13 below for screening procedure).

    a. Detection Survey – inspect and remove traps monthly for screening.
    b. Delimitation Survey – inspect and remove traps weekly for the first month for screening, then monthly for 11 more months (12 months total). Remove all traps at 12 months after the last detection.
    c. Commercial Survey – inspect and remove traps every two weeks for screening.

5. Trap - The trap consists of three parts: a yellow panel trap, trap hanger, and paperclip.

6. Attractant - The yellow color is a visual attractant. The trap does not contain a lure or an insecticide.

7. Hosts - Only citrus (lemon and limes are preferred) and citrus relatives. Citrus relatives include kumquat, curry leaf, *Murraya* spp., and orange jasmine/jessamine. **Do not place traps in non-host trees.**

8. Trap Numbering

    a. Using the alpha-numeric Statewide Trapping Grid (STG), assign a unique trap number consisting of the STG grid, hyphen, quint or subgrid, hyphen, trap type ACP and number (use number only if more than one trap is in that quint or subgrid). For example: JT316-W-ACP2 or JT316-5-ACP.
    b. Write the trap number, date of deployment, and trapper's initials on **both** interior non-adhesive sides of the trap body. It is easiest to do this before the trap is opened for deployment.

9. Trap Assembly - Assemble the trap by pulling it open, exposing the yellow sticky surface. Paperclip the white tabs on the side to hold the trap in position. Place a Jackson trap hanger through the holes in the top end of the trap (see ITG, page ACP-2).

10. Trap Placement and GPS

    a. Follow the parameters for ACP trap placement in the ITG.
    b. All sites trapped must have Global Positioning System (GPS) coordinates recorded using North American Datum of 1983 (NAD83) in decimal degrees to 6 digits after the decimal points (e.g., 34.423301, –119.825056). If there are more than 6 digits, truncate (cut off) the additional digits. **Do not round up or down.** Record the GPS coordinates of the host on the trap map card. New GPS coordinates must be recorded when traps are relocated or rotated.

11. Trap Relocation for Year-Round Detection Program

    a. Relocations should provide for moving the trap evenly throughout its assigned area, with a minimum relocation distance of 500 feet. Note: relocation is not

required for counties that conduct ACP detection only during the winter season (November 1 through April 30).

b. When relocating, always use a new trap. Submit all removed traps to a qualified county screener or a CDFA screening facility (see item 13 below for screening procedure). Record the GPS coordinates of the new site on the trap card.

    i. Detection Survey – Relocate traps every eight weeks, adhering to a minimum relocation distance of 500 feet, per the ITG.
    ii. Delimitation Survey – Relocate in consultation with the Citrus Division District Manager.
    iii. Commercial Trapping – Do not relocate the trap unless the tree is removed or maintaining the regular servicing interval is compromised.

12. Trap Replacement

    a. Replace traps monthly or with each relocation.
    b. Change the trap with each relocation, every time a suspect is captured, or when the trap becomes dirty or cluttered with insects or other debris (i.e., as necessary).

13. Screening of Traps – **All traps removed from the field must be screened for ACP before being discarded.**

    a. CDFA maintains screening facilities in Sacramento and Visalia, California for screening (addresses are below). Shipment costs for sending traps will be reimbursed by CDFA.
    b. Boxes sent to a screening facility must have the county written on the outside of the box, to allow the screening facility to prioritize particular counties (if directed to do so) and to assure that suspect psyllids are correctly associated with the relevant county if additional trap data is required to complete an electronic Pest and Damage Record (e-PDR).
    c. Screening facility addresses and contact information:

        CDFA Screening Facility
        7401 W. Sunnyview Ave Suite A
        Visalia, CA 93291
        Attention: Mark Reis
        Phone: 559-751-0611

        CDFA Screening Facility
        2710 Gateway Oaks Drive, Suite 210-S
        Sacramento, CA 95833
        Attention: Nilan Watmore
        Phone: 916-274-6300

d. Alternately, counties may instead elect to have a qualified county staff member perform the screening, with pre-approval from the Citrus Division District Manager.

14. Submitting Specimens for Identification

a. If an ACP specimen is observed when servicing the trap, the entire trap containing the suspect insect(s) should be collected and returned to the county office for supervisory inspection. Before leaving the site, replace the old trap with a new one.
b. Immediately contact the Citrus Division District Manager.
c. Submit the entire trap, leaving the suspect ACP(s) on the trap, for identification to the Plant Pest Diagnostics Center (PPDC) in Sacramento, California as efficiently and quickly as possible, but no longer than 24-hours.
d. If the suspect ACP is alive on the trap, place the trap in the freezer for at least one hour to kill the specimen. Do not transport live specimens!
e. Mailing address to submit specimens:

Plant Pest Diagnostics Center
3294 Meadowview Road
Sacramento, CA 95832

f. All suspect specimens should be submitted along with Form 65-020, the e-PDR. The website for the e-PDR is http://phpps.cdfa.ca.gov. Persons submitting this form will need a username and a password.

g. Notify the Citrus Division District Manager and the State Entomologist, Dr. Beucke at Kyle.Beucke@cdfa.ca.gov prior to sending the suspect specimens, so they can notify the PPDC that specimen are on the way. Include the e-PDR number in this communication.

Attachment 1 - Tiering Strategy Checklist

Start Date:	10-1-2025
Project Leader:	Thomas A Moss
Description of Activity:	Asian citrus psyllid yellow panel traps are hung in or near host plants during the prescribed trapping season. Residents are notified at time of placement.
Activity Surroundings (Residential, agriculture, mixed use, other regulated entities):	Asian citrus psyllid trapping is conducted within the whole of Tehama County. Property types are various (residential, agriculture, mixed use, undeveloped) and have Asian citrus psyllid host plants on or near them.

Part A

	Response	Justification/Rationale
Is the proposed activity under CDFA's discretion?	Yes	Detect Asian citrus psyllid
Is the activity described in the PEIR?	Yes	(If the Response is "Partially" or "No" skip to Part C) PEIR section 3.4.1

Part B

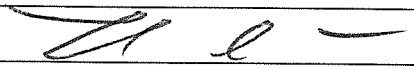
	Check Applicable Requirements
General Requirements	
Conduct activity as described in Chapters 2 and 3 of PEIR	✓
Include applicable PEIR requirements in Compliance Agreements with regulated entities, based on the activities the regulated entities may conduct in response to quarantine	
Activity Site Specific Review	

Database	Date Reviewed	Mitigation If Any
California Natural Diversity Database	N/A	
303(d) List of Impaired Waters	N/A	
EnviroStor Hazardous Site	N/A	

	Check Applicable Requirements
Management Practices	
MP-SPRAY-1: Conduct a Site Assessment	
MP-SPRAY-2: Properly clean and calibrate all equipment to apply chemicals uniformly and in the correct quantities	✓
MP-SPRAY-3: Follow pesticide application laws and regulations, and label directions	✓
MP-SPRAY-4: Apply chemicals only under favorable weather conditions	
MP-SPRAY-5: Follow integrated pest management and drift reduction techniques	
MP-SPRAY-6: Clean equipment and dispose of rinse water per label directions	✓
MP-SPRAY-7: Follow appropriate product storage procedures	✓
MP-AERIAL-1: Use appropriate aerial spray treatment procedures	
MP-GROUND-1: Follow appropriate ground-rig foliar treatment procedures	
MP-GROUND-2: Follow appropriate low-pressure backpack treatment procedures	
MP-GROUND-3: Train personnel in proper use of pesticides	✓
MP-GROUND-4: Enforce runoff and drift prevention	
MP-HAZ-1: Implement a Spill Contingency Plan	✓
MP-HAZ-2: Use safety and cleanup materials checklist	✓
MP-HAZ-3: Implement decontamination	✓
MP-HAZ-4: Follow appropriate disposal procedures	✓
Mitigation Measures	
Mitigation Measure BIO-CHEM-2: CDFA will obtain technical assistance from USFWS, CDFW and NMFS to identify site-specific buffers and other measures to protect habitats utilized by special-status species	
Mitigation Measure HAZ-GEN-4a: Determine Potential for Hazardous Materials Exposure	✓
Mitigation Measure HAZ-GEN-4b: Conduct a Hazardous Materials Records Search before Beginning Proposed Program Activities at a Given Site	✓
Mitigation Measure HAZ-GEN-4c: Stop work and implement hazardous materials investigations/ remediation for contamination health risks	✓
Mitigation Measure HAZ-CHEM-1a: Conduct Public Information Sessions Regarding Pesticide Safety Practices	✓
Mitigation Measure HAZ-CHEM-1b: Conduct Training Sessions and Prepare Educational Materials Regarding Safe Handling and Application of Pesticides	✓
Mitigation Measure HAZ-CHEM-3: Require Compliance with the Proposed Program's Authorized Chemical Application Scenarios	✓
Mitigation Measure NOISE-PHYS-1: Conduct Activities during the Daytime	
Mitigation Measure WQ-CHEM-2: Track Emerging Water Quality Standards and Implement Additional Mitigation as Appropriate	
Mitigation Measure WQ-CHEM-5: Require Implementation of Proposed Program MPs as Part of Compliance Agreements	
Mitigation Measure WQ-CUM-1: Identify whether Proposed Program Pesticide Applications May Occur in Proximity to Impaired Waterbodies, and Implement Appropriate MPs	

Part C

	Y/N	Justification/Rationale
Step 1		
Is the Activity substantially similar to that considered in the PEIR?		(If yes go to Step 2, if no move to the next question)
If a management practice that was not included in the PEIR is being considered, would it be equivalent or more effective to the management practice originally considered in the PEIR?		(If yes go to Step 2, if no move to the next question)
If a mitigation measure that was not included in the PEIR is being considered, would it be equivalent or more effective to the mitigation measure originally considered in the PEIR?		(If yes go to Step 2, if no move to the next question)
Would the activity result in potentially significant impacts which were not considered in the PEIR, not considered to be significant in the PEIR, or would be substantially more significant than disclosed in the PEIR?		(If yes go to Step 3, if no go to Step 2)
Step 2		Attach supporting documentation for determination, and CEQA Addendum, as applicable
Step 3		Attach tiered CEQA document, and identify additional requirements from that document

Confirmation of Implementation (following completion of activity)	
Project Leader Name:	Thomas A Moss
Signature*:	
End Date:	6-30-2026

*This signature confirms that all applicable requirements identified on this checklist and related documentation has been properly implemented.

CITRUS PEST & DISEASE PREVENTION DIVISION
CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE

Monthly Detection Activity Report (MDAR) Protocol

Reporting Asian citrus psyllid (ACP) trapping activity to the Citrus Pest & Disease Prevention Division (CPDPD)

Please follow the steps below when completing the MDAR. The MDAR must be submitted to CPDPD along with the monthly invoicing no later than 30 days past the end of the month in which the invoiced activity occurred. CPDPD will not pay invoices submitted without the corresponding MDAR.

1. Add the county, and month/year for which the MDAR is being submitted.
2. Separate ACP detection activity into the following **ACP trapping activities**:

   - **Detection Traps:** Traps placed within detection grids and serviced monthly.
   - **Grove Traps:** Traps placed in commercial groves and serviced every two weeks.
   - **Delimitation Traps:** Traps placed in the four grids surrounding an ACP find site. Traps are serviced every week for the first month and serviced monthly thereafter for 11 months after the date of the most recent detection.

   Note: For easy tracking, the MDAR pdf file is formulated to automatically calculate the trapping hours (in Reported hours), total reported hours, total traps in operation, and total month hours.

3. When filling in the trapping activity, separate the **number of traps** by action:

   - **Placed**: New traps placed in a new location. A trap placed is different than a trap relocation, as a newly placed trap would have been placed in that sub-grid for the first time that season.
   - **Serviced**: A trap that replaces an old or missing trap.
   - **Relocated**: An old trap is removed from property A and a new trap is placed at property B to take its place or a new trap is placed at property B because the previously placed trap at property A cannot be serviced. Relocated traps should not be counted under the *placed* or *removed* monthly activities.
     - Counties conducting year-round trapping should relocate and replace traps every four to eight weeks to another host at least 500 feet away from the previous site. Counties conducting winter trapping should only relocate traps if servicing becomes unsafe or impracticable.
   - **Removed:** A trap is removed from a host and no new trap was placed/serviced to replace the trap. A trap removal should not be confused with a relocation and should be reported separately. This number will NOT be automatically subtracted from the trap total cell, as it did in the previous MDAR version.
   - **Total Detection Traps in Operation / Total Grove Traps in Operation / Total Delimitation Traps in Operation**: The sum of all traps in use for a specific month. This number will need to be calculated for every trapping activity, as it will not be automatically populated like in the previous MDAR version. To calculate the total detection/grove/delimitation traps add the traps placed to the total detection/grove/delimitation traps in operation from the previous month and subtract the traps removed. For example, if the total detection traps in operation for June were 3,000 and in July 50 traps were placed and 25 traps were removed the total detection traps in operation for July would be 3,025.
   - **Detection Trapping Hours / Grove Trapping Hours / Delimitation Trapping Hours**: Number of hours spent by the trappers in each trapping activity during the month.

4. The **Reported hours** section will be used to list all ACP trapping activities, including administrative work.

    - **Trapping**: Number of hours spent for all ACP trapping activities during the month. It will be automatically populated using the data previously entered in the sheet.
    - **Administrative support:** Number of hours spent on administrative activities.
    - **Reporting**: Number of hours spent on completing invoices, MDARs, etc.
    - **Public outreach and contact**: Number of hours spent addressing public inquiries (e.g. correspondences via email, in-person, phone, etc.) related to ACP trapping.
    - **Training Staff**: Number of hours spent on training new staff working in ACP trapping.
    - **Total reported**: Automatically populated using the data entered in the sheet under reported hours.

5. **Trap Commitment Number**: Number of ACP traps serviced by the county as required by the agreement with CPDPD. This number may change during the agreement period if a county adds delimitation traps to their agreement in response to ACP detections.
6. **Total Miles driven**: Number of miles driven for all ACP detection activities during the month.
7. **Total Traps in Operation / Total Month Hours:** Automatically populated using the data entered in the sheet.
8. Name your file in this format**: Month_Year_MDAR_County** and send to Nilan Watmore (Nilan.Watmore@cdfa.ca.gov), Northern District Manager, or Jennifer Willems (Jennifer.Willems@cdfa.ca.gov), Central District Manager.

Figure 1: Example MDAR for Detection Trapping activities

California Department of Food and Agriculture
Citrus Pest and Disease Prevention Division **Monthly Detection Activity Report**

County	Month/Year
XXXX County	November 2021

Activity	Number	
Yellow Panel Traps - Detection		
Placed	10	traps
Serviced	40	traps
Relocated		traps
Removed	1	traps
Total of Detection traps in Operation	49	traps
Detection Trapping Hours	20	hrs
Yellow Panel Traps - Grove Trapping		
Placed		traps
Serviced		traps
Relocated		traps
Removed		traps
Total Grove Traps in Operation		traps
Grove Trapping Hours		hrs
Yellow Panel Traps - Delimitation		
Placed		traps
Serviced		traps
Relocated		traps
Removed		traps
Total Delimitation Traps in Operation		traps
Delimitation Trapping Hours		hrs
Reported hours		
Trapping hours	20	**hrs**
Adminstrative Support	2	hrs
Reporting	1	hrs
Public Outreach and Contact	0	hrs
Training Staff hours	1	hrs
Total Reported Hours	24	hrs

Trap Commitment Number	150	**traps**
Total Miles Driven	200	**mi**
Total Traps in Operation	49	**traps**
Total Month Hours	24	**hrs**

County	Month/Year

Activity	Number	
Yellow Panel Traps - Detection		
Placed		traps
Serviced		traps
Relocated		traps
Removed		traps
Total of Detection traps in Operation		traps
Detection Trapping Hours		hrs
Yellow Panel Traps - Grove Trapping		
Placed		traps
Serviced		traps
Relocated		traps
Removed		traps
Total Grove Traps in Operation		traps
Grove Trapping Hours		hrs
Yellow Panel Traps - Delimitation		
Placed		traps
Serviced		traps
Relocated		traps
Removed		traps
Total Delimitation Traps in Operation		traps
Delimitation Trapping Hours		hrs
Reported hours		
Trapping hours	0	**hrs**
Adminstrative Support		hrs
Reporting		hrs
Public Outreach and Contact		hrs
Training Staff hours		hrs
Total Reported Hours	0	hrs

Trap Commitment Number		**traps**
Total Miles Driven		**mi**
Total Traps in Operation	0	**traps**
Total Month Hours	0	**hrs**

Servicings per Year Table

	Weekly	Bi-weekly	1x / month
1 mo	4.33	2.17	1.00
2 mo	8.67	4.33	2.00
3 mo	13.00	6.50	3.00
4 mo	17.33	8.67	4.00
5 mo	21.67	10.83	5.00
6 mo	26.00	13.00	6.00
7 mo	30.33	15.17	7.00
8 mo	34.67	17.33	8.00
9 mo	39.00	19.50	9.00
10 mo	43.33	21.67	10.00
11 mo	47.67	23.83	11.00
12 mo	52.00	26.00	12.00

Formula: Number of months divided by twelve (= fraction of year), multiplied by the number of weeks in a year, divided by the servicing interval (i.e., 52/2 = biweekly servicing).

For example: 8-month/biweekly = 8/12 = .66*52 = 34.66/2 = 17.33.

2/13/2023

California Department of Food and Agriculture

Agreement Name: ACP Detection Agreement
Agreement Number:
County:
Submit Invoice to: ThuyVy Truong (ThuyVy.Truong@cdfa.ca.gov) and ravneet.behla@cdfa.ca.gov
Invoice Number:
Billing Period:
Submittal Date:
Remit Payment to: [Insert County Address]

Asian Citrus Psyllid Detection Program

Agreement Number:
October 1, 2025 - September 30, 2026
Invoice for Period from [Month, Date, Year]

Personnel Services

Employee Name and Classification	Hours	Rate	Benefits	Total Salaries
	0.00	$0.00	$0.00	$0.00
	0.00	$0.00	$0.00	$0.00
	0.00	$0.00	$0.00	$0.00
	0.00	$0.00	$0.00	$0.00
	0.00	$0.00	$0.00	$0.00
	0.00	$0.00	$0.00	$0.00
	0.00	$0.00	$0.00	$0.00
	0.00	$0.00	$0.00	$0.00
	0.00	$0.00	$0.00	$0.00
	0.00	$0.00	$0.00	$0.00
	0.00	$0.00	$0.00	$0.00
Total Hours:	0.00		Total Salaries:	$0.00

Total Personnel Services:	$0.00
Indirect (up to 25% of Personnel Services):	$0.00
Total Personnel Services:	$0.00

Operating Expenses

Supplies	$0.00
Subcontractor	$0.00
Other Items of Expense	$0.00
Total Operating Expenses:	$0.00

Vehicle Usage	**Miles**	**Rate**	
Vehicle Mileage	0.00	0.700	$0.00
		Total Mileage Cost:	$0.00

Total Operating Expenses	$0.00
Grand Total:	$0.00

Agreement Amount	$0.00
Billed to Date	$0.00
Balance	$0.00

State of California
Department of Food and Agriculture
Citrus Pest and Disease Prevention Division

County: **Tehama**

Fiscal Year: **2025-26**
October 2025 - June 2026 (9-months)

TRAPPING HOURS/YEAR WORKSHEET

Green = fillable cells to be completed by the County.
Purple = subtotals and totals. These contain formulas - **DO NOT MODIFY!**

TRAPPING SEASON

Trap Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
DETECTION												
DELIMITATION												
COMMERCIAL												

weekly servicings | biweekly servicings | monthly servicings

Trap Type	# of traps	x	serv/year*	=	serv/year/trap
Detection	60	x	6.00	=	360
Detection		x			0
Delimitation		x		=	0
Delimitation		x		=	0
Delimitation		x		=	0
Commercial		x		=	0
		x		=	0
		x		=	0
		x		=	0
		x		=	0
				Total:	360

NOTE: serv/year*. Insert figure from Servicings per Year sheet

DETECTION:	360	÷	5.00	=	72.00	x 1.1 (10%) =	79.20
	(A)		(B)		(C)		(D)
DELIMITATION:	0	÷	0.00	=	0	x 1.1 (10%) =	0.00
	(A)		(B)		(C)		(D)
COMMERCIAL:	0	÷	0.00	=	0	x 1.1 (10%) =	0.00
	(A)		(B)		(C)		(D)
						TOTAL:	79.20

A = Servicings/year/trap - calculated electronically.
B = Average # of traps serviced per hour - figure entered by person completing work sheet.
C = Hours/year - calculated electronically.
D = Hours/year plus 10% - calculated electronically. "D" represents the billable hours for the trapper(s) in the field and is applied to the work plan in the "Detection" section. In addition to the detection trapper hours, the financial plans also cover non-detection (supervisor, administrative, etc.) hours.

1/11/24
Form 66-223

Tehama COUNTY DEPARTMENT OF AGRICULTURE

FY 2025-26 Asian Citrus Psyllid (ACP) Trapping Financial Plan

Green = fillable cells to be completed by the County.
Purple = subtotals and totals. These contain formulas - **DO NOT MODIFY!**
Orange = instructions.

October 2025 - June 2026 (9-months)

A. PERSONNEL

1. STAFF - Detection Trappers

	Employee Name	Classification	HOURS/ DAY	TOTAL WORK DAYS	HOURS	
1	Jenna Baxter	Ag/W&M Biologist	5.00	1.00	5.00	
2	Felicia Trejo	Ag/W&M Biologist	5.00	1.00	5.00	
3	New Hire	Ag/W&M Aide	8.00	8.70	70.00	
4			0.00	0.00	0.00	
5			0.00	0.00	0.00	
6			0.00	0.00	0.00	
7			0.00	0.00	0.00	
8			0.00	0.00	0.00	
9			0.00	0.00	0.00	
10			0.00	0.00	0.00	
11			0.00	0.00	0.00	
12			0.00	0.00	0.00	
13			0.00	0.00	0.00	
14			0.00	0.00	0.00	
15			0.00	0.00	0.00	
				Subtotal:	**80.00**	0.00

2. SALARIES - Detection Trappers

			HOURLY RATE w/o BENEFITS	HOURS	SALARY
1	Jenna Baxter	Ag/W&M Biologist	$36.22	5.00	$181.00
2	Felicia Trejo	Ag/W&M Biologist	$32.86	5.00	$164.00
3	New Hire	Ag/W&M Aide	$25.68	70.00	$1,798.00
4			$0.00	0.00	$0.00
5			$0.00	0.00	$0.00
6			$0.00	0.00	$0.00
7			$0.00	0.00	$0.00
8			$0.00	0.00	$0.00
9			$0.00	0.00	$0.00
10			$0.00	0.00	$0.00
11			$0.00	0.00	$0.00
12			$0.00	0.00	$0.00
13			$0.00	0.00	$0.00
14			$0.00	0.00	$0.00
15			$0.00	0.00	$0.00
				Subtotal:	**$2,143.00**

3. BENEFITS - Detection Trappers

			BENEFIT RATE (%)	SALARY	BENEFIT COST
1	Jenna Baxter	Ag/W&M Biologist	67.3100%	$181.00	$122.00
2	Felicia Trejo	Ag/W&M Biologist	67.3100%	$164.00	$110.00
3	New Hire	Ag/W&M Aide	67.3100%	$1,798.00	$1,210.00
4			0.0000%	$0.00	$0.00
5			0.0000%	$0.00	$0.00
6			0.0000%	$0.00	$0.00
7			0.0000%	$0.00	$0.00
8			0.0000%	$0.00	$0.00
9			0.0000%	$0.00	$0.00
10			0.0000%	$0.00	$0.00
11			0.0000%	$0.00	$0.00
12			0.0000%	$0.00	$0.00
13			0.0000%	$0.00	$0.00
14			0.0000%	$0.00	$0.00
15			0.0000%	$0.00	$0.00
				Subtotal:	**$1,442.00**

DETECTION STAFF SUBTOTAL: $3,585.00

4. STAFF - Non-Detection

	Employee Name	Classification	HOURS/ DAY	TOTAL WORK DAYS	HOURS
1	Maria Vieyra	Office Assistant III	2.00	6.00	12.00
2	Ryan Knight	Deputy Agricultural Commissioner	2.25	8.00	18.00
3			0.00	0.00	0.00
4			0.00	0.00	0.00
5			0.00	0.00	0.00
6			0.00	0.00	0.00
7			0.00	0.00	0.00
8			0.00	0.00	0.00
9			0.00	0.00	0.00
10			0.00	0.00	0.00
				Subtotal:	**30.00**

5. SALARIES - Non-Detection Staff

			HOURLY RATE w/o BENEFITS	HOURS	SALARY
1	Maria Vieyra	Office Assistant III	$30.40	12.00	$365.00
2	Ryan Knight	Deputy Agricultural Commissioner	$53.83	18.00	$969.00
3			$0.00	0.00	$0.00
4			$0.00	0.00	$0.00
5			$0.00	0.00	$0.00
6			$0.00	0.00	$0.00

7			$0.00	0.00	$0.00
8			$0.00	0.00	$0.00
9			$0.00	0.00	$0.00
10			$0.00	0.00	$0.00
				Subtotal:	**$1,334.00**

6. BENEFITS - Non-Detection Staff

			BENEFIT RATE (%)	SALARY	BENEFIT COST
1	Maria Vieyra	Office Assistant III	67.3100%	$365.00	$246.00
2	Ryan Knight	Deputy Agricultural Commissioner	67.3100%	$969.00	$652.00
3			0.0000%	$0.00	$0.00
4			0.0000%	$0.00	$0.00
5			0.0000%	$0.00	$0.00
6			0.0000%	$0.00	$0.00
7			0.0000%	$0.00	$0.00
8			0.0000%	$0.00	$0.00
9			0.0000%	$0.00	$0.00
10			0.0000%	$0.00	$0.00
				Subtotal:	**$898.00**

NON-DETECTION STAFF SUBTOTAL: **$2,232.00**

25.00	% Overhead (Not to exceed 25%)

SALARIES	BENEFITS	OVERHEAD COST
$3,477.00	$2,340.00	$1,454.00

TOTAL PERSONNEL COST : **$7,271.00**

B. SUPPLIES (Itemized, such as: trapping poles, office supplies, etc.)

	Description	COST
1		$0.00
2		$0.00
3		$0.00
4		$0.00
	TOTAL SUPPLY COST:	**$0.00**

C.	SUBCONTRACTOR	TITLE	HOURLY RATE	HOURS	COST
1					$0.00
2					$0.00
3					$0.00
4					$0.00
			TOTAL SUBCONTRACTOR COST:		**$0.00**

D. VEHICLE OPERATIONS

COUNTY VEHICLES	NO. OF USAGE MONTHS	MILEAGE PER VEHICLE PER MONTH	COST PER MILE*	COST
1.00	6.00	173.50	$0.700	$729.00

STATE VEHICLES	NO. OF USAGE MONTHS	MILEAGE PER VEHICLE PER MONTH	COST PER MILE*	COST
0.00	0.00	0.00	$0.700	$0.00

NO. OF LEASED VEHICLES	COST PER MONTH	NO. OF USAGE MONTHS	MILEAGE PER VEHICLE PER MONTH	COST PER MILE*	COST
0.00	0.00	0.00	0.00	$0.700	$0.00

VEHICLE COST TOTAL: $729.00

E. OTHER ITEMS OF EXPENSE (e.g., communications, IT services)

	Description	COST
1		$0.00
2		$0.00
3		$0.00
4		$0.00
	TOTAL SUPPLY COST:	**$0.00**

* Per federal audit guidelines, this rate cannot be exceeded. However, if your county's internal policy uses a lower rate, that rate may be applied.
* Salary rates subject to change due to changes in labor contracts program modifications, cost-of-living adjustments, step increases, classification series, fringe benefits, etc.

FY 2025-26 (9 months) ACP Trapping Cost: **$8,000.00**

Do Not Exceed This Amount

FY 2025-26 (3 months) ACP Trapping Total Cost: **$0.00**

Do Not Exceed This Amount

COMMENTS:

COUNTY NAME COUNTY DEPARTMENT OF AGRICULTURE

FY 2025-26 Asian Citrus Psyllid (ACP) Trapping Financial Plan

Green = fillable cells to be completed by the County.
Purple = subtotals and totals. These contain formulas - **DO NOT MODIFY!**
Orange = instructions.

July 2026 - September 2026 (3-months)

A. PERSONNEL

1. STAFF - Detection Trappers

	Employee Name	Classification	HOURS/ DAY	TOTAL WORK DAYS	HOURS	
1			0.00	0.00	0.00	
2			0.00	0.00	0.00	
3			0.00	0.00	0.00	
4			0.00	0.00	0.00	
5			0.00	0.00	0.00	
6			0.00	0.00	0.00	
7			0.00	0.00	0.00	
8			0.00	0.00	0.00	
9			0.00	0.00	0.00	
10			0.00	0.00	0.00	
11			0.00	0.00	0.00	
12			0.00	0.00	0.00	
13			0.00	0.00	0.00	
14			0.00	0.00	0.00	
15			0.00	0.00	0.00	
				Subtotal:	**0.00**	0.00

2. SALARIES - Detection Trappers

	HOURLY RATE w/o BENEFITS	HOURS	SALARY
1	$0.00	0.00	$0.00
2	$0.00	0.00	$0.00
3	$0.00	0.00	$0.00
4	$0.00	0.00	$0.00
5	$0.00	0.00	$0.00
6	$0.00	0.00	$0.00
7	$0.00	0.00	$0.00
8	$0.00	0.00	$0.00
9	$0.00	0.00	$0.00
10	$0.00	0.00	$0.00
11	$0.00	0.00	$0.00
12	$0.00	0.00	$0.00
13	$0.00	0.00	$0.00
14	$0.00	0.00	$0.00
15	$0.00	0.00	$0.00
		Subtotal:	**$0.00**

3. BENEFITS - Detection Trappers

	BENEFIT RATE (%)	SALARY	BENEFIT COST
1	0.0000%	$0.00	$0.00
2	0.0000%	$0.00	$0.00
3	0.0000%	$0.00	$0.00
4	0.0000%	$0.00	$0.00
5	0.0000%	$0.00	$0.00
6	0.0000%	$0.00	$0.00
7	0.0000%	$0.00	$0.00
8	0.0000%	$0.00	$0.00
9	0.0000%	$0.00	$0.00
10	0.0000%	$0.00	$0.00
11	0.0000%	$0.00	$0.00
12	0.0000%	$0.00	$0.00
13	0.0000%	$0.00	$0.00
14	0.0000%	$0.00	$0.00
15	0.0000%	$0.00	$0.00
		Subtotal:	**$0.00**

DETECTION STAFF SUBTOTAL: $0.00

4. STAFF - Non-Detection

	Employee Name	Classification	HOURS/ DAY	TOTAL WORK DAYS	HOURS
1			0.00	0.00	0.00
2			0.00	0.00	0.00
3			0.00	0.00	0.00
4			0.00	0.00	0.00
5			0.00	0.00	0.00
6			0.00	0.00	0.00
7			0.00	0.00	0.00
8			0.00	0.00	0.00
9			0.00	0.00	0.00
10			0.00	0.00	0.00
				Subtotal:	**0.00**

5. SALARIES - Non-Detection Staff

	HOURLY RATE w/o BENEFITS	HOURS	SALARY
1	$0.00	0.00	$0.00
2	$0.00	0.00	$0.00
3	$0.00	0.00	$0.00
4	$0.00	0.00	$0.00
5	$0.00	0.00	$0.00
6	$0.00	0.00	$0.00

7		$0.00	0.00	$0.00
8		$0.00	0.00	$0.00
9		$0.00	0.00	$0.00
10		$0.00	0.00	$0.00
			Subtotal:	**$0.00**

6. BENEFITS - Non-Detection Staff

		BENEFIT RATE (%)	SALARY	BENEFIT COST
1		0.0000%	$0.00	$0.00
2		0.0000%	$0.00	$0.00
3		0.0000%	$0.00	$0.00
4		0.0000%	$0.00	$0.00
5		0.0000%	$0.00	$0.00
6		0.0000%	$0.00	$0.00
7		0.0000%	$0.00	$0.00
8		0.0000%	$0.00	$0.00
9		0.0000%	$0.00	$0.00
10		0.0000%	$0.00	$0.00
			Subtotal:	**$0.00**

NON-DETECTION STAFF SUBTOTAL: **$0.00**

	SALARIES	BENEFITS	OVERHEAD COST
0.00 % Overhead (Not to exceed 25%)	$0.00	$0.00	$0.00

TOTAL PERSONNEL COST : **$0.00**

B. SUPPLIES (Itemized, such as: trapping poles, office supplies, etc.)

	Description	COST
1		$0.00
2		$0.00
3		$0.00
4		$0.00
	TOTAL SUPPLY COST:	**$0.00**

C. SUBCONTRACTOR **TITLE**

			HOURLY RATE	HOURS	COST
1					$0.00
2					$0.00
3					$0.00
4					$0.00
				TOTAL SUBCONTRACTOR COST:	**$0.00**

D. VEHICLE OPERATIONS

	COUNTY VEHICLES	NO. OF USAGE MONTHS	MILEAGE PER VEHICLE PER MONTH	COST PER MILE*	COST
	0.00	0.00	0.00	$0.700	$0.00

	STATE VEHICLES	NO. OF USAGE MONTHS	MILEAGE PER VEHICLE PER MONTH	COST PER MILE*	COST
	0.00	0.00	0.00	$0.700	$0.00

	NO. OF LEASED VEHICLES	COST PER MONTH	NO. OF USAGE MONTHS	MILEAGE PER VEHICLE PER MONTH	COST PER MILE*	COST
	0.00	0.00	0.00	0.00	$0.700	$0.00

VEHICLE COST TOTAL: $0.00

E. OTHER ITEMS OF EXPENSE (e.g., communications, IT services)

	Description	COST
1		$0.00
2		$0.00
3		$0.00
4		$0.00
	TOTAL SUPPLY COST:	**$0.00**

* Per federal audit guidelines, this rate cannot be exceeded. However, if your county's internal policy uses a lower rate, that rate may be applied.
* Salary rates subject to change due to changes in labor contracts program modifications, cost-of-living adjustments, step increases, classification series, fringe benefits, etc.

FY 2025-26 (3 Months) ACP Trapping Cost:

Do Not Exceed This Amount

COMMENTS:

E-Contract Review
Approval as to Form

Department Name: Agriculture

Vendor Name: California Department of Food and Agriculture

Contract Description: For the purpose of Asian Citrus Psyllid grant

APPROVED AS TO FORM:



Date: 10/06/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1785 **Agenda Date:** 10/21/2025 **Agenda #:** 13.

DEPARTMENT OF AGRICULTURE

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Agricultural Commissioner to sign Agreement No. 24-0469-036-SF with the California Department of Food and Agriculture for the provision of conducting Pierce's Disease Control Program with an amount not to exceed $43,829.29 effective 7/1/25 and shall terminate 9/30/26

Financial Impact:
The funds to be received have been identified in the department's FY 25/26 budget.

Background Information:
Pierce's Disease is a deadly disease of grapevines that is caused by a bacterium. The fatal disease is spread to grapevines by the glassy-winged sharpshooter (GWSS), causing the entire vine to die within 1-5 years after exposure. Pierce's Disease is known to be prevalent within the USA from Florida to California. In addition to Pierce's Disease, GWSS can also spread Scorch Disease of almond, oleander, mulberry, olive and liquid amber. The potential spread of these diseases by GWSS should be of concern to landscape professionals and agricultural producers throughout California. The department has historically entered into this agreement for the past several years. If the agreement is not approved the department would not receive compensation for any activity performed related to the Pierce's Disease Control Program.

State of California, Department of Food and Agriculture
AGREEMENT
GAU-03 (Rev. 8/2024)

COOPERATIVE AGREEMENT SIGNATURE PAGE

AGREEMENT NUMBER
24-0469-036-SF

1. This Agreement is entered into between the State Agency and the Recipient named below:

STATE AGENCY'S NAME
CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)

RECIPIENT'S NAME
COUNTY OF TEHAMA

2. The Agreement Term is: July 1, 2025 through September 30, 2026

3. The maximum amount of this Agreement is: $43,829.29

4. The parties agree to comply with the terms and conditions of the following exhibits and attachments which are by this reference made a part of the Agreement:

Exhibit A: Prime Award Information Recipient and Project Information	2 Page(s)
Exhibit B: General Terms and Conditions	5 Page(s)
Exhibit C: Payment and Budget Provisions	2 Page(s)
Exhibit D: Federal Terms and Conditions	3 Page(s)
Attachments: Scope of Work and Budget	

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

RECIPIENT

RECIPIENT'S NAME *(Organization's Legal Name)*
COUNTY OF TEHAMA

BY *(Authorized Signature)* ✍	DATE SIGNED

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS
Post Office Box 38, Red Bluff, CA 96080

STATE OF CALIFORNIA

AGENCY NAME
CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)

BY *(Authorized Signature)* ✍	DATE SIGNED

PRINTED NAME AND TITLE OF PERSON SIGNING
ANDREA PERKINS, STAFF SERVICES MANAGER I, OFFICE OF GRANTS ADMINISTRATION

ADDRESS
1220 N STREET, ROOM 120
SACRAMENTO, CA 95814

LA

EXHIBIT A

PRIME AWARD INFORMATION

Federal Agency:	USDA/APHIS/PPQ
Federal Award Identification Number:	AP25PPQFO000C011
Federal Award Date:	December 31, 2024
Catalog of Federal Domestic Assistance Number (CFDA) and Name:	10.025 Plant and Animal Disease, Pest Control and Animal Care
Amount Awarded to CDFA:	$3,456,038.00
Effective Dates for CDFA:	October 1, 2024 through September 30, 2025
Federal Award to State Agency is Research & Development (Yes/No)	No

RECIPIENT AND PROJECT INFORMATION

1. CDFA hereby awards an Agreement to the Recipient for the project described herein:
The county will establish work plans for survey, inspection, and control of the glassy-winged sharpshooter (GWSS).

Project Title: Glassy-Winged Sharpshooter (GWSS) Program

2.The Managers for this Agreement are:

FOR CDFA:		**FOR RECIPIENT:**	
Name:	Michelle Pham	Name:	Tom Moss
Division/Branch:	Pierce's Disease Control Program	Organization:	COUNTY OF TEHAMA
Address:	1220 N Street	Address:	Post Office Box 38
City/State/Zip:	Sacramento, CA 95814	City/State/Zip:	Red Bluff, CA 96080
Phone:	(916) 900-5024	Phone:	530-527-4504
Email Address:	michelle.pham@cdfa.ca.gov	Email Address:	tmoss@tehama.gov

3. The Grant Administrative Contacts for this Agreement are:

FOR CDFA:		**FOR RECIPIENT:**
Name:	Chasika Bandna	Name:
Division/Branch:	Pierce's Disease Control Program	Organization:
Address:	1220 N Street	Address:
City/State/Zip:	Sacramento, CA 95814	City/State/Zip:
Phone:	(916) 530-0453	Phone:
Email Address:	chasika.bandna @cdfa.ca.gov	Email Address:

FISCAL CONTACT FOR RECIPIENT (if different from above):
Name:
Organization:
Address:
City/State/Zip:
Phone:
Email Address:

4. **RECIPIENT: Please check appropriate box below:**
   Research and Development (R&D) means all research activities, both basic and applied, and all development activities that are performed by non-Federal entities. The term research also includes activities involving the training of individuals in research techniques where such activities utilize the same facilities as other R&D activities and where such activities are not included in the instruction function.

   This award ☐ does ☒ does not support R&D.

5. For a detailed description of activities to be performed and duties, see Scope of Work and Budget.

EXHIBIT B

GENERAL TERMS AND CONDITIONS

1. **Approval**
   This Agreement is of no force or effect until signed by both parties. The Recipient may not invoice for activities performed prior to the commencement date or completed after the termination date of this Agreement.

2. **Agreement Execution**
   Unless otherwise prohibited by state law, regulation, or Department or Recipient policy, the parties agree that an electronic copy of a signed Agreement, or an electronically signed Agreement, has the same force and legal effect as an Agreement executed with an original ink signature. The term "electronic copy of a signed Agreement" refers to a transmission by facsimile, electronic mail, or other electronic means of a copy of an original signed Agreement in a portable document format. The term "electronically signed Agreement" means an Agreement that is executed by applying an electronic signature using technology approved by all parties.

3. **Assignment**
   This Agreement is not assignable by the Recipient, either in whole or in part, without the prior consent of the CDFA Agreement Manager or designee in the form of a formal written amendment.

4. **Governing Law**
   This Agreement is governed by and will be interpreted in accordance with all applicable State and Federal laws.

5. **State and Federal Law**
   It is the responsibility of the Recipient to know and understand which State, Federal, and local laws, regulations, and ordinances are applicable to this Agreement and the Project, as described in Exhibit A. The Recipient shall be responsible for observing and complying with all applicable State and Federal laws and regulations. Failure to comply may constitute a material breach.

6. **Recipient Commitments**
   The Recipient accepts and agrees to comply with all terms, provisions, conditions and commitments of the Agreement, including all incorporated documents, and to fulfill all assurances, declarations, representations, and statements made by the Recipient in the application, documents, amendments, and communications in support of its request for funding.

7. **Performance and Assurances**
   The Recipient agrees to faithfully and expeditiously perform or cause to be performed all Project work as described in the Scope of Work, and to apply grant funds awarded in this Agreement only to allowable Project costs.

8. **Mutual Liability**
   Parties shall, to the extent allowed by law, each be individually liable for any and all claims, losses, causes of action, judgments, damages, and expenses to the extent directly caused by their officers, agents, or employees.

9. **Unenforceable Provision**
   In the event that any provision of this Agreement is unenforceable or held to be unenforceable, the parties agree that all other provisions of this Agreement shall remain operative and binding.

10. Contractors/Consultants

The Recipient, and the agents and employees of Recipient, in the performance of this Agreement, are not officers, employees, or agents of the CDFA. The Recipient's obligation to pay its Contractors/Consultants is an independent obligation from the CDFA's obligation to make payments to the Recipient. Recipient agrees to comply with all applicable State and local laws and regulations during the term of this Agreement. The Recipient is responsible to ensure that any/all contractors/consultants it engages to carry out activities under this Agreement shall have the proper licenses/certificates required in their respective disciplines. The Contractors/Consultants shall not affect the Recipient's overall responsibility for the management of the project, and the Recipient shall reserve sufficient rights and control to enable it to fulfill its responsibilities under this Agreement.

11. Non-Discrimination Clause

The Recipient agrees that during the performance of this Agreement, it will not discriminate, harass, or allow harassment or discrimination against any employee or applicant for employment based on race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. The Recipient agrees to require the same of all contractors and consultants retained to carry out the activities under this Agreement.

The Recipient agrees that during the performance of this Agreement, the evaluation and treatment of its employees and applicants for employment are free from discrimination and harassment. The Recipient will comply with the provision*s* of the Fair Employment and Housing Act (Government Code section 12990 *et seq*.) and the applicable regulations promulgated there under (California Code of Regulations, Title 2, section 10000 *et seq*.). The applicable regulations of the Fair Employment and Housing Council implementing Government Code section 12990 (a-f), set forth in Division 4.1 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. The Recipient will give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining unit or other Agreement. The Recipient must include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under this Agreement.

The Recipient agrees to require the same of all contractors and consultants retained to carry out activities under this Agreement.

12. Excise Tax

The State of California is exempt from federal excise taxes and no payment will be made for any taxes levied on employees' wages. The CDFA will pay for any applicable State of California or local sales or use taxes on the services rendered or equipment or parts supplied pursuant to this Agreement. California may pay any applicable sales and use tax imposed by another State.

13. Disputes

The Recipient must continue with the responsibilities under this Agreement during any dispute. In the event of a dispute, the Recipient must file a "Notice of Dispute" with the CDFA Agreement Manager, identified in Exhibit A, or designee within ten (10) calendar days of discovery of the problem. The Notice of Dispute must contain the Agreement number. Within ten (10) calendar days of receipt of the Notice of Dispute, the CDFA Agreement Manager or designee must meet with the Recipient for the purpose of resolving the dispute. In the event of a dispute, the language contained within this Agreement prevails.

14. Termination for Convenience

This Agreement may be terminated by either party upon written notice. Notice of termination must be delivered to the other party at least thirty (30) calendar days prior to the intended date of termination. Notice of termination does not nullify obligations already incurred prior to the date of termination. In the event of Termination for Convenience of this Agreement by CDFA, CDFA must pay all responsible costs and non-cancellable obligations incurred by the Recipient as of the date of termination.

15. Termination for Cause

Either party may terminate this Agreement for cause in the event of a material breach of this Agreement, provided that the non-breaching party provides written notice of the material breach. If the breach is not cured to the satisfaction of the non-breaching party, this Agreement shall automatically terminate and the CDFA shall reimburse the Recipient for all documented costs incurred up to the date of the notice of termination, including all non-cancellable obligations. Timelines associated with notice and curing of material breaches shall be consistent with the timelines outlined in paragraph 17.

16. Acceptable Failure to Perform

The Recipient shall not be liable for any failure to perform as required by this Agreement, to the extent such failure to perform is caused by any of the following: labor disturbances or disputes of any kind, accidents, the inability to obtain any required government approval to proceed, civil disorders, acts of aggression, acts of God, energy or other conservation measures, failure of utilities, mechanical breakdowns, materials shortages, disease, pandemics, or similar occurrences.

17. Breach

The parties may be in material breach under this Agreement if they fail to comply with any term of this Agreement, or a party determines that the other party is not implementing the Project in accordance with the provisions of this Agreement, or that a party has failed in any other respect to comply with the provisions of this Agreement. In the event of a material breach, the party identifying the breach shall provide a Notice of Material Breach to the breaching party within fifteen (15) calendar days upon discovery of breach. The breaching party shall have fifteen (15) calendar days from receipt of the notice to notify how it intends to cure the breach. Upon receipt of the proposed cure, the non-breaching party has fifteen (15) days to accept or reject the proposed cure. Upon the non-breaching party's approval of the cure, the breaching party has thirty (30) days to implement the cure. If the breaching party fails to cure the breach within thirty (30) days of the non-breaching party's approval of the cure, the non-breaching party may take the following respective actions:

A. CDFA may suspend payments;
B. CDFA may demand repayment of all funding;
C. Either party may terminate the Agreement
D. CDFA may debar Recipient; or
E. Either party may take any other action deemed necessary to recover costs.

The non-breaching party shall send a Notice of Failure to Cure Material Breach upon its decision to carry out any of these actions. These actions are effective upon issuance of the Notice of Failure to Cure Material Breach, unless the Recipient appeals a Notice of Failure to Cure Material Breach, in which case the effective date falls on the issuance of a final decision on the appeal.

Where CDFA notifies the Recipient of its decision to demand repayment pursuant to this paragraph, the funds that are subject to the demand shall be repaid immediately. CDFA may consider the Recipient's refusal to repay the requested disbursed amount a material breach.

A Notification of Failure to Cure Material Breach may be appealed to CDFA. The appeal must be post marked within ten (10) calendar days of the date the Recipient received the Notice of Failure to Cure

and addressed to the CDFA Legal Office of Hearing and Appeals or emailed to CDFA.LegalOffice@cdfa.ca.gov.

California Department of Food and Agriculture
Legal Office of Hearing and Appeals
1220 N Street
Sacramento, CA 95814

All notices, communications, and appeals described in this paragraph must be received in writing to be considered timely.

If CDFA notifies the Recipient of its decision to withhold the entire funding amount from the Recipient pursuant to this paragraph, this Agreement shall terminate upon receipt of such notice by the Recipient and CDFA shall no longer be required to provide funds under this Agreement and the Agreement shall no longer be binding on either party.

18. Publicity and Acknowledgement

The Recipient agrees that it will acknowledge CDFA's support whenever projects funded, in whole or in part, by this Agreement are publicized in any news media, brochures, publications, audiovisuals, presentations or other types of promotional material and in accordance with the Grant Procedures Manual if incorporated by reference and attachment to the Agreement. The Recipients may not use the CDFA logo.

19. News Releases/Public Conferences

The Recipient agrees to notify the CDFA in writing at least two (2) business days before any news releases or public conferences are initiated by the Recipient or its Contractors/Consultants regarding the project described in the Attachments, Scope of Work and Budget and any project results.

20. Scope of Work and Budget Changes

Changes to the Scope of Work, Budget, or the Project term, must be requested in writing to CDFA Grant Administrative Contact no less than thirty (30) days prior to the requested implementation date. Any changes to the Scope of Work and Budget are subject to CDFA approval and, at its discretion, CDFA may choose to accept or deny any changes. If accepted and after negotiations are concluded, the agreed upon changes will be made and become part of this Agreement. CDFA will respond in writing within ten (10) business days as to whether the proposed changes are accepted.

21. Reporting Requirements

The Recipient agrees to comply with all reporting requirements specified in Scope of Work and/or Grant Procedures Manual if incorporated by reference to this Agreement as an attachment.

22. California State Auditor

This Agreement is subject to examination and audit by the California State Auditor for a period of three (3) years after final payment under the Agreement.

23. Equipment

Purchase of equipment not included in the approved Budget requires prior approval. The Recipient must comply with state requirements regarding the use, maintenance, disposition, and reporting of equipment as contained in CCR, Title 3, Division 1, Chapter 5, sections 303, 311, 324.1 and 324.2.

24. Closeout

The Agreement will be closed out after the completion of the Project or project term, receipt and approval of the final invoice and final report, and resolution of any performance or compliance issues.

25. Confidential and Public Records

The Recipient and CDFA understand that each party may come into possession of information and/or data which may be deemed confidential or proprietary by the person or organization furnishing the information or data. Such information or data may be subject to disclosure under the California Public Records Act or the Public Contract Code. To the extent allowed by law, CDFA determines whether the information is releasable. Each party agrees to maintain such information as confidential and notify the other party of any requests for release of the information.

26. Amendments

Changes to funding amount or Agreement term require an amendment and must be requested in writing to the CDFA Agreement Manager or designee no later than sixty (60) calendar days prior to the requested implementation date. Amendments are subject to CDFA approval, and, at its discretion, may choose to accept or deny these changes. No amendments are possible if the Agreement is expired.

27. Executive Order N-6-22 Russia Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. “Economic Sanctions” refers to sanctions imposed by the U.S. government in response to Russia’s actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate agreements with, and to refrain from entering any new agreements with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Recipient is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. The State shall provide Recipient advance written notice of such termination, allowing Recipient at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.

EXHIBIT C
PAYMENT AND BUDGET PROVISIONS

1. Invoicing and Payment

A. For activities satisfactorily rendered and performed according to the attached Scope of Work and Budget, and upon receipt and approval of the invoices, CDFA agrees to reimburse the Recipient for actual allowable expenditures incurred in accordance with the rates specified herein, which is attached hereto and made a part of this Agreement.

B. Invoices must include the Agreement Number, performance period, type of activities performed in accordance with this Agreement, and when applicable, a breakdown of the costs of parts and materials, labor charges, and any other relevant information required to ensure proper invoices are submitted for payment.

C. Unless stated in the Scope of Work, quarterly invoices must be submitted to the CDFA Administrative Contact, within thirty (30) calendar days after the end of each quarter in which activities under this Agreement were performed.

D. Unless stated in the Scope of Work, a final invoice will be submitted for payment no more than thirty (30) calendar days following the expiration date of this Agreement, or after project is complete, whichever comes first. The final invoice must be clearly marked “Final Invoice” thus indicating that all payment obligations of the CDFA under this Agreement have ceased and that no further payments are due or outstanding.

2. Allowable Expenses and Fiscal Documentation

A. The Recipient must maintain adequate documentation for expenditures of this Agreement to permit the determination of the allowability of expenditures reimbursed by CDFA under this Agreement. If CDFA cannot determine if expenditures are allowable under the terms of this Agreement because records are nonexistent or inadequate according to Generally Accepted Accounting Principles, CDFA may disallow the expenditures.

B. If mileage is a reimbursable expense, using a privately-owned vehicle will be at the standard mileage rate established by the United States (U.S.) Internal Revenue Service (IRS) and in effect at the time of travel. The standard mileage rate in effect at the time of travel can be found on IRS’s website regardless of funding source/type.

C. If domestic travel is a reimbursable expense, receipts must be maintained to support the claimed expenditures. The maximum rates allowable for travel within California are those established by the California Department of Human Resources (CalHR). The maximum rates allowable for domestic travel outside of California are those established by the United States General Services Administration (GSA).

D. If foreign travel is a reimbursable expense, receipts must be maintained to support the claimed expenditures. The maximum rates allowable are those established in a per diem supplement to Section 925, Department of State Standardized Regulations.

E. The Recipient will maintain and have available, upon request by CDFA, all financial records and documentation pertaining to this Agreement. These records and documentation will be kept for three (3) years after completion of the Agreement period or until final resolution of any performance/compliance review concerns or litigation claims.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, California Government Code Title 1, Division 3.6, Part 3, Chapter 4.5, commencing with Section 927 - The California Prompt Payment Act.

4. Budget Contingency Clause

If funding for any fiscal year is reduced or deleted for purposes of this program, the CDFA has the option to either cancel this Agreement with no liability occurring to the CDFA or offer to amend the Agreement to reflect the reduced amount.

EXHIBIT D

FEDERAL TERMS AND CONDITIONS

The Recipient and recipients of any subawards under this award, agree to comply with all applicable requirements of all Federal laws, executive orders, regulations, and policies governing this program, including but not limited to 2 CFR 200, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards. For-profit organizations will be subject to 48 CFR Subpart 31. Recipients are responsible for identifying the federal regulations appropriate to their organization, consistently applying cost principles and ensuring contractors or consultants comply with applicable federal regulations.

1. Civil Rights

The Recipient must comply with civil rights and nondiscrimination standards pursuant to the following:

A. Civil Rights Act, 42 USC 2000, as implemented at 28 CFR Part 42;
B. Age Discrimination Act, 42 USC 6101, as implemented at 45 CFR Part 90;
C. Age Discrimination in Employment Act, 29 USC 621, as implemented at 29 CFR Part 1625;
D. Title IX of the Education Amendments of 1972, 20 USC 1681, as implemented at 45 CFR Part 86;
E. Section 504 of the Rehabilitation Act, 29 USC 791, as implemented at 28 CFR Part 41;
F. Executive Order (EO) 11246; and
G. Americans with Disabilities Act, (PL 101-366).

2. Labor Standards

The Recipient must comply with labor standards pursuant to the following:

A. Fair Labor Standards Act, 29 USC 207, as implemented at 29 CFR Part 500-899;
B. Davis-Bacon Act, 40 USC 3141-3148, as implemented at 29 CFR Parts 1, 3, 5, and 7; and
C. Contract Work Hours and Safety Standards Act, 40 USC 3701, as implemented at 29 CFR Part 5.

3. Environmental Standards

The Recipient must comply with environmental standards pursuant to the following:

A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969 (PL 91-190) and EO 11514 as implemented at 7 CFR Part 1b;
B. Notification of violating facilities pursuant to EO 11738;
C. Protection of wetlands pursuant to EO 11990;
D. Evaluation of flood hazards in floodplains in accordance with EO 11988;
E. Assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 USC §§1451 *et seq*.);
F. Conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176 (c) of the Clean Air Act of 1955, as amended (42 USC §§7401 *et seq*.);
G. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (PL 93-523); and,
H. Protection of endangered species under the Endangered Species Act of 1973, as amended (PL 93-205).

4. Drug-Free Environment

The Recipient must comply with drug-free environment standards pursuant to §5151-5610 of the Drug-Free Workplace Act of 1988, as implemented by 2 CFR 421.

5. Restrictions on Lobbying and Political Activities

The Recipient must comply with lobbying restriction standards pursuant to the Limitations on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions, 31 USC 1352, as implemented at 2 CFR 418.

6. Officials Not to Benefit

The Recipient must ensure that no member of Congress be admitted to any share or part of this Agreement or to any benefit arising from it, in accordance with 41 USC 22.

7. Trafficking in Persons

The Recipient must comply with the provisions in 2 CFR Part 175, prohibiting trafficking in persons.

8. Intergovernmental Review

The Recipient must comply with intergovernmental review standards pursuant to the following:

A. Executive Order 12372, as implemented at 2 CFR 415; and
B. The Intergovernmental Cooperation Act of 1968, 31 USC 6501.

9. Confidentiality

The Recipient must comply with confidentiality standards pursuant to the following:

A. Freedom of Information Act, 5 USC 552, as implemented at 7 CFR Part 1; and
B. Privacy Act, 5 USC 552 (a).

10. Conservation in Procurement

The Recipient must comply with procurement standards pursuant to the Resource Conservation and Recovery Act, 42 USC 6962 and EO 12873, as implemented at 40 CFR Part 247.

11. Debarment, Suspension, Criminal or Civil Convictions

The Recipient and its principals must comply with debarment and suspension standards pursuant to the EO 12549, as implemented at 2 CFR 180 and 2 CFR 417.

The Recipient must provide immediate written notice to CDFA if at any time it learns that this certification was erroneous when made or has become erroneous by reason of changed circumstances and must require recipients of lower-tier covered transactions under this Agreement to similarly certify pursuant to EO 12549, as implemented by 2 CFR 180 and 2 CFR 417.

See www.sam.gov to determine debarment and suspension status.

12. Crimes and Prohibited Activities

The Recipient must comply with crimes and prohibited activities standards pursuant to the following:

A. Anti-Kickback (Copeland) Act, as implemented at 29 CFR Part 3.1;
B. False Claims Act, 31 USC 3729; and
C. Program Fraud Civil Remedies Act, 31 USC 3801-3812.

13. Biosafety in Laboratories

The Recipient must comply with laboratory biosafety standards pursuant to the following the *Biosafety in Microbiological and Biomedical Laboratories*, published jointly by the Centers for Disease Control and the National Institutes of Health.

14. Conflicts of Interest

The Recipient must comply with the conflict of interest standards pursuant to 2 CFR 400.2.

15. Inventions, Patents, Copyrights and Project Results

A. The Recipient must comply with invention and patent standards pursuant to the following:
   1. Patent Rights in Inventions Made with Federal Assistance, 35 USC 202-204, as implemented at 37 CFR Part 401 (Bayh-Dole Act and the Technology Transfer Commercialization Act of 2000) to ensure that inventions made are used in a manner to promote free competition and enterprise without unduly encumbering future research and discovery.
   2. The Plant Variety Protection Act, 7 USC 2321 *et seq*.

B. The Recipient may retain title to any invention conceived of or first actually reduced to practice using Federal funds provided Recipient does the following:
   1. Reports all subject inventions to CDFA;
   2. Makes efforts to commercialize the subject invention through patent or licensing;
   3. Formally acknowledges the Federal government's support in all patents that arise from the subject invention; and
   4. Formally grants the Federal government and CDFA a limited use license to the subject invention.

C. The Recipient may copyright any publications, data, or other copyrightable works developed using Federal funds provided it provides the Federal government and CDFA a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use the material, and agrees that the Federal government and CDFA may do so in cooperation with other public agencies.

D. The Recipient agrees that the results of this project may be published by the Federal government, CDFA or appropriate contractors or cooperators as mutually agreed.

16. Care and Use of Laboratory Animals

The Recipient must comply with the care and use of laboratory animal standards pursuant to the following:

A. Animal Welfare Act, 7 USC 2131, as implemented at 9 CFR, Sub Chapter A, Parts 1-4; and
B. Marine Mammal Protection Act, 16 USC 1361-1407.

17. Fly America Act

The Recipient must comply with the Fly America Act (49 USC 40118) as implemented at 41 CFR 301-10.131 to 301-10.143.

18. Motor Vehicle Safety

The Recipient must comply with seat belt use standards pursuant to the following:

A. Highway Safety Act of 1966 as amended (23 USC 402-403);
B. Occupational Safety and Health Act of 1970 as amended (29 USC 668);
C. Federal Property and Administrative Services Act of 1949 as amended (40 USC §101 *et seq*.)
D. Increasing Seat Belt Use in the United States (EO 13043).
E. Federal Leadership on Reducing Text Messaging While Driving (EO 13513).

19. Records Retention and Accessibility

The Recipient and its contractors must comply with the procedures and requirements regarding record retention and accessibility as contained in 2 CFR 200.333 – 200.337.

20. All Other Federal Laws

The Recipient must comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

PIERCE'S DISEASE CONTROL PROGRAM

LOCAL PUBLIC ENTITY'S DESIGNATED PIERCE'S DISEASE CONTROL PROGRAM COORDINATOR AND CONTACT INFORMATION

PRIMARY CONTACT:

Name	Adam Davy
Address	1834 Walnut St Red Bluff Ca 96080
Phone	530-527-4504
Fax	530-529-1049
Email	adavy@tehama.gov

ALTERNATE CONTACT (IF APPLICABLE):

Name	Ryan Knight
Address	1834 Walnut St Red Bluff Ca 96080
Phone	530-527-4504
Fax	530-529-1049
Email	rknight@tehamaag.net

PIERCE'S DISEASE CONTROL PROGRAM

WORKPLAN FOR FY 2025-2026 and 2026-2027 (Jul-Sep 2026)

TEHAMA COUNTY

The County agrees to perform the listed activities in order to:

- Implement an intergovernmental, coordinated state and community-wide plan to provide detection and delimitation of the glassy-winged sharpshooter (GWSS) and other designated pests and diseases in Tehama County and suppress or eradicate any populations as rapidly as possible.
- Ensure the movement of products and commodities does not present a risk of moving GWSS to non-infested areas.

Designated Agency

The Tehama County Department of Agriculture (County) is designated by the Tehama County Board of Supervisors as the local public entity to conduct the Pierce's Disease Control Program (PDCP) within the County. The California Department of Food and Agriculture (CDFA) will work in cooperation with the County, the State PDCP Science Advisory Panel, officials in affected counties, the Tehama County PDCP Task Force (if applicable), and other interested parties in implementing this plan.

RESPONSIBILITIES

CDFA Responsibilities

The CDFA shall:

- Provide training on management practices at least one week prior to any activity occurring.
- Provide biological control program guidance and support to the County as favorable agents become available.
- Provide on-site expertise, as needed.
- provide the county Monthly Activity Report form online at: https://secure.cdfa.ca.gov/egov/crs/login.aspx?ReturnUrl=%2fegov%2fcrs%2fDefault.aspx

CDFA may conduct certain program activities which are normally the responsibility of the county in situations where the county cannot or chooses not to conduct those activities.

County Responsibilities

The County shall:

- Act as local public entity for the PDCP activities occurring within the jurisdiction of the county.
- Act as lead liaison to local City Councils, the County Board of Supervisors, county legal counsels, and other county agencies, regarding the PDCP activities.

- Activities described in this workplan qualify for the exemption to CEQA under Public Resources Code Section 21080(b)(4). The County will complete tiering strategy checklists for inspection, trapping, and treatment (if applicable) and ensure all activities follow the CDFA Management Practices and Mitigation Measures.
- Conduct a GWSS detection trapping program in accordance with GWSS Statewide Detection and Delimitation Protocols (July 1, 2024). The County will submit a written request and justification to the PDCP if it wishes to deviate from the protocols.
- Upon discovery of a GWSS find in a non-infested area, promptly conduct all delimitation and intensive (property-by-property) surveys in the county in accordance with the GWSS Statewide Detection and Delimitation Protocols (July 1, 2024). Additional survey staff may be contracted from the California Conservation Corps upon approval by PDCP. Provide status reports on the results of all surveys, including detailed maps of the surveyed area and infested properties.
- Implement the CDFA GWSS Nursery Shipping Protocol, bulk citrus requirements, and all other commodity-movement protocols, as necessary, including associated compliance agreements and exhibits. The list of approved products for bulk citrus and nursery treatment and/or certification is listed in CDFA's Management Practices and Mitigation Measures. The County will submit a written request and justification to the PDCP if it wishes to deviate from the protocols.
- In the event of an infestation, conduct treatments in accordance with the CDFA GWSS Treatment Protocol. Monitor nurseries within the infested area for compliance.
- Take any necessary enforcement action to ensure regulatory compliance.
- Coordinate with CDFA on any planned producer outreach and training program in accordance with Food and Agricultural Code Section 6046(g)(1). The development and delivery of producer outreach information and training to local communities, groups, and individuals will be done through public meetings and the local PDCP task force (if applicable). Efforts will be directed towards raising awareness regarding Pierce's disease and its vectors, and other designated pests and diseases, and workplan involvement through direct mailing, local media, and press releases.
- Coordinate with CDFA on a training plan for the Agency's employees in accordance with Food and Agricultural Code Section 6046(g)(2). The biology, survey, and treatment of Pierce's disease and its vectors, and other designated pests and diseases, will be the basic components of the training. Scientific Advisory Panel discussions on GWSS and Pierce's disease will be included in this training for key Agency employees. The University of California Cooperative Extension will be a local resource for training and information for this program.
- Coordinate with CDFA to fully participate in the development and implementation of a data collection system in accordance with Food and Agricultural Code Section 6046(g)(5). The data collection system will make it possible to track and report new infestations of Pierce's disease and its vectors, and other designated pests and diseases, in a manner respectful of property and other rights of those affected.
- Ensure that an adequate accounting system in place and appropriate internal controls to track and maintain expenditures. The accounting standards and procedures for counties

provided by the State Controller's Office are located at the following website: https://www.sco.ca.gov/Files-ARD-Local/asp_manual_2023_edition.pdf. Counties are also required to comply with Federal guidance, 2 CFR Part 200, which can be found at the following website: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

- Counties must submit invoices to PDCP at cdfa.pdcp_inv@cdfa.ca.gov no later than 30 calendar days after the end of the federal fiscal year (September 30, 2026) to initiate the close out process.
    - The invoice should be consistent with the budget, reflect actual expenditures for PDCP activities, and in the format provided in the template.
    - All employee salaries must be itemized at an hourly rate, not a salary range. Also, actual salary and benefit rates for all employees must be separated and not put into one total that combines both figures.
    - Totals must be rounded to the nearest cent, not the nearest dollar.
    - If there are no reportable hours in a given month, an invoice showing $0 must be submitted for documentation purposes.
- Submit the county Monthly Activity Report on a monthly basis in accordance with the Monthly Activity Report Guidelines.
- Report expenditures and activity hours on a statement of expenditures on a monthly basis to allow PDCP to track county in-kind contributions for reimbursable activities once the funding for the agreement is exhausted. The statements of expenditures should be completed and submitted in the same manner as invoices.
- Submit a written request for an amendment to PDCP if new activities become necessary (delimitation or treatment, for example) that require additional funds and/or departure from the approved workplan. An amendment to this agreement must be awarded before new activities can commence.
- Upon request by CDFA, and in accordance with Federal regulations and policy, the county must complete the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions (Form AD 1048) and return it to CDFA.

ALLOWABLE COSTS

All costs must be associated with the PDCP.

Personnel Services

- Permanent and Temporary Staff Salary and Benefits – Actual staff salary and benefits charged to the county for employees working on the PDCP program. Agricultural Commissioner time is not an allowable charge except where the Agricultural Commissioner is the only supervisor in the department.

  Contracted employees need to be listed separately from agency staff and their salary and benefits cannot be factored in as part of the indirect billing for personnel services.

  Personnel costs related to outreach and miscellaneous activities (F3 and F5 on the monthly activity report, respectively) must receive written prior approval from PDCP.

- Overtime – Overtime costs associated with the program.

Operating Expenses

- General Expense – Costs associated with office and field supplies that are solely used for PDCP activities. Water purchased for employees is NOT reimbursable under this agreement.
- Postage – Costs associated with mailing materials.
- Communications – Costs associated with telephone/communication usage that are solely used for PDCP activities.
- Vehicle Expense – Costs associated with vehicle usage. All costs must be specifically displayed (for example, number of miles times appropriate rate).
- County, state, or federal vehicles – The county may charge vehicle costs on an actual cost basis or a mileage basis in lieu of actual costs incurred. However, both types of costs cannot be invoiced for the same vehicles.
- Mileage – mileage reimbursement covers gasoline, cost of maintenance, insurance, licensing and registration, and depreciation and all other costs associated with operation of the vehicle. Subject to change due to federal mileage rate change; effective January 1, 2025 the rates are:
  - County Vehicle – up to $.70 per mile
- Leased vehicles – The county may only charge actual costs basis, including for fuel. The least expensive method should be used to secure a vehicle. Consult with Program prior to adding a leased vehicle to your budget.
- Travel – Costs associated with travel (per diem, airfare, car rental, etc.). Travel is only reimbursable if CDFA has requested/approved the travel.

- Treatment – Costs associated with treatment activities (employee time, pest control operator charges, etc.)
- Indirect Cost – Costs that are incurred for a common or joint purpose objectives that cannot be identified specifically with a particular project, program, or organizational activity. Typical indirect costs include but are not limited to administrative or clerical staff costs, rent, utilities and internet service, cellular and land-line telephone service, general office supplies, and insurance. Up to 25% of Personnel Services cost (includes salaries and staff benefits).

  Any contracted employees cannot be factored in as part of the indirect billing for personnel services.
- Other – Specifically detailed costs not otherwise addressed above.

ENFORCEMENT OPTIONS AND AUTHORITIES

The Pierce's Disease Control Program (PDCP) regulations are contained in Sections 3650-3663.5 in Title 3 of the California Code of Regulations (CCR). These regulations were established to prevent the artificial spread of glassy-winged sharpshooter (GWSS).

The statutory authority for these regulations is covered in Sections 6045, 6046, and 6047 of the Food and Agricultural Code (FAC). To enforce these provisions, the Secretary or Agricultural Commissioner is empowered to conduct inspections and investigate any suspected violations; each Commissioner is an enforcing officer for all laws and regulations to prevent the spread of plant pests and to certify shipments of plant material as to its pest freedom.

The FAC provides several options for enforcement of the requirements of the PDCP regulations. This flexibility allows enforcement actions chosen as a result of a violation(s) to be proportionate to the nature/severity of the violation with progressive enforcement for repeat violators.

- Any violation of applicable provisions of FAC Division 4, Plant Quarantine and Pest Control, is an infraction punishable by a fine of not more than $1,000 for the first offense and a misdemeanor for a second or subsequent offense within three years (FAC Section 5309).
- Except where otherwise expressly provided, a violation of any provision of this division is a misdemeanor (FAC Section 5027). In addition to other remedies provided, any person violating the PDCP regulation requirements can be civilly liable up to $10,000 for each violation; in lieu of any civil action, the Secretary or Commissioner may levy a civil penalty for up to $2,500 for each violation (FAC Sections 5310 and 5311).
- Anyone who negligently or intentionally violates a regulation and imports a GWSS-infested plant that results in an infestation, or the spread of an infestation may be civilly liable in an amount up to $25,000 for each violation (FAC Section 5028(c)).
- It is unlawful to sell any nursery stock without a valid nursery license (FAC Section 6721). The Secretary can revoke or suspend a nursery license if a nursery has willfully refused to comply

with all laws and regulations relative to any pest that might be carried by nursery stock (FAC Section 6761).

- It is unlawful for anyone to ship, sell, deliver or transport nursery stock in California without either a Hold for Inspection ("blue tag") or a valid nursery stock certificate (FAC Sections 6922 and 6923). The Commissioner may revoke or suspend the right to use any nursery stock certificate or other shipping permit because of non-compliance (FAC Section 6968). It is unlawful to alter or otherwise misuse any shipping permit or nursery stock certificate (FAC Section 6927).

  Any one receiving or moving any nursery stock must notify the Commissioner immediately upon arrival and hold the nursery stock for inspection unless it is accompanied by a valid nursery stock certificate. Some counties have elected to waive that exemption and require GWSS host plant material entering the county (or non-infested area of a county) to be accompanied by a Warning Hold for Inspection certificate (FAC Section 6505). In this case, it is unlawful even to move nursery stock within a county without forwarding a manifest specified by (FAC Section 6925 and 6926).

- To facilitate the investigation of violations, proof of ownership is required of any person buying, selling, or transporting a shipment of plant material intended for commercial sale and it is unlawful for any person to alter any proof of ownership document (FAC Sections 5030 and 5031).

- Under the PDCP regulations, all host plants of GWSS moving from an infested area to a non-infested area must be certified free of GWSS (FAC Section 5721; 3 CCR Sections 3060.2, 3060.4 and 3660). Certification can be based on surveys confirming non-infested status, inspection, or by approved treatment. It is unlawful to alter or otherwise wrongfully use a certificate (FAC Section 5208).

- The Secretary or Commissioner may enter into compliance agreements to facilitate the movement of host plant material. The compliance agreement provides the survey, treatment, and handling requirements necessary to assure freedom from GWSS. Violation of the provisions of a compliance agreement is unlawful and any person that violates the provisions of a compliance agreement can also be held liable civilly for up to $10,000. Remedies provided here do not supersede or limit any and all other remedies available to the State (FAC Section 5705).

- If any shipment of any nursery stock, plant, or container of any nursery stock or plant, or appliance, or any host or other carrier of any pest which is brought into any county or locality in the state from another county or locality within the state, is found to be infested with a pest (i.e., GWSS), or there is reasonable cause to believe that the shipment may be infested, the entire shipment shall be refused delivery and may be immediately destroyed by, or under the supervision of the Commissioner, unless the nature of the pest is such that no damage or detriment can be caused to agriculture by the return of the shipment to the point of shipment (FAC Section 6521). The officer who makes the inspection of such a shipment may affix a warning tag or notice to the shipment and shall notify in writing the owner or bailee of the shipment to return the shipment to the point of shipment within the time limit which the

officer specifies (FAC Section 6522). Similarly, a warning hold may be placed on a shipment entering the state if it is found to be infested with GWSS, or there is reasonable cause to believe that the shipment may be infested with GWSS. It is unlawful, except by written permission, to move or divert any plant shipment placed under a warning hold order without written permission. It is unlawful to remove, destroy, or otherwise alter any warning hold order (FAC Section 6303).

- If or when GWSS is found infesting any location, the Secretary or Commissioner may require that any plant, or other GWSS host, be held at that location, and may require any host within five miles of that location be held as well (FAC Section 5701). It is unlawful to move any plant or host in violation of a hold order.
- Any location, plants, or other things found infested with GWSS can be considered a public nuisance and may be prosecuted as such and any remedies provided by law for the prevention and abatement of a public nuisance will apply. It is unlawful for any person to maintain a public nuisance. The remedies provided here are in addition to any other applicable remedies (FAC Sections 5401 and 5402).

STANDARDS AND RESTRICTIONS

This workplan does not include any variations from the standards set by law. If the Tehama County Department of Agriculture (County) and the Tehama County PDCP Task Force (if applicable) find that there is clear and convincing evidence to support a more stringent standard than is set by regulation, then the County will notify the CDFA and provide detailed justification as to the need for the more stringent standard.

LOCAL APPEAL PROCESS

Pursuant to Section 3651(c)(3) in Title 3 of the California Code of Regulations, the Tehama County Department of Agriculture's PDCP Coordinator shall conduct a hearing if any application of the workplan is appealed in writing to him/her or his/her agency. Once the Coordinator receives an appeal, he/she or his/her agent will respond within 10 days to the appellant. The appellant will be given notice as to the date and time for the hearing. At the hearing, the appellant will be given the opportunity to be heard by the Coordinator and to present evidence on matters concerning the application of the workplan. The Coordinator will render a decision and respond to the appellant in writing within 30 days of the hearing. The results of said hearing will be transmitted to CDFA.

Tehama County

	FY 2025-26	FY 2026-27	Budget Total
Survey/Inspection Total	$26,624.98	$17,204.31	$43,829.29
Budget Total	**$26,624.98**	**$17,204.31**	**$43,829.29**

This budget is dependent on CDFA receiving a federal award from USDA APHIS for Federal Year 2026 (October 1, 2025 - September 30, 2026). Prior approval from CDFA is required before funds are spent in Federal Year 2026.

PIERCE'S DISEASE CONTROL PROGRAM

FY 2025-26 BUDGET

County: Tehama

SURVEY/INSPECTION ACTIVITIES

***PERSONNEL SERVICES**

Permanent Staff	**Hourly**	**Number of**	**Salary**	**Benefit**	**Benefit**	**Total**
Ag / W&Ms Aide	$24.93	425	$10,595.25	67%	$7,098.82	$17,694.07
Office Assistant III	$29.51	7	$206.57	67%	$138.40	$344.97
Ag Biologist I	$14.33	15	$214.95	67%	$144.02	$358.97
Ag Biologist II	$36.96	15	$554.40	67%	$371.45	$925.85
Deputy Commissioner	$49.77	5	$248.85	67%	$166.73	$415.58
Assistant Commissioner	$77.44	5	$387.20	67%	$259.42	$646.62
Total Permanent		472	$12,207.22		$8,178.84	$20,386.06
Total Personnel Services		472	$12,207.22		$8,178.84	$20,386.06

OPERATING EXPENSES

General Expense/Supplies					
Item A					$0.00
Item B					$0.00
Item C					$0.00
Postage					$0.00
Communication					$0.00
****Vehicle Expense**	**Rate**	**Miles**			
County	0.700	1,632			$1,142.40
		0			$0.00
	Monthly	**Total**	**Months**		
Lease vehicles					$0.00
Gasoline for leased vehicle					$0.00
Travel	**Airfare**	**Rental Car**	**Per Diem**	**Other**	
Event A (Date(s))	-	-	-	-	$0.00
Indirect Cost	25%				$5,096.52
				Total Operating Expenses	$6,238.92
				Total Survey/Inspection Activities	**$26,624.98**

*Subject to change due to salary increases, available work force, labor contract changes, program modifications, etc.
**Subject to change due to federal mileage rate changes.

PIERCE'S DISEASE CONTROL PROGRAM

FY 2026-27 BUDGET

County: Tehama

SURVEY/INSPECTION ACTIVITIES

***PERSONNEL SERVICES**

Permanent Staff	**Hourly**	**Number of**	**Salary**	**Benefit**	**Benefit**	**Total**
Ag / W&Ms Aide	$24.93	280	$6,980.40	67%	$4,676.87	$11,657.27
Office Assistant III	$29.51	4	$118.04	67%	$79.09	$197.13
Ag Biologist I	$14.33	10	$143.30	67%	$96.01	$239.31
Ag Biologist II	$36.96	10	$369.60	67%	$247.63	$617.23
Deputy Commissioner	$49.77	4	$199.08	67%	$133.38	$332.46
Assistant Commissioner	$77.44	3	$232.32	67%	$155.65	$387.97
Total Permanent		311	$8,042.74		$5,388.63	$13,431.37
Total Personnel Services		311	$8,042.74		$5,388.63	$13,431.37

OPERATING EXPENSES

General Expense/Supplies						
Item A						$0.00
Item B						$0.00
Item C						$0.00
Postage						$0.00
Communication						$0.00
****Vehicle Expense**	**Rate**	**Miles**				
County	0.700	593				$415.10
		0				$0.00
	Monthly	**Total**	**Months**			
Lease vehicles						$0.00
Gasoline for leased vehicle						$0.00
Travel	**Airfare**	**Rental Car**	**Per Diem**	**Other**		
Event A (Date(s))	-	-	-	-		$0.00
Indirect Cost	25%					$3,357.84
					Total Operating Expenses	$3,772.94
					Total Survey/Inspection Activities	**$17,204.31**

*Subject to change due to salary increases, available work force, labor contract changes, program modifications, etc.

**Subject to change due to federal mileage rate changes.

Attachment 2 - Summary of Management Practices, Mitigation Measures, and Other PEIR Requirements

Requirement	Description
	General Requirements
Conduct activity as described in Chapters 2 and 3 of PEIR	Activities covered by the PEIR are described in PEIR Chapters 2 and 3. Activities must be implemented in accordance with these descriptions, unless an Addendum or tiered CEQA document has been prepared pursuant to Part B of the Tiering Strategy.
Include applicable PEIR requirements in Compliance Agreements with growers, based on the activities the growers may conduct in response to quarantine	When a regulated entity (e.g., grower) wishes to ship host material outside of an established quarantine area, CDFA and the regulated entity enter into a Compliance Agreement to ensure the orderly marketing of regulated hosts or articles. The Compliance Agreement must include any relevant PEIR requirements, such as descriptions of authorized chemical treatments, protective measures related to special-status species, MPs, applicable PEIR mitigation measures, etc.
Obtain technical assistance from the U.S. Fish and Wildlife Service, National Marine Fisheries Service, and California Department of Fish and Wildlife	CDFA designs its pest eradication protocols to meet or exceed recommendations from USFWS and the California Department of Fish and Wildlife (CDFW) concerning special-status species and sensitive natural communities (as defined in Section 6.3, Biological Resources). CDFA also coordinates with NMFS to address control programs for non-native pest outbreaks that may impact species under their jurisdiction (i.e., ocean coastlines or streams that empty into the ocean). Under the existing Statewide Program, no impacts on special-status species or sensitive natural communities have been identified from pest management activities to date. Under the Proposed Program, CDFA would continue to coordinate with USFWS, NMFS, and CDFW to avoid "take" of threatened and endangered species and to minimize adverse environmental impacts on other special-status species and sensitive natural communities. Prior to making the decision to treat, CDFA would consult the California Natural Diversity Database (CNDDB) for special-status species previously reported inside or in close proximity to the treatment area boundaries, as well as check for the potential for presence of special-status species habitat and/or sensitive natural communities. CDFA would report the results to USFWS, NMFS, and/or CDFW. CDFA, in conjunction with the county agricultural commissioner, would provide USFWS, NMFS, and/or CDFW with maps showing the proposed treatment areas and identifying the treatment activity. CDFA would develop measures to avoid adverse environmental impacts on these resources and would notify USFWS, NMFS, and/or CDFW (depending on the potentially affected species) of pest control activities and the protective measures proposed for use. If any of these wildlife agencies responded to CDFA with a conclusion that the proposed activities would pose potential for "take" of threatened or endangered species, or other special-status species, CDFA would coordinate further with these agencies regarding the appropriate measures to avoid

Requirement	Description
	impacts. The presence of special-status species or sensitive natural communities may require treatment regimen alterations so that take of the species, or adverse modification of sensitive natural communities, would not occur. Treatment plans are designed so that "take" of special-status species would not occur. This may mean that a section of riparian area would be treated only partially (e.g., no insecticides sprayed on trees above a certain height level so that no drift would occur into the associated waterbody) or no treatment would occur at all, however, this would likely lead to full establishment of the invasive pest.
	Management Practices
MP-SPRAY-1: Conduct a Site Assessment	▪ Verify site to be treated. ▪ Take note of site conditions, such as soil texture, slope, water bodies, host plants, irrigation, and storm drains. ▪ Identify and make plans to avoid streamside management areas and surface water. ▪ Consider integrated pest management methods designed to minimize the scale and number of pesticide applications. Consider multiple measures such as sterile release, host removal, and bait stations. ▪ Choose the least persistent and lowest toxicity pesticide that will efficaciously treat the target pest.
MP-SPRAY-2: Properly clean and calibrate all equipment to apply chemicals uniformly and in the correct quantities	▪ Calibrate spray equipment per label instructions. ▪ Perform equipment screening tests and tank sampling when appropriate. ▪ Use dedicated specific equipment for specific products when appropriate. ▪ Ensure equipment is cleaned properly per the manufacturer's specifications and any pesticide label directions. ▪ Select the appropriate nozzle to ensure proper coverage. ▪ Maintain an equipment log to track calibration, cleaning, and repairs. ▪ Conduct visual inspections of equipment before use. Check all equipment for leaking hoses, connections, and nozzles. ▪ Monitor the operation of the nozzles during the application. ▪ Request county agricultural commissioner pesticide use enforcement inspections and monitoring of applications. ▪ Discontinue use immediately if equipment malfunctions or fails to pass screening tests.
MP-SPRAY-3: Follow pesticide application laws and regulations, and label directions.	▪ Comply with Pesticide label. ▪ Require employees who supervise the handling and application of pesticides to maintain a Qualified Applicator License issued by CDPR. ▪ Be aware of any regulations or internal procedures before application. ▪ Use appropriate application methods and rates.

Requirement	Description
	▪ Mix and load chemicals in areas where spills can be contained. Limit mixing and loading in the field. ▪ Provide annual safety training for all treatment personnel.
MP-SPRAY-4: Apply chemicals only under favorable weather conditions	▪ Monitor wind conditions. Delay or do not apply foliar sprays if wind speeds are over 10 miles per hour. ▪ Check weather service prior to application. Delay or do not apply foliar treatments if there is a 40% or higher chance of rain forecast to occur 24 hours before or after the planned application.
MP-SPRAY-5: Follow integrated pest management and drift reduction techniques	▪ Use buffer zones where applicable to protect sensitive areas, such as bodies of water, critical habitat for threatened and endangered species, and other identified sensitive areas. ▪ Use low pressure application equipment if applicable. ▪ Use “bait station” application methods when possible.
MP-SPRAY-6: Clean equipment and dispose of rinse water per label directions	▪ Rinse equipment according to manufacturer’s label instructions. ▪ Discharge rinse water only in areas that are part of the application site or at a certified waste treatment facility. ▪ Dispose of surplus chemicals and containers according to label instructions.
MP-SPRAY-7: Follow appropriate product storage procedures	▪ Ensure proper storage of all pesticides per label instructions. ▪ Ensure all pesticides removed from their original container are properly sealed for use within a service container. ▪ Seal all service containers within a tool box. ▪ Lock tool boxes when unattended.
MP-AERIAL-1: Use appropriate aerial spray treatment procedures	▪ Do not make direct application to water bodies. ▪ Use dripless nozzles if available. ▪ Verify the calibration of the contractor’s spray equipment before the start of each treatment campaign. ▪ Make sure that the aircraft pilot is in radio communication with Proposed Program personnel on the ground, to verify wind speed and direction and location of non-target sites, including water bodies, people, vehicles, and buildings. ▪ Supervise mixing and loading of the aircraft.
MP-GROUND-1: Follow appropriate ground-rig foliar treatment procedures	▪ Avoid direct applications to water bodies unless the material is registered for such use. ▪ Maintain a 30-foot buffer around water bodies per NPDES permit. ▪ Use dripless nozzles or fan-type nozzles at low psi if applicable. ▪ When using a blower boom, direct the blower boom to the precise angle needed to treat host plants. ▪ Ensure the spray boom is equipped with an electric on/off switch to treat the precise target areas where host plants occur. ▪ Monitor wind conditions. Delay or do not apply foliar sprays if

Requirement	Description
	wind speeds are over 10 miles per hour. ▪ Perform ground-rig foliar treatments at low pressure, to reduce the quantity of fine droplet particles where applicable. ▪ Allow only staff or private entities under contract that are appropriately trained and licensed to perform ground-rig spot treatments. ▪ Check weather service prior to application. Delay foliar treatments if there is a 40% or higher chance of rain forecast to occur 24 hours before or after the planned application.
MP-GROUND-2: Follow appropriate low-pressure backpack treatment procedures	▪ Avoid direct applications to water bodies unless material is registered for such use. ▪ Maintain a 30-foot buffer from water bodies per NPDES permit. ▪ Use dripless nozzles where applicable. ▪ Direct the nozzle at the target to minimize drift. ▪ Monitor wind conditions. Delay or do not apply foliar sprays if wind speeds are over 10 miles per hour. ▪ Allow only trained staff to perform backpack spot treatments. ▪ Monitor weather conditions. Delay foliar treatments if there is a 40% or higher chance of rain forecast to occur in the next 24 hours.
MP-GROUND-3: Train personnel in proper use of pesticides	▪ Conduct training for personnel in the safe and proper mixing, loading, and application of pesticides, in compliance with both federal and State pesticide regulations and the product label. ▪ Require employees who supervise the handling and application of pesticides maintain a Qualified Applicator Certificate, issued by CDPR or have a County License for Pesticide Regulation. ▪ Contractors will be appropriately trained and licensed.
MP-GROUND-4: Enforce runoff and drift prevention	▪ Carefully monitor and evaluate weather conditions within potential treatment areas to determine the effectiveness of control applications immediately before deciding whether to proceed with a treatment and during the course of a treatment. o Monitor weather conditions before and during applications o Comply with NPDES Permit.
MP-HAZ-1: Implement a Spill Contingency Plan	▪ Contain spill immediately to minimize the risk of further pesticide exposure to people, animals, and the environment. ▪ Be prepared to respond to pesticide spills. ▪ Provide clean-up of small spills (50 gallons or less) and properly dispose of residual materials. For larger spills notify the Chemical Transportation Emergency Center at 800-424-9300. ▪ Use established protocols in determining the appropriate action in the event of an accidental crash of a spray rig, tanker, or aircraft. ▪ Follow instructions for First Aid Measures as listed on the Material Safety Data Sheet.

Requirement	Description
	▪ Call an ambulance in the event of a spill involving severe personal injury. ▪ Remove anyone exposed to pesticides to a safe location. If applicable, remove their clothing and wash contaminated skin with soap and water. ▪ Do not move a seriously injured person unless it is absolutely essential because of the risk of further injury. ▪ Do not leave injured or incapacitated persons until proper medical assistance arrives. ▪ Provide a pesticide label and/or material safety data sheet for medical personnel. ▪ For any spill incident, contact the California State Warning Center/Governor's Office of Emergency Services at 916-845-8911 or warning.center@oes.ca.gov. ▪ Call the fire department and notify department personnel of the presence of pesticides for a spill involving fire, if a fire hazard exists. Eliminate all sources of ignition (electric motors, gasoline engines, or smoking) to prevent fire or explosion. ▪ Contact the California Highway Patrol by calling 911 for a spill occurring on a highway. ▪ Call local police or the county sheriff for a spill occurring off-road. ▪ Stop the leak and contain the spill of a punctured tank. ▪ For minor spills of 50 gallons or less: o Wear rubber boots, coveralls, rubber gloves, and eye protection. o Confine the leak or spill to the smallest area possible by using natural terrain, soil, or absorbent material. o Shovel contaminated material into a leak-proof container. o Do not hose down the area. o Work carefully and safely; do not hurry. o Dispose contaminated material in the same manner as for excess pesticides or hazardous wastes. ▪ For major spills of 50 gallons or more: o Follow the steps listed for all above and include the additional number below. o If the spill is too big, or uncertainty exists as to the appropriate action, notify the Chemical Transportation Emergency Center at 800-424-9300.
MP-HAZ-2: Use a safety and cleanup materials checklist	▪ Follow a checklist for safety and cleanup materials to accompany mixing-loading vehicles during treatment activities, which should include the following: o For Safety: a first-aid kit; a fire extinguisher (516, type A-B-C), and goggles. o For Clean-up: one shovel, large heavy-duty plastic bags, rubber boots, disposable coveralls, water, rubber gloves, a broom and dust pan, liquid detergent, several

Requirement	Description
	bags of "kitty litter" or other absorbent materials.
MP-HAZ-3: Implement decontamination	▪ Decontaminate paved surfaces per site specific protocols and Accidental Release Measures on the Material Safety Data Sheet. ▪ Shovel contaminated material into a leak-proof metal drum for final disposal.
MP-HAZ-4: Follow appropriate disposal procedures	▪ Dispose all materials that have been contaminated by spillage or exposed to large volumes of pesticides, including cloth, soil, and wood that cannot be decontaminated, in the same manner as done for excess pesticides. ▪ Store contaminated absorbent material and materials that cannot be decontaminated in a leak-proof container and dispose the container at a Class I landfill.
Mitigation Measures	
Mitigation Measure BIO-CHEM-2: CDFA will obtain technical assistance from USFWS, CDFW and NMFS to identify site-specific buffers and other measures to protect habitats utilized by special-status species	CDFA shall identify any suitable habitat for special-status wildlife species identified as having potential to (1) occur in the region and (2) be affected by the treatment scenario in question. Suitable habitat may consist of aquatic or terrestrial foraging habitat. If such habitat exists, CDFA would prepare treatment plans that will avoid or minimize substantial adverse effects on special-status species and submit them to USFWS, CDFW, and NMFS for review. This may be done on a project-specific basis (for individual applications) or for an entire quarantine area. Treatment plan measures may include modifications in the timing, locations, and/or methods for chemical treatments on a case-by-case basis, including establishment of site-specific buffers. The technical assistance process has been designed so that no "take" authorization will be needed. The treatment plan requirements will be provided to those implementing the treatments. In the case of quarantines, the requirements will be attached to the compliance agreement between CDFA and those individual growers affected by the requirements (e.g., those who may treat in proximity to suitable habitat for special-status species). CDFA shall document the results of the USFWS, CDFW, and NMFS coordination, and shall maintain records of compliance with the measures to protect special-status species.
Mitigation Measure HAZ-GEN-4a: Determine Potential for Hazardous Materials Exposure	Before conducting any activities under the Proposed Program, CDFA staff (or the entity conducting the activity) shall determine whether the potential exists for the activity, based on its characteristics and location, to result in exposure to existing sites of hazardous materials contamination.
Mitigation Measure HAZ-GEN-4b: Conduct a Hazardous Materials	If exposure to hazardous materials contamination is determined to be a possibility, before conducting the activity under the Proposed Program,

Requirement	Description
Records Search before Beginning Proposed Program Activities at a Given Site	CDFA staff (or the entity conducting the activity) shall search the EnviroStor database to identify any area that may be on sites containing known hazardous materials. If hazardous sites are encountered, CDFA shall coordinate with the property owners and/or site managers, and regulatory agencies with jurisdiction over these sites for proper protocols to follow to protect worker health and safety. At a minimum, these protocols shall ensure that workers are not subjected to unacceptable health risk or hazards, as determined by existing regulations and standards that have been developed to protect human health.
Mitigation Measure HAZ-GEN-4c: Stop work and implement hazardous materials investigations/ remediation for contamination health risks	In the event that during the activity, previously unknown hazardous materials not related to the Proposed Program are encountered that may pose a health risk to those implementing Proposed Program activities, all activities will stop and CDFA (or the entity conducting the activity) shall consult the landowner and appropriate agencies to determine the extent of the hazardous material and determine what safety protocols need to be implemented to continue Proposed Program activities. At a minimum, these protocols will ensure that workers are not subjected to unacceptable health risk or hazards, as determined by existing regulations and standards that have been developed to protect human health.
Mitigation Measure HAZ-CHEM-1a: Conduct Public Information Sessions Regarding Pesticide Safety Practices	CDFA shall continue to work with CDPR and CACs to conduct public information sessions in the local communities where Proposed Program chemical management activities are proposed to be conducted. The focus will be on educating residents whose properties are being treated or who live in proximity to areas being treated on MPs for pesticide applications, including an emphasis on notification, signage, re-entry periods, potential adverse health effects, and how to seek proper help if an accident is suspected. As necessary, sessions will be conducted or translated in a language understood by the target audience, such as Spanish.
Mitigation Measure HAZ-CHEM-1b: Conduct Training Sessions and Prepare Educational Materials Regarding Safe Handling and Application of Pesticides	CDFA shall continue training sessions for its staff and contractors regarding safe pesticide handling and application. In addition, for quarantine areas, CDFA shall include materials in its compliance agreements with regulated entities (e.g., growers) with information for pesticide applicators and agricultural workers regarding MPs for pesticide applications, including an emphasis on notification, signage, re-entry periods, potential adverse health effects, and how to seek proper help if an accident is suspected. A regulated entity is defined as someone who has to comply with the quarantine requirements in order to move their products outside of the regulated area. This may include but not be limited to growers, nurseries, and commodity shippers. The compliance agreements will require that regulated entities distribute these materials to applicators and workers. As necessary, all materials will be presented in a language understood by the target audience, such as Spanish.
Mitigation Measure HAZ-CHEM-3:	CDFA shall require Proposed Program staff and contractors to conduct

Requirement	Description
Require Compliance with the Proposed Program's Authorized Chemical Application Scenarios	chemical applications in a manner consistent with the Proposed Program's authorized chemical application scenarios, resulting in acceptable human health risk as described in Chapter 2, Proposed Program Description and the HHRA (Appendix B). Deviations from the authorized chemical application scenarios may be allowed if: (1) An evaluation is conducted pursuant to the CEQA Tiering Strategy (Appendix C), which concludes that the alternative scenario will not exceed the level of concern for any receptor; or (2) A certified industrial hygienist concludes that the alternative scenario will not result in risk exceeding the level of concern for any potential receptor, and the scenario is implemented by a licensed or certified applicator. This conclusion may be based on site-specific factors that minimize potential for exposure, absence of a particular receptor, use of additional or different PPE, or monitoring of the exposure, such as regular blood tests to ensure blood concentrations in the exposed individuals are below the risk threshold. When methyl bromide is used, appropriate air sampling and analysis by a qualified professional will be done for the fumigation worker and fumigation downwind bystander to evaluate the effectiveness of BMPs related to subchronic and chronic exposure. The results of the evaluation or hygienist's conclusions will be documented, along with any monitoring results. CDFA will conduct training for its staff and contractors on these approaches. CDFA also will require adherence to these scenarios by including requirements in contractual agreements, such as compliance agreements (for quarantines), permits (e.g., for movement of certain materials outside quarantine areas), contracts (e.g., with CDFA contractors), or other similar means.
Mitigation Measure NOISE-PHYS-1: Conduct Activities during the Daytime	For activities that exceed the applicable nighttime noise criteria at the nearest sensitive receptor, activity operations will be scheduled to occur during the day (between 6 a.m. and 10 p.m.).
Mitigation Measure WQ-CHEM-2: Track Emerging Water Quality Standards and Implement Additional Mitigation as Appropriate	CDFA will track whether new applicable numerical water quality standards have been adopted. If new numerical thresholds are established, CDFA will evaluate whether the estimated concentrations modeled in the Ecological Risk Assessment exceed the adopted standard. In these cases, Impact WQ-CHEM-4 or WQ-CHEM-5 would apply (including implementation of appropriate MPs as described in those impacts), and Mitigation Measure WQ-CHEM-4 would be implemented related to quarantine activities.
Mitigation Measure WQ-CHEM-5: Require Implementation of Proposed Program MPs as Part of Compliance	For quarantine areas where chemicals may be used that were modeled to exceed standards, or where impaired waterbodies exist which could be affected by Proposed Program chemical use, CDFA shall include a

Requirement	Description
Agreements	requirement in compliance agreements that regulated entities (e.g. growers) are to implement relevant Proposed Program MPs, or shall show proof that participation in the Ag Waivers Program or another program to protect water quality contains measures which are equivalent to or more protective than the Proposed Program MPs.
Mitigation Measure WQ-CUM-1: Identify whether Proposed Program Pesticide Applications May Occur in Proximity to Impaired Waterbodies, and Implement Appropriate MPs	Before conducting a treatment or implementing a quarantine, CDFA shall identify whether a treatment location or quarantine area contains or is in proximity to any waterbodies impaired for relevant pesticides, pesticides in general, or toxicity. For those treatments where impaired waterbodies are present, CDFA shall implement relevant Proposed Program MPs. For quarantines where impaired waterbodies exist, CDFA shall implement Mitigation Measure WQ-CHEM-5.

AD-1048

OMB No. 0505-0027
Expiration Date: 09/30/2025

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, and 2 CFR §§ 180.300, 180.335, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880. Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0027. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal or civil fraud, privacy, and other statutes may be applicable to the information provided.

(Read instructions on page two before completing certification.)

A. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;

B. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

ORGANIZATION NAME	PR/AWARD NUMBER OR PROJECT NAME

NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S)	
SIGNATURE	DATE

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Instructions for Certification

(1) By signing and submitting this form, the prospective lower tier participant is providing the certification set out on page 1 in accordance with these instructions.

(2) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies, including suspension or debarment.

(3) The prospective lower tier participant must provide immediate written notice to the person(s) to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

(4) The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person, ""primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549, at 2 CFR Parts 180 and 417. You may contact the Department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

(5) The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it may not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department or agency with which this transaction originated.

(6) The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

(7) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the General Services Administration's System for Award Management Exclusions database.

(8) Nothing contained in the foregoing shall be construed to require establishment of a system of records to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

(9) Except for transactions authorized under paragraph (5) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

E-Contract Review
Approval as to Form

Department Name: Agriculture

Vendor Name: California Department of Food and Agriculture

Contract Description: For the purpose of GWSS agreement

APPROVED AS TO FORM:



Date: 10/06/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1412 **Agenda Date:** 10/21/2025 **Agenda #:** 14.

HEALTH SERVICES AGENCY / MENTAL HEALTH

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Executive Director to sign the agreement with California State University, Humboldt for placement of students for the Social Work Program, effective 10/14/25 and shall terminate 6/30/30

Financial Impact:
There is no direct financial cost for the Department to participate in this program. There is no impact to the general fund.

Background Information:
The purpose of the agreement with California State University, Humboldt is for the placement of students in the University's Social Work programs with the Health Services Agency. The students are given the opportunity to participate in a service-learning environment with the staff. It is also an opportunity for the Department to participate in the education of those who plan a career in health services and gives the Department an opportunity to recruit these candidates after they graduate from college. If this agreement is not approved, these students would need to find other facilities to provide them with their training needs.

AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND CALIFORNIA STATE UNIVERSITY, HUMBOLDT

This Agreement is made and entered into pursuant to Education Code 89036 by and between the Trustees of the California State University, on behalf of the California State Polytechnic University, Humboldt ("University") and the County of Tehama through its Health Services Agency ("County").

WITNESSETH:

WHEREAS, the University is committed to high quality learning environments both in and outside of the classroom, and to providing the technology, the related training, and the support needed for high quality learning environments. California State Polytechnic University, Humboldt, is known for its long history of service to the educational, cultural, and economic needs of Northern California. The University has an outstanding record of collaboration with community and regional partners in education and business that enrich the learning environment and open career doors for students. The University promotes service learning, internship, and experiential pedagogies that combine explicit academic learning objectives with meaningful contributions to education, community service, and business.

Whereas, County is the operator of a Mental Health Facility located in Red Bluff and Corning, through which behavioral health services are needed to provide care to clients; and

Whereas, the University and County recognize the opportunity for positive learning experiences and mutual benefit for each, and for service learning students;

Whereas, it is to the mutual benefit of the parties hereto that students of the University's Social Work Program are eligible to use the clinical facilities of County for their clinical experience; and

Now therefore, in consideration of the covenants, conditions, and stipulations hereinafter expressed and in consideration of the mutual benefits to be derived therefrom, the parties hereto agree as follows:

I. COUNTY SHALL:

A. Allow each student who is designated by University pursuant to Paragraph II.A. below, to compete for clinical experience openings at County in the hereinafter listed types of courses, on an equal basis with students from other institutions, based on their individual merit, and, if selected, shall furnish and permit such students and University instructors free access to an appropriate clinical experience in County, subject to approval by the Mental Health Director, and or designee. County shall make the final selection among qualified candidates for

each opening in its sole discretion, which decision shall be final. Nothing in this Agreement shall be construed to guarantee that University's students will be selected for any such opening.

B. Furnish appropriate rotations, in such a manner that there will be no conflict in the use thereof between University's students and students from other educational institutions, if any.

C. Offer programs that will at all times meet the requirements of the Social Work Program.

D. Assure that staff is adequate in number and quality to provide appropriate health care to individuals.

E. Provide University instructors taking part in the Program access, as approved by the University's Clinical Training Director or designee, to the County.

F. County shall, at no cost or expense to itself, make available emergency care/first aid for students in the case of injury on the days students are receiving training at County; all financial liability shall be assumed by the student.

G. At the discretion of Executive Director of the Health Services Agency, permit and encourage appropriate members of the mental health staff of County to participate in the instructional phase of the clinical experience as mutually deemed appropriate by the University instructors and the County, at no cost to the County or staff.

H. At the discretion of the Executive Director of the Health Services Agency, permit appropriate personnel to attend meetings mutually deemed appropriate by the University and County to coordinate the Program provided for under this Agreement.

I. Notify the University's clinical instructors, in advance, of any change in the designated representatives of County.

J. Have the right, after consultation with the University, to refuse to continue any University student who, in County's judgment, is not participating satisfactorily in said Program or to reject any student. Students and/or University personnel shall promptly and without protest leave an area whenever they are requested to do so by an authorized County representative.

K. Provide for orientation of County staff and the University faculty in preparation for assigned clinical experiences within County.

L. Maintain standards accepted by appropriate accrediting bodies.

M. Students shall perform services for patients only when under the supervision, control and responsibility of County. Students shall work, perform assignments, and participate in clinics, staff meetings and in-service educational programs at the discretion of their supervisors, designated by County. Students are trainees, not employees, and are not to replace County staff. As trainees, students are considered members of County's "workforce" as that term is defined by the HIPAA regulations at 45 C.F.R. 160.103, and shall be subject to County's policies, respecting confidentiality of medical information. In order to ensure that students comply with such policies, County shall provide students with substantially the same training that it provides to its regular employees.

N. Provide a reasonably safe area for storage of personal belongings of students, although County does not assume responsibility for any personal belongings of students.

O. Give Student(s) a complete tour of the County site as well as satellite site if appropriate, and ensure that Student(s) are aware of all emergency procedures and are able to act responsibly in the event of an emergency.

P. Ensure that Student(s) are aware of the unique nature of the population and/or clients of County and have received orientation and any additional training that County deems necessary to work with this population.

Q. California law may require County to obtain Student(s) fingerprints and submit them to the Department of Justice, and/or the Federal Bureau of Investigation for a criminal background check. It is County's responsibility to 1) determine whether such fingerprinting is required 2) obtain the Student(s) fingerprints; 3) obtain criminal background clearance from the appropriate agency and 4) maintain the confidentiality of that information in accordance with California State Law.

R. Site Supervision – County shall appoint a Site Supervisor who shall meet with Student(s) as identified in a service schedule to be determined by the faculty member and County. All clients and the site supervisor will provide guidance and advice as necessary and appropriate. A secondary Site Supervision will be responsible for the Student(s) in the absence of the primary supervisor.

S. Workspace – Student(s) shall have appropriate space at the County site in which to conduct their assigned work. County shall provide access and training for any and all equipment necessary for the Student(s) to use in order to fulfill their assigned service rolls.

T. Evaluation – the County Site supervisor or designee shall complete an evaluation regarding the quality of service that teach Student(s) provided to County. The evaluation will be agreed upon by the faculty member and County.

II. UNIVERSITY SHALL:

A. Designate the students who are enrolled in the Program of University to be eligible for clinical experience at County.

B. Establish a rotation plan for the clinical experience in the types specified in Paragraph I.A. above; provided, however, that the specified areas to be utilized therefore shall be selected subsequently by mutual agreement between the Executive Director of the Health Services Agency, or designee and University's duly authorized representative.

C. Supervise all instruction and clinical experience given at County to the assigned students and provide the necessary clinical instructors for the Program provided for under this Agreement.

D. Keep all attendance and academic records of students participating in said Program.

E. Certify to County at the time each student first reports to County to participate in said Program that said student will comply with health policies of the University, including meeting standards for emotional and physical requirements, current immunizations and yearly tuberculosis testing.

F. Be responsible for University instructor professional activities while at County.

G. Require every instructor and student to conform to all applicable County policies, procedures, and regulations, and all requirements and restrictions specified jointly by representatives of University and County.

H. Certify to County that all instructors functioning at County are current in LMFT/LCSW/LCPP licensure and faculty evaluation.

I. Require University instructors to notify Executive Director of the Health Services Agency or designated representatives in advance of:

1. Written objectives for students' clinical experiences.
2. Student clinical schedules.
3. Placement of students in community health assignments.
4. Changes in clinical assignments.

J. In consultation and coordination with Executive Director Health Services Agency or designated clinical representatives, the University's instructor will plan for the clinical experience to be provided to students under this Agreement.

K. In consultation and coordination with Executive Director Health Services Agency or designated clinical representatives, arrange for periodic conferences between appropriate representatives of University and County to evaluate the clinical experience provided under this Agreement. University and County agree there will be no exchange of individually identifiable health information during said conferences.

L. Provide and be responsible for the care and control of University's education supplies, materials, and equipment used for instruction during said Program.

M. Provide for orientation of students and faculty assigned to County.

N. University shall notify the students and supervising instructors that they are responsible for maintaining confidentiality of patient information. No student shall have access to or have the right to receive any medical record, except when necessary, in the regular course of the clinical experience. The discussion, transmission or narration in any form by students of any individually identifiable patient information, medical or otherwise, obtained in the regular course of the Program is forbidden except as a necessary part of the practical experience. Neither University nor its employees or agents shall be granted access to individually identifiable patient information unless the patient has first given consent using a form approved by County that complies with applicable State and Federal law, including the Health Insurance Portability and Accountability Act (HIPAA) and regulation thereunder. County shall reasonably assist University in obtaining such consent in appropriate circumstances. In the absence of such consent, students shall use only de-identified information in any discussions with University, its employees or agents.

O. University agrees to report to County any security incident or any use or disclosure of Protected Health Information (in any form) not provided for by this Agreement. Security incidents include attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. University shall make this report by the next business day following discovery of the use, disclosure, or security incident.

P. University shall be solely responsible for any payroll taxes, withholdings, workers' compensation and any other insurance or benefits of any kind for, employees, and agents of University providing services under this Agreement. Students are not employees or agents of University and shall receive no compensation for their participation in the Program, either from University or County. However, for purposes of HIPAA compliance under this Agreement, and

for no other purpose, students as trainees are member of County's "workforce" as that term is defined by the HIPAA regulations at 45 C.F.R. 160.103.

III. CLINICAL FIELD TRAINEES

A. University's Responsibilities:
    a. Review and Approve student's application for clinical training experience.
    b. Provide student(s) with contracted agency name and contact.
    c. Ensure that student trainees have professional liability insurance coverage.

B. County's Responsibilities:
    a. Consider potential student trainee(s) on a non-discriminatory basis.
    b. Consult with the Clinical Training Director before accepting a student into the training program to ensure the best match for student/County.
    c. Assign a master's or doctoral level mental health practitioner who is qualified in the State of California to supervise student trainees for each student trainee who is in the Master of Arts in Counseling Psychology Program.

IV. LIABILITY

A. The Agency, its agents, and employees will in no way be liable for injury that may occur to a student or faculty member assigned to the program while engaged in program activities with the Agency. University agrees to indemnify and hold harmless the Agency, its agents and employees, against any and all liabilities for personal injury, including injury resulting in death, or damage to property, or both, resulting directly or indirectly from the participation of University faculty or students in this program with the Agency. Such indemnification shall include, but shall not be limited to, any and all liability for any injury to or caused by a University student or faculty member while involved in the performance of activities under this program.

B. University, it's faculty, staff and students, will in no way be liable for injury that may occur to anyone other than students or faculty of the University, assigned to the program while engaged in program activities with the Agency. The Agency agrees to indemnify and hold harmless University, and its employees, against any and all liabilities for personal injury, including injury resulting in death, or damage to property, or both, resulting directly or indirectly from the participation of the Agency staff, employee or other personnel in this program with University. Such

indemnification shall include, but shall not be limited to, all liability while involved in the performance of activities under this program.

V. CLINICAL EXPERIENCE

A. University's Responsibilities:

a. Provide didactic training and support for the students in a clinical field placement seminar concurrent with the clinical field training.

b. Communicate with the County any particular qualifications or needs of student(s).

c. Communicate the expectation that students will adhere to County's rules and regulations and will conduct themselves accordingly to the professional and ethical standards of counseling psychologists/marriage and family therapists and the County.

B. County's Responsibilities:

a. Orient the student to the Agency's policies, procedures, schedule, physical plant, etc.

b. Assist the student trainee with setting appropriate training goals.

c. Provide weekly supervision for student trainees by a qualified master's or doctoral level practitioner: either individual face-to-face, or alternative individual face-to- face and group supervision to meet BBS requirements of one unit of supervision for every five (5) hours of therapy provided by the trainee.

d. Maintain responsibility for the clinical activities of the student(s).

e. Provide student trainee(s) with the opportunity to work with an appropriate and diverse client population.

f. Provide that student trainee(s) have the opportunity to accumulate the required number of clinical contact hours.

g. Provide that student trainee(s) have the opportunity to video-tape counseling sessions for the purpose of completing required coursework.

VI. COORDINATION OF TRAINING EXPERIENCE

Both University and County will designate a person to provide coordination and oversight of training. The Clinical Training Director at the University will serve as a liaison with the

Agency site supervisor. Students will be provided documents related to clinical field placement, maintaining training records, and obtaining consents for the release of confidential information where needed. Parties will complete applicable practicum field experience documents, hereto attached as Exhibit A.

The Agency supervisor will maintain regular communication with the Clinical Training Director and will immediately communicate any issues or concerns with students. The Agency supervisor will document training experiences and activities. Student conduct or clinical training issues will be addressed per University and Program policies as outlined in the University Academic Catalog, Program Handbook and/or Clinical Training Manual.

VII. EVALUATION OF TRAINING

A. University's Responsibilities:

   a. Approve training site(s).

   b. Provide orientations and trainings to Agency supervisors and staff.

   c. Periodically review the training program at the County and visit the site as necessary.

   d. Provide necessary training and evaluation forms to site supervisors and students.

   e. Conduct student outcome assessments in terms of attainment of learning objectives Determine that student has satisfactorily completed the clinical field training placement.

   f. Assign grade for student's clinical field training experience.

B. County's Responsibilities:

   a. Site supervisor will provide written evaluation of the student's performance using evaluation forms provided by the University.

   b. Site supervisors and Clinical Training Director will review the student's evaluations of the site supervisor, training site and learning experience.

VIII. FINANCIAL RESPONSIBILITY

The University has no financial obligations to the County in having students placed in clinical field training. County has no financial obligation to having student trainees.

IX. LENGTH OF AGREEMENT TERM

A. This Agreement shall commence on October 14, 2025, and shall terminate on June 30, 2030.

B. This Agreement shall become effective upon execution and shall continue until terminated by either party after giving the other party thirty (30) days advance written notice of the intention to terminate.

C. County may terminate this Agreement immediately upon oral notice to Provost, or the Clinical Training Director should funding cease or be materially decreased, or should the Tehama County Board of Supervisors decline to appropriate funding for this Agreement in any fiscal year.

X. DISCRIMINATION

No Student shall be denied participation in this program either by the University or by County because of race, color, religion, sex, sexual orientation, marital status, national origin, age or disability.

University shall not unlawfully discriminate in employment practices or in the delivery of services on the basis of race, color, creed, religion, national origin, sex, age, marital status, medical condition, physical or mental disability, use of family care leave, or any other classification or status protected by law.

XI. GENERAL CONDITIONS

A. Indemnification

County shall be responsible for damages caused by the negligence of its directors, officers, agents, employees and duly authorized volunteers occurring in the performance of this Agreement. University shall be responsible for damages caused by the negligence of its directors, officers and employees occurring in the performance of this Agreement. It is the intention of County and University that the provision of this paragraph be interpreted to impose on each party responsibility for the negligence of their respective directors, officers and employees.

B. Insurance

1. County shall provide University a letter of self-insurance evidencing commercial general liability insurance with combined single limit coverage of at least One Million Dollars ($1,000,000) per occurrence and a general

aggregate combined single limit of bodily injury and property damage liability of at least Two Million Dollars ($2,000,000).

2. University shall provide County a letter of self-insurance evidencing commercial general liability insurance with combined single limit coverage of at least One Million Dollars ($1,000,000.00) per occurrence and a general aggregate combined single limit of bodily injury and property damage liability of at least Two Million Dollars ($2,000,000.00). Such insurance shall include County, its elected officials, officers and employees as an additional insured.

3. University shall secure and maintain, for each student participating in the Program, malpractice insurance in aggregate amounts for all students of not less than One Million Dollars ($1,000,000) per occurrence and Three Million Dollars ($3,000,000) per annual aggregate. Said insurance shall be maintained in effect so long as the student remains a participant in the Program. A certificate evidencing such insurance shall be provided to County.

4. University will ensure that each student accepts financial responsibility for his/her own medical care and treatment throughout the term of their placement with County. County is not responsible for any premiums, fees, co-pays or deductibles associated with this coverage.

C. Status of Students

Student(s) shall at no time throughout this Agreement be considered officers, employees, agents or volunteers of County. Students shall perform services for patients only when under the supervision, control and responsibility of County. Students shall work, perform assignments, and participate in clinics, staff meetings and in-service educational programs at the discretion of their supervisors designated by County. Students are trainees, not employees, and are not to replace County staff. County and University agree that the students will not displace any bargaining unit employees, nor will any student placement otherwise violate any collective bargaining agreement.

D. Governing Law

All contracts shall be construed in accordance with, and their performance governed by, the laws of the State of California. Further, County shall comply with any State or federal law applicable to County's performance under this Agreement.

E. HIPAA Privacy Regulations

The parties agree that University is not a "business associate" of County under HIPAA. University will not be performing or assisting in the performance of covered HIPAA functions on behalf of County. There will be no exchange of individually identifiable health information between County and University. Students in the Program are trainees who are part of County's "workforce" as defined in HIPAA regulations at 45 C.F.R. 160.103. With that understanding, the parties agree that they shall comply with all HIPAA privacy regulations, to the extent they apply at all, including but not limited to those set forth in 45 CFR Parts 160 and 164, and also with any privacy applications arising under the State of California.

F. Assignments

Without written consent of TCHSA, this Agreement is not assignable by University either in whole or in part.

G. Agreement Alterations & Integration

No alteration or variation of the terms of the Agreement shall be valid unless made in writing and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto.

H. Endorsement

Nothing contained in this Agreement shall be construed as conferring on any party hereto, any right to use the other party's name(s) as an endorsement of product/service or to advertise, promote or otherwise market any product or service without the prior written consent of the other parties. Furthermore, nothing in this Agreement shall be construed as endorsement of any commercial product or service by University, its officers or employees.

I. Survival

Upon termination of this Agreement for any reason, the terms, provisions, representations and warranties contained in this Agreement shall survive expiration or earlier termination of this Agreement.

J. Severability

If any provision of this Agreement is held invalid by any law, rule, order of regulation of any government, or by the final determination of any State or Federal court, such invalidity shall not affect the enforceability of any other provision not held to be invalid.

K. Entire Agreement

This Agreement constitutes the entire Agreement and understanding of the parties with respect to the subject matter hereof and supercedes all prior agreements, arrangements and understandings with respect thereto. No representation, promise, inducement, or statement of intention has been made by any party hereto that is not embodied herein and no party shall be bound by or liable for any alleged representation, promise, inducement or statement not set forth herein.

L. Employment Status

It is expressly understood and agreed that this Agreement is not intended and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture or association between University and County, but is rather an Agreement by and between University and County as independent contractors.

M. Law and Venue

This Agreement shall be deemed to be made in, and shall be governed by and construed in accordance with the laws of, the State of California (excepting any conflict of laws provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

N. Authority

Each party executing this Agreement and each person executing this Agreement in any representative capacity, hereby fully and completely warrants to all other parties that he or she has full and complete authority to bind the person or entity on whose behalf the signing party is purposing to act.

O. Non-Exclusive Agreement

University understands that this is not an exclusive agreement, and that County shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by University, or to perform such services with County's own forces, as County desires.

P. No Third-Party Beneficiaries

Neither party intends that any person shall have a cause of action against either of them as a third-party beneficiary under this Agreement. The parties expressly acknowledge that is not their intent to create any rights or

obligations in any third person or entity under this Agreement. The parties agree that this Agreement does not create, by implication or otherwise, any specific, direct or indirect obligation, duty, promise, benefit and/or special right to any person, other than the parties hereto, their successors and permitted assigns, and legal or equitable rights, remedy, or claim under or in respect to this Agreement or provisions herein.

Q. Code of Conduct

Tehama County Health Services Agency (TCHSA) maintains high ethical standards and is committed to complying with all applicable statutes, regulations, and guidelines. The TCHSA and each of its employees and University shall follow an established Code of Conduct.

PURPOSE

The purpose of the TCHSA Code of Conduct is to ensure that all TCHSA employees and University are committed to conducting their activities in accordance with the highest levels of ethics and in compliance with all applicable State and Federal statutes, regulations, and guidelines. The Code of Conduct also serves to demonstrate TCHSA's dedication to providing quality care to its patients.

CODE OF CONDUCT – General Statement

The Code of Conduct is intended to provide TCHSA employees and University with general guidelines to enable them to conduct the business of TCHSA in an ethical and legal manner;

Every TCHSA employee and University is expected to uphold the Code of Conduct;

Failure to comply with the Code of Conduct or failure to report non-compliance may subject the TCHSA employee or University to disciplinary action, up to or including termination of employment or contracted status.

CODE OF CONDUCT

All TCHSA employees and University:

- Shall perform their duties in good faith and to the best of their ability.
- Shall comply with all statutes, regulations, and guidelines applicable to Federal health care programs, and with TCHSA's own policies and procedures.
- Shall refrain from any illegal conduct. When an employee or University is uncertain of the meaning or application of a statute, regulation, or guideline, or the legality of a certain practice or activity, he or she shall

seek guidance from his or her immediate Supervisor, Director, the Quality Assurance Manager or the Compliance Auditor.

- Shall not obtain any improper personal benefit by virtue of their employment or contractual relationship with TCHSA.
- Shall notify their Supervisor, Director, Assistant Executive Director or Executive Director immediately upon receipt (at work or at home) of any inquiry, subpoena, or other agency or governmental request for information regarding TCHSA.
- Shall not destroy or alter TCHSA information or documents in anticipation of, or in response to, a request for documents by any applicable governmental agency or from a court of competent jurisdiction.
- Shall not engage in any practice intended to unlawfully obtain favorable treatment or business from any entity, physician, patient, resident, vendor, or any other person or entity in a position to provide such treatment or business.
- Shall not accept any gift of more than nominal value or any hospitality or entertainment, which because of its source or value, might influence the employee's or University's independent judgment in transactions involving TCHSA.
- Shall disclose to their Director any financial interest, official position, ownership interest, or any other relationship that they (or a member of their immediate family) has with TCHSA vendors or University.
- Shall not participate in any false billing of patients, governmental entities, or any other party.
- Shall not participate in preparation of any false cost report or other type of report submitted to the government.
- Shall not pay or arrange for TCHSA to pay any person or entity for the referral of patients to TCHSA, and shall not accept any payment or arrangement for TCHSA to accept any payment for referrals from TCHSA.
- Shall not use confidential TCHSA information for their own personal benefit or for the benefit of any other person or entity while employed at or under contract to TCHSA, or at any time thereafter.
- Shall not disclose confidential medical information pertaining to TCHSA's patients or clients without the express written consent of the patients or clients or pursuant to court order and in accordance with the applicable law and TCHSA applicable policies and procedures.
- Shall promptly report to the Compliance Auditor any and all violations or suspected violations of the Code of Conduct.

- Shall promptly report to the Compliance Auditor any and all violations or suspected violations of any statute, regulation, or guideline applicable to Federal health care programs or violations of TCHSA's own policies and procedures.
- Shall not engage in or tolerate retaliation against employees or University who report or suspect wrongdoing.

XII. NOTICES

Any notice required to be given pursuant to the terms and provisions of this Agreement shall be in writing and shall be sent first class mail to the following addresses:

For University:
Procure@humboldt.edu
Contracts, Procurement
1 Harpst Street
Arcata, CA 95521-8299

For County
Attn: Executive Director
Tehama County Health Services Agency
Post Office Box 400
Red Bluff, CA 96080

Notice shall be deemed to be effective two days after mailing.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

Date: 10-8-25

COUNTY OF TEHAMA

Jayme S. Bottke, Executive Director

THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY, ON BEHALF OF CALIFORNIA STATE POLYTECHNIC UNIVERSITY, HUMBOLDT

Date: 10/08/2025

Edna Lewis (Oct 8, 2025 15:51:53 PDT)

Edna Lewis, Procurement Specialist
Contracts, Procurement

Exhibit A

CAL POLY HUMBOLDT
Department of Social Work

707 826-4448 PHONE
707 826-4434 FAX
socialwork@humboldt.edu EMAIL

Cal Poly Humboldt Department of Social Work
2025 PROPOSAL for Practicum
Using Place of Employment

STUDENT NAME

Social Work Program Level: ☐ BASW ☐ MSW Foundation ☐ MSW Advanced

Program: ☐ Distributed Learning (DL) ☐ Campus

Stipend Program: ☐ Child Welfare IV-E/ PATHWAY Other: _____

Planned Academic Year for Placement: **Aug. 2025- May 2026**

EMPLOYER:

PROGRAM DIRECTOR/LEAD (person who can legally authorize and sign Employment Practicum Agreement):

EMPLOYMENT DIRECT SUPERVISOR:

EMAIL:

PHONE:

SECTION I: EMPLOYER REQUIREMENTS

Each employing agency may have existing policies and requirements regarding opportunity for Practicum (otherwise known as Internship) experiences within the agency, employee probationary status or other guidelines that must be met internally for employment-based placements to be approved.

Please answer YES, NO or N/A. You can also give an explanation if needed.

Is there approval from employment leadership/human resources for this Practicum proposal?

Is there an existing placement agreement established between Cal Poly Humboldt Social Work Department and the employer?

Would the student be completing Practicum activities within the scope of their paid employment?

If Practicum activities are being undertaken on a volunteer/unpaid basis, is the employer assuming responsibility for liability for these activities?

SECTION II: SOCIAL WORK PRACTICUM SUPERVISION REQUIREMENTS

During the academic year, students completing their Practicum must receive regular oversight during Practicum activities, including at least one hour per week of reflective supervision from a Social Work–degreed professional. Ideally, one individual provides both oversight and reflective supervision. When necessary, co-supervision of a day-to-day supervisor with the addition of an Social Work-degreed supervisor performing the responsibilities below are accepted.

Social Work Supervision Responsibilities:

- Attending the Practicum Supervisor Training and Orientation at the start of the Fall semester is required.
- Review and sign the Learning Agreement.
- Provide an equivalent to 1hr a week supervision specific to Social Work Practicum.
- Provide general oversight of the student's Practicum duties and/or be available for consultation (this responsibility may be delegated to a Site Supervisor).
- Approve students' hours logs (can be shared or delegated to the Site Supervisor).
- Complete mid-year and end of year Practicum Evaluations. (Input from the site supervisor should be included in Learning Agreements and Evaluations)
- Attend site visits (can be virtual or in-person) - should include the employment/Social Work Supervision team along with the Faculty Liaison and the student.

Please see the Humboldt Social Work Community Placement Handbook for the full guidelines regarding supervision expectations. https://socialwork.humboldt.edu/content/community-placement-Practicum-education

Social Work supervision will be provided by:

Name and degree/credentials of Social Work Supervisor:

EMAIL:

PHONE:

Is the Social Work Practicum supervisor also the student's day-to-day (Site) Supervisor?
□ YES □ NO

If NO please identify who site supervision is provided by:

Name and any degree/licensure/credentials (if applicable - not required):

EMAIL:

PHONE:

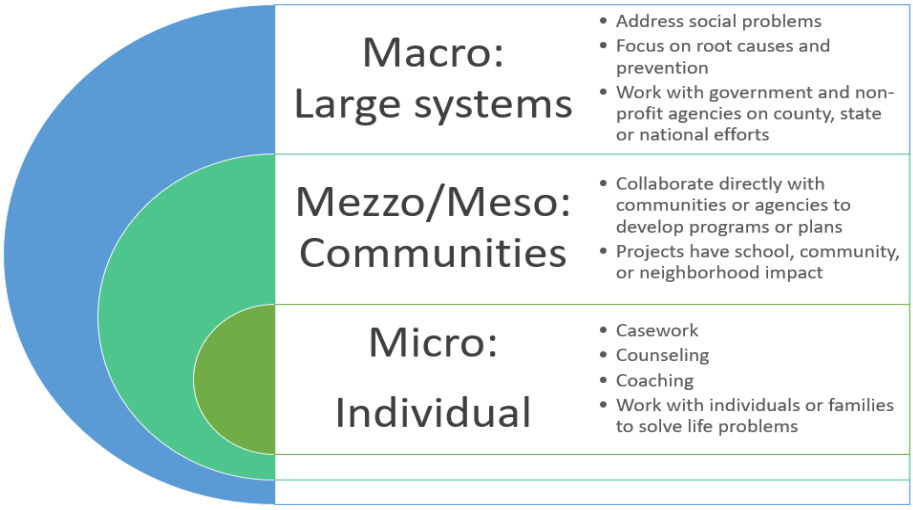
SECTION III: PROPOSED PRACTICUM GOALS & ACTIVITIES

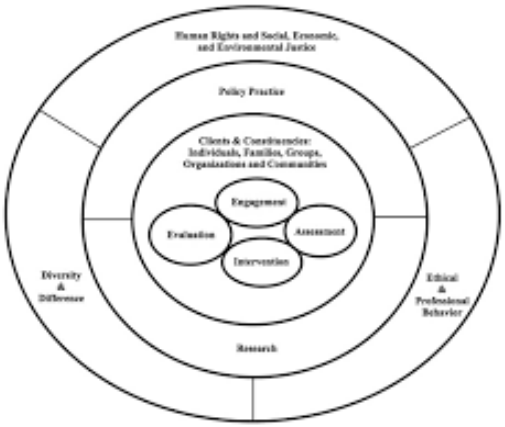
NOTE: if you are proposing to use the SAME EMPLOYMENT SITE for a second year of Practicum you need to also complete ADDENDUM A of this document.

Practicum placements are for a full academic year. Proposed activities may not begin until the Fall Semester and there must be enough range of activities to allow for professional development and growth over nine months' time, through the end of the Spring Semester.

In this Section you will propose overall Practicum Goals for the year and GENERAL activities to create a "map" for your employment based Practicum. In these Goals and activities please consider the multiple levels of practice as well as the Cal Poly Humboldt SW program emphasis - working with rural and Indigenous communities.

The goal in this Section is to identify learning opportunities available to the student within the agency that will make up the Practicum. Students will need to complete a more detailed learning agreement document during their Practicum seminar coursework that is based upon this proposal and includes specifics for our CSWE Competencies and behaviors.





Please use the above chart and holistic map of CSWE Competencies to look at your current employment position and identify the expanded opportunities available to you at your agency for your Practicum.

CONSIDERATIONS:

- Our Competencies ask us to learn and engage in ethical practice, uplift Human Rights, explore and promote anti-racist practices, consider social justice, learn about policy and research informed methodology, practice engagement, assessment, interventions and evaluation. Please consider these when you create goals and proposed activities.
- Practicum activities should go beyond your regular job duties and offer learning opportunities to build off of regular job responsibilities
- For Advanced Year MSW: please identify how you will engage in advanced practice in context of your setting, i.e. related to opportunities for leadership, clinical practice, policy/administration, project based learning, etc.

IDENTIFIED LEARNING **GOALS** FOR PRACTICUM YEAR (No more than 3-4)

DESCRIPTION OF PROPOSED PRACTICUM **ACTIVITIES** (in general - these will be used to write your Learning Agreement in the Fall). You may attach position description if helpful

PROPOSED PRACTICUM SCHEDULE
average of 14-16 hours a week for Fall and Spring semester - can be completed throughout the week or in full day "block" schedule

PROPOSED SUPERVISION SCHEDULE (Social Work specific = 1 hour per week)

PROGRAM EMPHASIS IN ACTIVITIES

Please identify how your proposed activities will address the program emphasis in practice with Indigenous and rural communities. Be sure to identify how the student will be supported in these activities if they are outside of current duties or organizational structure.

Some examples from past student activities within generalist service settings have included:

- Review protocol for how client tribal affiliation may be identified during intake processes and as necessary update program policies for referral and communication with relevant tribal entities and service providers
- Participate in community resource collaboratives to improve outreach and service delivery to rural and tribal communities
- Identify any disproportionate representation of tribal youth within service region and review best practices for engaging youth and families

REQUIRED SIGNATURES:

_____ _____

Student Community Practicum Supervisor

_____ _____

Supervisor of Employment Employment Organizational Leadership

Employment-Based Practicum Release of Information

I, *(student name)* being currently considered for an employment-based placement by Cal Poly Humboldt Social Work with: *(Employer Agency Name)*

I understand that by signing this waiver I am authorizing my employer/placement agency to release to Cal Poly Humboldt Social Work information regarding my performance, if said performance results in termination from my Practicum placement. Cal Poly Humboldt Social Work may consider this information in rendering a decision about my continued participation in the Practicum course. I do hereby agree to hold such employers/agencies, references, persons, etc., harmless from liability for releasing said information.

Student Signature Date

Community Practicum Supervisor Signature Date

Agency Director/Program Manager Signature Date

REVIEWED AND APPROVED BY:

_____ _____

Director of Community Placement and Practicum Education Date

Initials Denote Additional Review by:

Faculty Liaison: Off-site Supervisor: IV-E/Pathway Program Coordinator:

ADDENDUM A

Please complete this Addendum if you are requesting to use the SAME employment site for a second year of Practicum.

Why do you want to complete a second year of Practicum at the same agency?

List the ways that the second year will provide new and/or added activities from the first year. This could include new/different activities/focus, client population(s), location, supervisors, and any other factors that will deepen learning and expand knowledge.

Cal Poly Humboldt Department of Social Work

ADVANCED YEAR STUDENT LEARNING AGREEMENT

Academic Year:

STUDENT:

FACULTY LIAISON:

FIELD INSTRUCTOR/SUPERVISOR:

OFF-SITE/CO-SUPERVISOR: (if applicable)

AGENCY/TRIBE INTERNSHIP PLACEMENT:

AGENCY/TRIBAL CONTEXT: (Describe in general the function of the agency/tribal setting).

PRIMARY INTERNSHIP ROLE: (Describe the likely roles and responsibilities of the student while interning in the particular setting).

FIELD PLACEMENT DAYS AND HOURS:

SUPERVISION SCHEDULE:

Competency 1: Demonstrate Ethical and Professional Behavior, particularly with respect to work with Indigenous and rural Communities.

Behaviors:

1.1. Make ethical decisions by applying the standards of the NASW Code of Ethics, IFSW/IASSW ethical principles, and/or other social work ethical codes, relevant laws and regulations, models for ethical decision-making, and ethical conduct of research consistent with advanced generalist practice

1.2. Use critical reflection and mindfulness to manage personal values and maintain professionalism in practice situations consistent with advanced generalist practice

1.3. Demonstrate professional roles, relationships, responsibilities, and boundaries in behavior and appearance, including oral, written, and electronic communication consistent with advanced generalist practice

1.4. Use technology ethically and appropriately to facilitate practice outcomes consistent with advanced generalist practice

1.5. Use supervision and consultation to guide professional judgment and behavior consistent with advanced generalist practice

Learning Activities		
Learning Objectives	**Field Tasks**	**Method of Evaluation**

Competency 2: Engage Diversity and Difference in Practice, particularly with respect to work with Indigenous and rural Communities

Behaviors:

2.1. Apply and communicate understanding of the importance of diversity, intersectionality, and difference in shaping life experiences in practice across ecosystemic contexts consistent with advanced generalist practice

2.2. Present as learners who engage people as experts of their own experiences and practice cultural humility consistent with advanced generalist practice

2.3. Apply awareness of power, privilege, and marginalization to reduce the influence of personal biases and values in working with people consistent with advanced generalist practice

Learning Activities		
Learning Objectives	**Field Tasks**	**Method of Evaluation**

Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice, particularly with respect to work with Indigenous and rural Communities.

Behaviors: **3.1.** Apply understanding of social, economic, and environmental justice to advocate for human rights, including Indigenous Peoples Rights, at individual and system levels consistent with advanced generalist practice **3.2.** Engage in practices that advance Indigenous sovereignty; social, economic, and environmental justice consistent with advanced generalist practice		
Learning Activities		
Learning Objectives	**Field Tasks**	**Method of Evaluation**

Competency 4: Engage In Practice-informed Research and Research-informed Practice, particularly with respect to work with Indigenous and rural Communities.

Behaviors: **4.1.** Use practice experience and theory to inform scientific inquiry and research including Indigenous research methods consistent with advanced generalist practice **4.2.** Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings consistent with advanced generalist practice **4.3.** Use and translate research evidence to inform and improve practice, policy, programs, and services consistent with advanced generalist practice
Learning Activities

Learning Objectives	Field Tasks	Method of Evaluation

Competency 5: Engage in Policy Practice, particularly with respect to work with Indigenous and rural Communities.

Behaviors:

5.1. Identify social policy at the local, state, Tribal, and federal level that impacts well-being, service delivery, and access to social services consistent with advanced generalist practice

5.2. Assess how social, environmental, and economic policies affect well-being, service delivery, and access to social services consistent with advanced generalist practice

5.3. Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights, Indigenous sovereignty, and social, economic, and environmental justice consistent with advanced generalist practice

Learning Activities

Learning Objectives	Field Tasks	Method of Evaluation

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities, particularly with respect to work with Indigenous and rural Communities.

Behaviors:

6.1. Apply knowledge of human behavior and social environments, decolonization, relational worldviews, multilogical perspectives, and other relevant theoretical frameworks to engage with people and place consistent with advanced generalist practice

6.2. Use empathy, critical reflection, and interpersonal skills to engage with people and place consistent with advanced generalist practice

Learning Activities

Learning Objectives	Field Tasks	Method of Evaluation

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities, particularly with respect to work with Indigenous and rural Communities.

Behaviors:

7.1. Collaborate with constituencies to collect, organize, interpret, and critically reflect on information consistent with advanced generalist practice

7.2. Apply knowledge of human behavior and social environments, decolonization, relational worldviews, multilogical perspectives, and other relevant theoretical frameworks in the analysis of assessment data consistent with advanced generalist practice

7.3. Develop mutually agreed upon intervention goals and objectives based on the assessment of strengths, needs, challenges, and barriers consistent with advanced generalist practice

7.4. Select intervention strategies based on the assessment, research knowledge, and values and preferences of people and communities consistent with advanced generalist practice

Learning Activities

Learning Objectives	Field Tasks	Method of Evaluation

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities, particularly with respect to work with Indigenous Communities.

Behaviors:

8.1. Implement interventions to achieve practice goals and enhance capacities of people and communities consistent with advanced generalist practice

8.2. Apply knowledge of human behavior and social environments, decolonization, relational worldviews, multilogical perspectives, and other relevant theoretical frameworks in interventions consistent with advanced generalist practice

8.3. Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes consistent with advanced generalist practice

8.4. Support people and communities to negotiate, mediate, and advocate with institutions

consistent with advanced generalist practice **8.5.** Facilitate effective transitions and endings that advance mutually agreed upon goals consistent with advanced generalist practice

Learning Activities		
Learning Objectives	**Field Tasks**	**Method of Evaluation**

Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities, particularly with respect to work with Indigenous and rural Communities.

Behaviors: **9.1.** Select and use methods for evaluation of outcomes in collaboration with people and communities consistent with advanced generalist practice **9.2.** Apply knowledge of human behavior and social environments, decolonization, relational worldviews, multilogical perspectives, and other relevant theoretical frameworks in the evaluation of outcomes consistent with advanced generalist practice **9.3.** Collaboratively analyze, monitor, and evaluate intervention and program processes and outcomes consistent with advanced generalist practice **9.4.** Apply evaluation findings to improve practice effectiveness across ecosystemic contexts consistent with advanced generalist practice

Learning Activities		
Learning Objectives	**Field Tasks**	**Method of Evaluation**

Signatures

Student	**Date**
Field Instructor/Supervisor	**Date**
Faculty Liaison	**Date**
Off-Site Supervisor (if applicable)	**Date**

Cal Poly Humboldt Department of Social Work
FOUNDATION YEAR STUDENT LEARNING AGREEMENT
Academic Year:

STUDENT:

FACULTY LIAISON:

FIELD INSTRUCTOR/SUPERVISOR:

OFF-SITE/CO-SUPERVISOR: (if applicable)

AGENCY/TRIBE INTERNSHIP PLACEMENT:

AGENCY/TRIBAL CONTEXT: (Describe in general the function of the agency/tribal setting).

PRIMARY INTERNSHIP ROLE: (Describe the likely roles and responsibilities of the student while interning in the particular setting).

FIELD PLACEMENT DAYS AND HOURS:

SUPERVISION SCHEDULE:

Competency 1: Demonstrate Ethical and Professional Behavior, particularly with respect to work with Indigenous and rural Communities.

Behaviors:

1.1. Make ethical decisions by applying the standards of the NASW Code of Ethics, IFSW/IASSW ethical principles, and/or other social work ethical codes, relevant laws and regulations, models for ethical decision-making, and ethical conduct of research

1.2. Use critical reflection and mindfulness to manage personal values and maintain professionalism in practice situations

1.3. Demonstrate professional roles, relationships, responsibilities, and boundaries in behavior and appearance, including oral, written, and electronic communication

1.4. Use technology ethically and appropriately to facilitate practice outcomes

1.5. Use supervision and consultation to guide professional judgment and behavior

Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Competency 2: Engage Diversity and Difference in Practice, particularly with respect to work with Indigenous and rural Communities

Behaviors:

2.1. Apply and communicate understanding of the importance of diversity, intersectionality, and difference in shaping life experiences in practice across ecosystemic contexts

2.2. Present as learners who engage people as experts of their own experiences and practice cultural humility

2.3. Apply awareness of power, privilege, and marginalization to reduce the influence of personal biases and values in working with people

Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice, particularly with respect to work with Indigenous and rural Communities.

Behaviors: 3.1. Apply understanding of social, economic, and environmental justice to advocate for human rights, including Indigenous Peoples Rights, at individual and system levels 3.2. Engage in practices that advance Indigenous sovereignty; social, economic, and environmental justice		
Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Competency 4: Engage In Practice-informed Research and Research-informed Practice, particularly with respect to work with Indigenous and rural Communities.

Behaviors: 4.1. Use practice experience and theory to inform scientific inquiry and research including Indigenous research methods 4.2. Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings 4.3. Use and translate research evidence to inform and improve practice, policy, programs, and services		
Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Competency 5: Engage in Policy Practice, particularly with respect to work with Indigenous and rural Communities.

Behaviors: 5.1. Identify social policy at the local, state, Tribal, and federal level that impacts well-being, service delivery, and access to social services 5.2. Assess how social, environmental, and economic policies affect well-being, service delivery, and access to social services 5.3. Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights, Indigenous sovereignty, and social, economic, and environmental justice
Learning Activities

Learning Objectives	Field Tasks	Method of Evaluation

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities, particularly with respect to work with Indigenous and rural Communities.

Behaviors: 6.1. Apply knowledge of human behavior and social environments, decolonization, relational worldviews, multilogical perspectives, and other relevant theoretical frameworks to engage with people and place 6.2. Use empathy, critical reflection, and interpersonal skills to engage with people and place		
Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities, particularly with respect to work with Indigenous and rural Communities.

Behaviors: 7.1. Collaborate with constituencies to collect, organize, interpret, and critically reflect on information 7.2. Apply knowledge of human behavior and social environments, decolonization, relational worldviews, multilogical perspectives, and other relevant theoretical frameworks in the analysis of assessment data 7.3. Develop mutually agreed upon intervention goals and objectives based on the assessment of strengths, needs, challenges, and barriers 7.4. Select intervention strategies based on the assessment, research knowledge, and values and preferences of people and communities		
Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities, particularly with respect to work with Indigenous Communities.

Behaviors: 8.1. Implement interventions to achieve practice goals and enhance capacities of people and communities 8.2. Apply knowledge of human behavior and social environments, decolonization, relational worldviews, multilogical perspectives, and other relevant theoretical frameworks in interventions 8.3. Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes 8.4. Support people and communities to negotiate, mediate, and advocate with institutions 8.5. Facilitate effective transitions and endings that advance mutually agreed upon goals		
Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities, particularly with respect to work with Indigenous and rural Communities.

Behaviors: 9.1. Select and use methods for evaluation of outcomes in collaboration with people and communities 9.2. Apply knowledge of human behavior and social environments, decolonization, relational worldviews, multilogical perspectives, and other relevant theoretical frameworks in the evaluation of outcomes 9.3. Collaboratively analyze, monitor, and evaluate intervention and program processes and outcomes 9.4. Apply evaluation findings to improve practice effectiveness across ecosystemic contexts		
Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Signatures

Student	**Date**
Field Instructor/Supervisor	**Date**
Faculty Liaison	**Date**
Off-Site Supervisor (if applicable)	**Date**

Cal Poly Humboldt Department of Social Work
BASW SENIOR YEAR STUDENT LEARNING AGREEMENT
Academic Year:

STUDENT:

FACULTY LIAISON:

FIELD INSTRUCTOR/SUPERVISOR:

OFF-SITE/CO-SUPERVISOR: (if applicable)

AGENCY/TRIBE INTERNSHIP PLACEMENT:

AGENCY/TRIBAL CONTEXT: (Describe in general the function of the agency/tribal setting).

PRIMARY INTERNSHIP ROLE: (Describe the likely roles and responsibilities of the student while interning in the particular setting).

FIELD PLACEMENT DAYS AND HOURS:

SUPERVISION SCHEDULE:

Competency 1: Demonstrate Ethical and Professional Behavior, particularly with respect to work with Indigenous and rural Communities.

Behaviors: 1.1. Make ethical decisions by applying the standards of the NASW Code of Ethics, IFSW/IASSW ethical principles, and/or other social work ethical codes, relevant laws and regulations, models for ethical decision-making, and ethical conduct of research 1.2. Use critical reflection and mindfulness to manage personal values and maintain professionalism in practice situations 1.3. Demonstrate professional roles, relationships, responsibilities, and boundaries in behavior and appearance, including oral, written, and electronic communication 1.4. Use technology ethically and appropriately to facilitate practice outcomes 1.5. Use supervision and consultation to guide professional judgment and behavior		
Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Competency 2: Engage Diversity and Difference in Practice, particularly with respect to work with Indigenous and rural Communities

Behaviors: 2.1. Apply and communicate understanding of the importance of diversity, intersectionality, and difference in shaping life experiences in practice across ecosystemic contexts 2.2. Present as learners who engage people as experts of their own experiences and practice cultural humility 2.3. Apply awareness of power, privilege, and marginalization to reduce the influence of personal biases and values in working with people		
Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice, particularly with respect to work with Indigenous and rural Communities.

Behaviors: 3.1. Apply understanding of social, economic, and environmental justice to advocate for human rights, including Indigenous Peoples Rights, at individual and system levels 3.2. Engage in practices that advance Indigenous sovereignty; social, economic, and environmental justice		
Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Competency 4: Engage In Practice-informed Research and Research-informed Practice, particularly with respect to work with Indigenous and rural Communities.

Behaviors: 4.1. Use practice experience and theory to inform scientific inquiry and research including Indigenous research methods 4.2. Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings 4.3. Use and translate research evidence to inform and improve practice, policy, programs, and services		
Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Competency 5: Engage in Policy Practice, particularly with respect to work with Indigenous and rural Communities.

Behaviors: 5.1. Identify social policy at the local, state, Tribal, and federal level that impacts well-being, service delivery, and access to social services 5.2. Assess how social, environmental, and economic policies affect well-being, service delivery, and access to social services 5.3. Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights, Indigenous sovereignty, and social, economic, and environmental justice
Learning Activities

Learning Objectives	Field Tasks	Method of Evaluation

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities, particularly with respect to work with Indigenous and rural Communities.

Behaviors: 6.1. Apply knowledge of human behavior and social environments, decolonization, relational worldviews, multilogical perspectives, and other relevant theoretical frameworks to engage with people and place 6.2. Use empathy, critical reflection, and interpersonal skills to engage with people and place		
Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities, particularly with respect to work with Indigenous and rural Communities.

Behaviors: 7.1. Collaborate with constituencies to collect, organize, interpret, and critically reflect on information 7.2. Apply knowledge of human behavior and social environments, decolonization, relational worldviews, multilogical perspectives, and other relevant theoretical frameworks in the analysis of assessment data 7.3. Develop mutually agreed upon intervention goals and objectives based on the assessment of strengths, needs, challenges, and barriers 7.4. Select intervention strategies based on the assessment, research knowledge, and values and preferences of people and communities		
Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities, particularly with respect to work with Indigenous Communities.

Behaviors: 8.1. Implement interventions to achieve practice goals and enhance capacities of people and communities 8.2. Apply knowledge of human behavior and social environments, decolonization, relational worldviews, multilogical perspectives, and other relevant theoretical frameworks in interventions 8.3. Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes 8.4. Support people and communities to negotiate, mediate, and advocate with institutions 8.5. Facilitate effective transitions and endings that advance mutually agreed upon goals		
Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities, particularly with respect to work with Indigenous and rural Communities.

Behaviors: 9.1. Select and use methods for evaluation of outcomes in collaboration with people and communities 9.2. Apply knowledge of human behavior and social environments, decolonization, relational worldviews, multilogical perspectives, and other relevant theoretical frameworks in the evaluation of outcomes 9.3. Collaboratively analyze, monitor, and evaluate intervention and program processes and outcomes 9.4. Apply evaluation findings to improve practice effectiveness across ecosystemic contexts		
Learning Activities		
Learning Objectives	Field Tasks	Method of Evaluation

Signatures

Student	**Date**
Field Instructor/Supervisor	**Date**
Faculty Liaison	**Date**
Off-Site Supervisor (if applicable)	**Date**

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: California State University, Humboldt

Contract Description: For the purpose of student interns in their social work program

APPROVED AS TO FORM:



Date: 08/05/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1756 **Agenda Date:** 10/21/2025 **Agenda #:** 15.

HEALTH SERVICES AGENCY / MENTAL HEALTH

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Health Services Agency Executive Director to sign Amendment No. 1 to the Standard Agreement 24MHSOAC038 (Misc. Agree. 2024-357) with the Behavioral Health Services Oversight and Accountability Commission for Round 4, Category 1 of the Behavioral Health Student Services Act of 2019 (BHSSA) grant, in an amount not to exceed $500,000 effective 12/12/24 and extended until 3/31/28

Financial Impact:
This is a grant receivable to the County with Mental Health being the fiscal pass through in an amount of $500,000. This Amendment No. 1 does not change the grant amount. There is no impact to the General Fund.

Background Information:
The purpose of the grant is to enhance an existing county partnership with school-based programs, to expand access to mental health services for children and youth, including campus-based mental health services, and to facilitate linkage and access to ongoing and sustained services.

Tehama County Department of Education has agreed to be the lead agency for the grant, but the application/grant approval required the local mental health to partner and be the fiscal intermediary for the funds.

Grant: MHSSA RFA 004 - At Promise Youth
Grant Award: $500,000
Grant Term: July 1, 2024 - March 31, 2028

This Amendment No. 1 makes the following changes to the agreement:

- Extends the term of the grant funding these programs for an additional three months until 3/31/28.
- Recognizes that the agency name has been renamed from Mental Health Services Oversight and Accountability Commission to Behavioral Health Services Oversight and Accountability Commission.
- The Mental Health Student Services Act has been renamed to Behavioral Health Student Services Act.
- The grant name has been renamed to At Promise Youth.

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT - AMENDMENT

SCO ID:

STD 213A (Rev. 4/2020)

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED PAGES

AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authority Number
24MHSOAC038	01	

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME
Behavioral Health Services Oversight and Accountability Commission

CONTRACTOR NAME
Tehama County Health Services Agency

2. The term of this Agreement is:

START DATE
12/12/2024

THROUGH END DATE
3/31/2028

3. The maximum amount of this Agreement after this Amendment is:
$500,000.00 (Five Hundred Thousand and zero cents)

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

Amendment does the following:
- Extends the contract end date from December 31, 2027 to March 31, 2028.

The parties recognize that the Mental Health Services Oversight and Accountability Commission (MHSOAC) has been renamed the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) and Mental Health Student Services Act (MHSSA) has been renamed to Behavioral Health Student Services Act (BHSSA) effective January 1, 2025. All references to MHSOAC and MHSSA used in this agreement shall be read to mean BHSOAC and BHSSA.

The parties also recognize that Marginalized & Vulnerable Youth has been renamed to At Promise Youth.

All language that has been added is shown in bold and underlined. All language that has been deleted is shown in strike through.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)
Tehama County Health Services Agency

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
P.O. Box 400	Red Bluff	CA	96080

PRINTED NAME OF PERSON SIGNING	TITLE
Jayme S. Bottke	Executive Director

CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED
Jayme S Bottke	10-1-25

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES
STANDARD AGREEMENT - AMENDMENT
STD 213A (Rev. 4/2020)

SCO ID:

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED ____ PAGES

AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authority Number
24MHSOAC038	01	

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME			
Behavioral Health Services Oversight and Accountability Commission			
CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
1812 9th Street	Sacramento	CA	95811
PRINTED NAME OF PERSON SIGNING	TITLE		
Norma Pate	Deputy Director		
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable) WIC 5897 (f)		

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)
24MHSOAC038	

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME
Mental Health Services Oversight and Accountability Commission

CONTRACTOR NAME
Tehama County Health Services Agency

2. The term of this Agreement is:

START DATE
Upon Signature

THROUGH END DATE
December 31, 2027

3. The maximum amount of this Agreement is:
$500,000.00 (Five Hundred Thousand dollars and zero cents)

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

	Exhibits	Title	Pages
	Exhibit A	Scope of Work	11
	Exhibit B	Budget Detail and Payment Provisions	2
	Exhibit C	General Terms and Conditions	12
+			
-			

Items shown with an asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
These documents can be viewed at https://www.dgs.ca.gov/OLS/Resources

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)
Tehama County Health Services Agency

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
P.O. Box 400	Red Bluff	CA	96080

PRINTED NAME OF PERSON SIGNING	TITLE
Jayme S. Bottke	Executive Director

CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED
Jayme S Bottke	10-30-24

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME
Mental Health Services Oversight and Accountability Commission

CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
1812 9th Street	Sacramento	CA	95811

PRINTED NAME OF PERSON SIGNING	TITLE
~~Mara Madrigal-Weiss~~ Will Lightbourne	~~Commission Chair~~ Interim Executive Director

CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED
Will Lightbourne Digitally signed by Will Lightbourne Date: 2024.12.12 22:24:36 -08'00'	12/12/2024

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)
	WIC 5897 (f)

MHSSA GRANT AGREEMENT

EXHIBIT A

SCOPE OF WORK

I. Parties

The parties to this Agreement are the Mental Health Services Oversight & Accountability Commission (MHSOAC or Commission), a state agency headquartered in Sacramento, California; and the Tehama County Health Services Agency (Grantee or Tehama County) with headquarters in Red Bluff, California.

II. Summary/Purpose

This grant is part of a total award of $25 million in grant funding Round 4 under the Mental Health Student Services Act (MHSSA). This is a competitive-bid grant following a Request for Applications (RFA) released in May-June 2024 as RFA MHSSA 004, Addendum 2.

There are four Categories of funding under MHSSA Round 4 for specific services designed to support the previous three rounds. The Categories are: 1) Marginalized and Vulnerable Youth, 2) Universal Screening, 3) Sustainability and 4) Other Priorities. **This grant was awarded under Category 1: Marginalized and Vulnerable Youth**.

Grantee is as identified in its grant Application submitted by a MHSSA Partnership that includes school districts, in accordance with program requirements. Applicants were allowed to submit in multiple Categories. Identical grants were awarded to eleven (11) Applicants under Category 1. A total of fifty-one (51) grants were awarded.

The Commission recognizes that the needs of MHSSA grantees, students and families differ from one county to another based on variables between Partnerships such as the number of school districts and the size/demographics of their student populations. The Commission surveyed MHSSA grantees on which identified needs within their school-based mental health partnership needs funding and the vulnerable youth population was one area of need identified. The overall Purpose of this Agreement is to support marginalized and vulnerable student populations such as foster youth, juvenile justice involved youth, and youth who are not traditionally thought to be at risk.

III. Recitals

A. Mental Health Services Act (MHSA). In 2004, state voters approved Proposition 63, also known as the MHSA. This sweeping law, which created the Commission at

Welfare & Institutions Code (WIC) Section 5845, calls for transformation of the mental health system while improving the quality of life for Californians living with mental and behavioral health challenges. The MHSA continues in effect as amended effective January 1, 2025, under Proposition 1. (AB531. Ch. 789, Stats. 2023.)

B. Budget & Expenditures. On an annual basis, the state Legislature and Governor appropriate funds through the State Budget Act for the Commission to provide oversight, review, training, technical assistance, accountability, and evaluation of specified mental or behavioral health projects and programs. This includes grants and research projects under the MHSSA.

C. Mental Health Student Services Act. The MHSSA, created at WIC Section 5886, is designed to bring mental and behavioral health services to children and youth at their school campuses. Specific program goals are set forth at the statute: (A) Preventing mental illnesses from becoming severe and disabling; (B) Improving timely access to services for underserved populations; (C) Providing outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses; (D) Reducing the stigma associated with the diagnosis of a mental illness or seeking mental health services; (E) Reducing discrimination against people with mental illness; (F) Preventing negative outcomes in the targeted population. (WIC Section 5886 (c)(3).)

D. MHSSA Partnerships. MHSSA grants shall only be awarded to a countywide "partnership" among and between a county's mental or behavioral health department, office of education, and school districts or charter schools. A "lead agency" may be identified and the statute also recognizes partnerships formed through a consortium between city and county government. (WIC Section 5886 (a)&(b).) Grant applicants must provide the Commission with written evidence of support by the governing boards of all partners. (WIC Section 5886(c)(1) & (2).)

E. Procurement. This grant was awarded based on a Request for Applications (RFA) for the MHSSA Round 4 (RFA MHSSA-004 Addendum 2) grant program. The RFA was made available to all counties.

F. Incorporation by Reference. The RFA and Grantee's Application are incorporated by reference and made part of this Agreement as if attached hereto. The RFA will govern in the event of conflict.

G. Prior MHSSA Funding. The Commission previously funded three rounds of MHSSA grants at a total of $255 million to 57 partnerships (Grantees). The 57 grantees are part of the Commission's ongoing MHSSA Learning Collaborative.

H. TCT Grants. The Commission recently awarded four MHSSA grants under a separate but related Technical Coaching Team (TCT) program. TCT grants are designed to

assist all MHSSA grantees in specific areas, as awarded to: 1) Imperial County Office of Education (23MHSOAC043) for Sustainability, 2) Tehama County Department of Education (23MHSOAC041) for Data Collection. 3) Imperial County Office of Education (23MHSOAC040) for Partnership Development, and 4) Placer County Office of Education for Program Implementation (23MHSOAC042). See Attachments A-1 through A-4.

I. TA Consultant. These four grantees will provide Technical Assistance (TA) in collaboration with a Statewide Technical Assistance Coordinator to be retained by the Commission.

J. Evaluation Consultant. The Evaluation Consultant is WestEd, working in collaboration with the Commission and its consultants, and Tehama County.

K. WestEd. WestEd is a nonprofit corporation headquartered in San Francisco and formed under a Joint Powers Agreement and governed by public entities in Arizona, California, Nevada and Utah with Board members representing agencies from these and other states. WestEd is dedicated to research and evaluation support for public and private educational practices. The Commission has retained WestEd under a separate Agreement to develop a plan for evaluating MHSSA partnerships, activities and services, and student outcomes on a statewide basis. The WestEd MHSSA Evaluation Plan will include an evaluation framework, research questions, viable school mental health metrics using an analytical and methodological approach.

L. Commission Approval. The Commission approved the expenditure of funds for MHSSA Round 4 at its regular meeting on February 22, 2024 (Agenda Item 9).

M. Asset Responsibility. Assets, vehicles, equipment and other operational material purchased with grant funds awarded herein must be used for the purposes of this grant for the duration of this grant. At the conclusion of this grant, the asset becomes the responsibility of the Grantee physically and financially.

IV. Contact Information

The parties agree to contact each other as needed through their Project Representatives designated below. These Representatives will be available during normal business hours, except holidays, and at other days and times as necessary for performance under this Agreement. The designations may be changed by written notice to the other party. Such notice shall be given within 30 days of the change.

Direct all administrative inquiries to:

Mental Health Services Oversight and Accountability Commission	**Tehama County Department of Education**
Name: Nai Saechao	Name: JoNell Wallace
Address: 1812 9th Street Sacramento, CA 95811	Address: 1135 Lincoln St Red Bluff, CA 96080
Phone: 916-500-0577	Phone: 530-528-7303
Fax: 916-623-4687	Fax:
Email: nai.saechao@mhsoac.ca.gov	Email: jwallace@tehamaschools.org

Direct all billing inquiries to:

Mental Health Services Oversight and Accountability Commission	**Tehama County Health Services Agency**
Name: Chelsea Yuen	Name: Jayme Bottke
Address: 1812 9th Street Sacramento, CA 95811	Address: P.O. Box 400 Red Bluff, CA 96080
Phone: 916-500-0577	Phone: 530-527-8491
Fax: 916-623-4687	Fax:
Email: accounting@mhsoac.ca.gov	Email: jayme.bottke@tchsa.net

V. General Requirements

The following provisions govern all deliverables:

A. Collaboration. Grantee shall work collaboratively with various entities while performing its duties and obligations under this Agreement, including the Commission, its consultants, the Technical Coaching Team and all other MHSSA Grantees

B. Format. Written deliverables shall be submitted in an electronic format to be agreed upon prior to start of work.

C. Acknowledgement. Grantee shall acknowledge the Commission's support at each of its events in print and electronic format. Grantee is authorized to use the Commission logo for this purpose and oversee its proper usage. (See Exhibit C. MHSOAC Logo.)

D. Check-In Meetings. Grantee shall participate in check-in meetings with the Commission on a quarterly basis, or upon request. Said meetings may be in-person, by phone or over a web-based platform.

VI. Deliverables

A. Marginalized and Vulnerable Youth Program. Grantee shall develop and implement a program to support MHSSA-funded services for marginalized and vulnerable youth for the school districts in its Partnership (*Marginalized and Vulnerable Youth Program* or Program). This Program is identified and described in Grantee's Application at Category 1: Marginalized and Vulnerable Youth, Attachment 1-3 – Proposed Program as incorporated into this Agreement. Details of this Program process shall be submitted to the Commission in the Progress Reports, and a summary will be included in the final Report at the end of Grant Year Three.

B. Learning Cohort. Grantee will participate in a Learning Cohort of local educators, parents, students and other interested parties that can understand and respond to the unique and nuanced needs of students to promote strategies that will benefit these populations.

C. Data Reporting. Grantee shall provide to the Commission data based on the specifications and timelines defined by the Commission. Grantee shall collect and report data using the **MHSSA Data Reporting Tool** provided by the Commission. The parties understand that this tool may be updated throughout the term of this Agreement to reflect findings and recommendations in the forthcoming WestEd MHSSA Evaluation Plan.

D. Reports. Grantee shall submit Progress Reports in accordance with the due dates shown in Exhibit B. In addition to the Progress Reports, Grantee shall submit Annual Fiscal Reports and a Final Report.

1. Progress Reports. Grantee shall report on the development and implementation of their Marginalized and Vulnerable Youth Program relevant to the reporting period using the Progress Report Template which will be provided by the Commission. The report will include but not be limited to:

a. List of major Program goals/objectives that are clearly defined, specific, and measurable

b. Status on which goals/objectives have been accomplished

c. Barriers and challenges to development and/or implementation of the Program and action plans to resolve them

d. Report on status of hiring staff/contractors, as well as retention of those staff

2. Annual Fiscal Reports. Grantee shall identify all grant expenditure information in the Annual Fiscal Report using the Annual Fiscal Report Template which will be provided by the Commission.

Attachment A-1: Sustainability TA
Attachment A-2: Data Collection TA
Attachment A-3: Partnership Development TA
Attachment A-4: Program Implementation TA

Attachment A-1: Sustainability TA

Sustainability TA is available from Imperial County Office of Education under a related TCT Grant (23MHSOAC043), as summarized below. [Note: All references to "grantee" mean MHSSA grantees under this RFA.]

1. Surveys. Imperial County will develop Surveys that can be used to assess initial interest in Sustainability Plan services, and then measure participation/satisfaction with the workshops, webinars, Individualized Coaching and other activities used to develop Sustainability Plans or Strategies.

2. Workshops. Imperial County will conduct Sustainability workshops within each Grant Year, for all MHSSA grantees. Multiple dates will be made available to maximize participation.

3. Webinars. Imperial County will conduct several webinars on Sustainability each year, covering areas of need based on feedback from individual grantee interviews and general surveys. The webinars will provide examples of successful Sustainability Plans; challenges faced in building Sustainability Plans, and methods used to overcome those challenges. Sustainability Plan materials and resources will be shared amongst participants.

4. Individualized Coaching. Imperial County will meet with individual grantees to answer questions (Q/A) and provide Individualized Coaching on their Sustainability Plans.

5. Toolkits & Training Materials. Imperial County will create a Sustainability Plan Toolkit with training materials/forms to help grantees establish and implement Sustainability Plans or Strategies.

6. Information Hub. Imperial County will establish a web-based Sustainability Plan Information Hub for access to the toolkits and training materials/forms. This Hub will identify resources and provide links to videos and other electronic materials for grantees to use in establishing and implementing Sustainability Plans.

7. Communication. Imperial County will inform grantees as to the availability of its Sustainability Plan coaching services on an ongoing basis through emails, flyers, presentations, and other channels.

Attachment A-2: Data Collection TA

Data Collection TA is available from Tehama County Department of Education under a related TCT Grant (23MHSOAC041), as summarized below. [Note: All references to "grantee" mean MHSSA grantees under this RFA.]

1. Surveys. Grantee shall develop written Surveys that can be used to assess preliminary initial interest in Data Collection activities and the measure participation in and satisfaction with the workshops, webinars, Individual Coaching with Q/A, and other activities.

2. Data Collection Specifics. Tehama County will coach grantees on how to establish electronic systems for capturing data on the delivery of mental health services.

3. Data Collection Restrictions. Tehama County will work with grantees on how to establish data-sharing Memoranda of Understanding with partners in the public and private sector; and, in understanding restrictions on collection of Personal Health Information or Personally Identifiable Information under state and federal law.

4. Informed Decision Making. Tehama County will work with grantees on using key data to inform decision making relative to campus services, and related data collection matters.

5. Workshops & Webinars. Tehama County will conduct Data Collection workshops each year. Multiple dates shall be provided to maximize grantee participation.

6. Webinars. Tehama County will conduct several webinars throughout each year, covering areas of need based on feedback from individual grantees and surveys. The webinars will provide examples of successful Data Collection; challenges agencies will face when collecting data, and the methods utilized to overcome those challenges.

7. Individualized Coaching. Tehama County will meet with individua grantees to answer questions (Q/A) and provide Individualized Coaching. In these meetings, Tehama County will offer examples for identifying and leveraging available resources and developing a plan of action for Data Collection going forward.

8. Toolkits & Training Materials. Tehama County will create a Data Collection Toolkit with training materials to assist grantees. This will include a multi-lingual consent form; and other forms as may be needed for data collection, transmittal, reporting or storage.

9. Information Hub. Tehama County will make available a web-based Data Collection Information Hub where grantees can access the toolkits and training materials/forms. This Hub will identify resources and provide links to videos and other electronic materials for grantees to use in establishing and implementing Data Collection.

10. Communication. Tehama County will communicate with grantees on the availability of its Data Collection services through emails, flyers, presentations and other channels.

Attachment A-3: Partnership Development TA

Partnership Development TA is available from Imperial County Office of Education under a related TCT Grant (23MHSOAC040), as summarized below. [Note: All references to "grantee" mean MHSSA grantees under this RFA.]

1. Surveys. Imperial County will develop written Surveys that can be used to assess preliminary initial interest in Partnership Development activities and then measure participation in and satisfaction with the workshops, webinars, Individual Coaching with Q/A, and other activities used for Partnership Development on a statewide basis.

2. Workshops. Imperial County will conduct Partnership Development workshops each year. Multiple dates shall be provided to maximize participation.

3. Webinars. Imperial County will conduct several webinars on Partnership Development each year. covering areas of need based on feedback from individual grantees and surveys. The webinars will provide examples of successful Partnership Development; challenges agencies will face when building relationships, and the methods utilized to overcome those challenges. Relevant relationship building material and resources will also be discussed and shared amongst participants.

4. Individualized Coaching. Imperial County will meet with individual grantees to answer questions (Q/A) and provide Individualized Coaching on their Partnership Development. Imperial County will offer examples for identifying and leveraging available resources within a particular county, and assist each grantee in developing a plan of action for Partnership Development going forward.

5. Toolkits & Training Materials. Imperial County will create a Partnership Development Toolkit with training materials/forms to assist grantees in establishing and implement partnerships on a statewide basis.

6. Information Hub. Imperial County will establish a web-based Partnership Development Information Hub where grantees can access the toolkits and training materials/forms. This Hub will identify resources and provide links to videos and other electronic materials for grantees to use in establishing and implementing partnerships.

7. Communication. Imperial County will communicate with grantees as to the availability of its Partnership Development services on an ongoing basis through emails, flyers, presentations and other channels.

Attachment A-4: Program Implementation TA

Program Implementation TA is available from Placer County Office of Education under a related TCT Grant (23MHSOAC042), as summarized below. [Note: All references to "grantee" mean MHSSA grantees under this RFA.]

1. Surveys. Placer County will develop written Surveys that can be used to assess preliminary initial interest in Program Implementation activities and then measure participation in and satisfaction with the workshops, webinars, Individual Coaching with Q/A, and other activities used for Program Implementation on a statewide basis.

2. Workshops. Placer County will conduct Program Implementation workshops each year. Multiple dates shall be provided to maximize participation.

3. Webinars. Placer County will conduct several webinars on Program Implementation each year, covering areas of need based on feedback from individual MHSSA grantees and surveys. The webinars will provide examples of successful Program Implementation; challenges agencies will face when implementing programs, and the methods utilized to overcome those challenges. Relevant Program Implementation material and resources will also be discussed and shared amongst participants.

4. Individualized Coaching. Placer County will meet with individual grantees on a statewide basis to answer questions (Q/A) and provide Individualized Coaching on their Program Implementation. Placer County will offer examples for identifying and leveraging available resources within a particular county, and assist each grantee in developing a plan of action for Program Implementation going forward.

5. Toolkits & Training Materials. Placer County will create a Program Implementation Toolkit with training materials/forms to assist other MHSSA grantees to implement programs on a statewide basis.

6. Information Hub. Placer County will establish a web-based Program Implementation Information Hub where grantees can access the toolkits and training materials/forms. This Hub will identify resources and provide links to videos and other electronic materials for grantees to use in Program Implementation.

7. Communication. Placer County will communicate with other MHSSA grantees as to the availability of its Program Implementation services on an ongoing basis through emails, flyers, presentations and other channels.

EXHIBIT B

FISCAL DETAIL

1. Invoicing and Payment

a) For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Grantee in accordance with Section 4 of this Exhibit B.

b) Deliverables will be submitted to the Commission grant monitor. Once approved, the grant monitor will prepare the Grant Award Claim Form (GACF) and submit to the grantee for signature. Signed GACFs will be returned to the grant monitor for payment. GACFs shall include the Agreement Number and shall be submitted in arrears to the address shown below. Electronic submission is preferred.
.

Mental Health Services Oversight & Accountability Commission
Attention: Accounting Office
1812 9th Street
Sacramento, CA, 95811
Accounting@mhsoac.ca.gov

2. Budget Contingency Clause

a) It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.

b) If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State or offer an amendment to Grantee to reflect the reduced amount.

c) If this Agreement overlaps federal and State fiscal years, should funds not be appropriated by or approved by the Legislature for the fiscal year(s) following that during which it was executed, the State may exercise its option to cancel this Agreement.

d) This Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Legislature which may affect the provisions or terms of funding of this grant in any manner.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927. Payment for deliverables is meant to be inclusive of all the preparatory work, planning, and material cost involved in the completion of the intent of the deliverable not just the report itself.

4. Budget Detail

The total amount of this Grant Agreement shall not exceed Five Hundred Thousand Dollars [$500,000.00].

Deliverable	Allocated Amount	Due Date
Grant Year 1*		
Progress Report Q1	$50,000.00	December 31, 2024
Progress Report Q2	$50,000.00	March 31, 2025
Progress Report Q3	$50,000.00	June 30, 2025
Progress Report Q4	$25,000.00	September 30, 2025
Subtotal	**$175,000.00**	
Grant Year 2*		
Progress Report Q1	$50,000.00	December 31, 2025
Progress Report Q2	$50,000.00	March 31, 2026
Progress Report Q3	$50,000.00	June 30, 2026
Progress Report Q4	$25,000.00	September 30, 2026
Subtotal	**$175,000.00**	
Grant Year 3*		
Progress Report Q1	$50,000.00	December 31, 2026
Progress Report Q2	$25,000.00	March 31, 2027
Progress Report Q3	$50,000.00	June 30, 2027
Final Report Q4	$25,000.00	September 30, 2027
Subtotal	**$150,000.00**	
Total	**$500,000.00**	

**Annual Fiscal Reports are due at the end of each Grant Year.*

Payment will not occur for each Deliverable until it has been received and approved by the Commission. Grantee is responsible for ensuring there is enough time for the Commission's review of drafts in advance of each deliverable due date.

Grantee may submit Deliverables prior to due dates. To postpone a due date, Grantee must request written approval from the Commission (email will suffice).

Any insufficiency in the Deliverables may result in the withholding of one or more payments, although in that case the Commission shall provide Grantee with advance written notice and an opportunity to cure the defect (e.g., a mitigation plan).

Upon termination, Grantee shall provide the Commission with an accounting of unearned funds *and* unencumbered funds. Funds that are unearned *or* unencumbered shall be returned to the Commission within thirty (30) days of termination.

EXHIBIT C

General Terms and Conditions

1. Amendment. This Agreement may be amended upon mutual consent of the parties. No amendment or variation of the terms of this Agreement shall be valid unless made in writing and signed by the parties. No oral understanding or agreement not incorporated in this Agreement is binding on any of the parties.

2. Antitrust Claims: The Grantee by signing this Agreement hereby certifies that if these services or goods are obtained by means of a competitive bid, the Grantee shall comply with the requirements of the Government Code Sections set out below:

   a. The Government Code Chapter on Antitrust claims contains the following definitions:

      i. "Public Purchase" means a purchase by means of competitive bids of goods, services, or materials by the Commission or any of its political subdivisions or public agencies on whose behalf the Attorney General may bring an action pursuant to subdivision (c) of Section 16750 of the Business and Professions Code.

      ii. "Public purchasing body" means the Commission or the subdivision or agency making a public purchase. Government Code Section 4550.

   b. In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder. Government Code Section 4552.

   c. If an awarding body or public purchasing body receives, either through judgment or settlement, a monetary recovery for a cause of action assigned under this chapter, the assignor shall be entitled to receive reimbursement for actual legal costs incurred and may, upon demand, recover from the public body any portion of the recovery, including treble damages, attributable to overcharges that were paid by the assignor but were not paid by the public body as part of the bid price, less the expenses incurred in obtaining that portion of the recovery. Government Code Section 4553.

d. Upon demand in writing by the assignor, the assignee shall, within one year of such demand, reassign the cause of action assigned under this part if the assignor has been or may have been injured by the violation of law for which the cause of action arose and (a) the assignee has not been injured thereby, or (b) the assignee declines to file a court action for the cause of action. See Government Code Section 4554.

3. Approval: This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained by the Commission. Unless otherwise specified in Exhibit A, each Report/Deliverable to be approved under this Agreement shall be approved by the Contract Manager. The State's determination as to satisfactory work shall be final absent fraud or mistake.

4. Assignment: This Agreement or any interest herein shall not be assigned without the prior written consent of the Commission.

5. Audit: The Commission or California State Auditor or any State of California fiscal oversight agency has the right to audit performance under this Agreement. The auditor(s) shall be entitled to review and copy Grantee's records and supporting documentation pertinent to its performance. Grantee agrees to maintain such records and documents for a minimum of three (3) years after final payment, for this purpose. Grantee agrees to allow the auditor(s) access to such records and documents as are relevant and pertinent, at its facilities during normal business hours; and to allow its employees to be interviewed as deemed necessary, in the professional opinion of the auditor(s). The Commission agrees to give Grantee advance written notice of any onsite audit.

6. Captions: The headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

7. Certification Clauses: The GRANTEE CERTIFICATION CLAUSES contained in the document CCC 04/2017 are hereby incorporated by reference and made a part of this Agreement by this reference as if attached hereto.

8. Child Support Compliance Act: For any Agreement in excess of $100,000, the Grantee acknowledges in accordance with Public Contract Code 7110, that:

   a. The Grantee recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and

b. The Grantee, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

9. Change of Control: In the event Grantee undergoes a sale, merger or any other legal transaction resulting in a change of control, all of the rights and obligations of this Agreement shall inure to and be binding upon the legal representatives, successors and permitted assigns of the successor entity.

10. Compensation: The consideration to be paid Grantee, as provided herein, shall be in compensation for all of Grantee's expenses incurred in the performance hereof, including travel, per diem, and taxes, unless otherwise expressly so provided.

11. Confidentiality: Grantee shall not disclose data or documents or disseminate the contents of any preliminary data report or work product created under this Agreement without written permission of the Commission, and subject to the terms and conditions of this Exhibit C of the Agreement. Permission to disclose information or documents on one occasion shall not authorize Grantee to further disclose such information or documents on any other occasions except as otherwise provided in the Agreement or required by law.

    a. Grantee shall not comment publicly to the press or any other media regarding the data or documents generated, collected, or produced in connection with this contract, or the State's actions on the same, except to the Commission staff, Grantee's own personnel involved in the performance of this Agreement, or as required by law.

12. Contract/Agreement is Complete: Other than as specified herein, no document or communication passing between the parties hereto shall be deemed a part of this Agreement.

13. Copyright: Unless otherwise provided, all materials produced under this contract shall be considered "works for hire" as defined by the U.S. Copyright Act and shall be owned by the Commission. The Commission shall be considered the author of such materials. In the event the materials are not considered "works for hire" under the U.S. Copyright laws, Grantee hereby irrevocably assigns all right, title, and interest in materials, including all intellectual property rights, to the Commission effective from the moment of creation of such materials. Materials means all items in any format and includes, but is not limited to, data, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes, and/or sound reproductions. Ownership includes the right to copyright, patent, register and the ability to transfer these rights. For materials that are delivered under the contract, but that incorporate pre-existing materials not produced under the

contract, Grantee hereby grants to the Commission a nonexclusive, royalty-free, irrevocable license (with rights to sublicense others) in such materials to translate, reproduce, distribute, prepare derivative works, publicly perform, and publicly display. The Grantee warrants and represents that Grantee has all rights and permissions, including intellectual property rights, moral rights and rights of publicity, necessary to grant such a license to the Commission. The Grantee shall exert all reasonable effort to advise the Commission, at the time of delivery of materials furnished under this contract, of all known or potential invasions of privacy contained therein and of any portion of such document that was not produced in the performance of this contract. The Commission shall receive prompt written notice of each notice or claim of infringement received by the Grantee with respect to any data delivered under this contract. The Commission shall have the right to modify or remove any restrictive markings placed upon the data by the Grantee.

14. Grantee-Commission Collaboration: At the request of the Commission, Grantee shall permit Commission Staff to work closely with Grantee's Staff, and Commission Staff shall be given access to Grantee's data, working papers and other written materials as needed for this purpose.

15. Counterparts: The parties may sign this Agreement in multiple counterparts, each of which constitutes an original, and all of which, collectively, constitute only one agreement.

16. Dispute Resolution:

    a. Grantee shall first discuss and attempt to resolve any dispute arising under its performance of this Agreement informally with the Commission Contract Manager. If the dispute cannot be disposed of at this level, it shall be decided by the Commission Executive Director for which purpose Grantee shall submit a written statement of dispute to: Executive Director, MHSOAC, 1812 9th Street, Sacramento, California 95811. The submission may be transmitted by email but must also be sent by overnight mail with proof of receipt (see provisions for Notice above).

    b. Within ten (10) days of receipt of the statement described above, the Executive Director or designee shall meet Grantee's manager(s) for the purpose of resolving the dispute. The Executive Director shall issue a decision to be served in the same manner as the written statement, which shall be final at the informal level.

    c. After recourse to the informal level of dispute set forth above, any controversy or claim arising out of or relating to this Agreement or breach thereof shall be settled by arbitration at the election of either party in accordance with California Public Contract Code Section 10240 et. seq. and judgment upon the award

rendered by the arbitration may be entered in any court having jurisdiction thereof.

d. While the informal dispute or arbitration process is pending, Grantee shall proceed diligently with its performance under the Agreement.

17. Electronic Signature: Unless otherwise prohibited by law, the parties agree that an electronic signature has the same legal force and effect as a hard-copy with ink signature. The parties agree that a signed copy of this Agreement may be transmitted by electronic means including facsimile and email.

18. Force Majeure: Neither the Commission nor the Grantee shall be deemed to be in default in the performance of the terms of this Agreement if either party is prevented from performing the terms of this Agreement by causes beyond its control, including without being limited to: acts of God; interference, rulings or decision by municipal, Federal, State or other governmental agencies, boards or commissions; any laws and/or regulations of such municipal, State, Federal, or other governmental bodies; or any catastrophe resulting from flood, fire, explosion, or other causes beyond the control of the defaulting party. If any of the stated contingencies occur, the party delayed by force majeure shall immediately give the other party written notice of the cause of delay. The party delayed by force majeure shall use reasonable diligence to correct the cause of the delay, if correctable.

19. Forum Selection: The County of Sacramento in the State of California shall be the proper forum for any dispute between the parties regarding this Agreement.

20. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.

21. Gratuities and Contingency Fees: The Commission, by written notice to the Grantee, may terminate the right of Grantee to proceed under this Agreement if it is found, after notice and hearing by the State, that gratuities were offered or given by the Grantee or any agent or representative of the Grantee to any officer or employee of the State with a view toward securing a contract or securing favorable treatment with respect to the awarding, amending, or performing of such contract.

    In the event this Agreement is terminated as provided in the paragraph above, State shall be entitled (a) to pursue the same remedies against Grantee as it could pursue in the event of the breach of the Agreement by the Grantee, and (b) as a predetermined amount of liquidated damages, to exemplary damages in an amount which shall not be less than three times the cost incurred by the Grantee in providing any such gratuities to any such officer or employee.

The rights and remedies of the Commission provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

The Grantee warrants by execution of this Agreement that no person or selling agency has been employed or retained to solicit or secure this Agreement for a commission, percentage, brokerage or contingent fee, excepting bona fide employees of Grantee, for the purpose of securing business. For breach or violation of this warranty, the State shall have the right to annul this Agreement without liability, paying only for the values of the work actually returned, or in its discretion to deduct from the contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

22. Indemnification: Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all Grantees, sub-grantees, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of this Agreement.

23. Independent Contractor*:* Grantee, and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.

24. Information Security: The Grantee shall comply with applicable laws and regulations, including but not limited to Sections 14100.2 and 5328 et seq. of the Welfare and Institutions Code, Section 431.300 et seq. of Title 42, Code of Federal Regulations, and the Health Insurance Portability and Accountability Act (HIPAA), and it's implementing regulations (including but not limited to Title 45, CFR, Parts 160, 162 and 164) regarding the confidentiality and security of individually identifiable health information (IIHI).

25. Inspection and Enforcement: From time to time, the Commission may inspect the facilities, systems, books and records of the Grantee to monitor compliance with the Grant. Grantee shall promptly remedy any violation of any provision of the Contract and shall certify the same to the Commission in writing. The fact that the State inspects, or fails to inspect, or has the right to inspect Grantee's facilities, systems, and procedures does not relieve Contractor of its responsibility to comply with the Agreement. The Commission's failure to detect or the Commission's detection of any unsatisfactory practices, but failure to notify Grantee or require Grantee's remediation of the unsatisfactory practices does not constitute acceptance of such practice or a waiver of the State's enforcement rights under the Agreement.

26. Key Personnel: Grantee's key personnel, as may be identified in this Agreement, cannot be substituted without the Commission's prior written approval.

27. Litigation: The Commission, promptly after receiving notice thereof, shall notify the Grantee in writing of the commencement of any claim, suit, or action against the State or its officers or employees for which the Grantee must provide indemnification under this Agreement.

    The failure of the State to give such notice, information, authorization or assistance shall not relieve the Grantee of its indemnification obligations. The Grantee shall immediately notify the State of any claim or action against it which affects, or may affect, this Agreement, the terms and conditions hereunder, or the State, and shall take such action with respect to said claim or action which is consistent with the terms of this Agreement and the interest of the State.

28. Loss Leader: If this Agreement involves the furnishing of equipment, materials, or supplies then the following statement is incorporated: It is unlawful for any person engaged in business within this state to sell or use any article or product as a "loss leader" as defined in Section 17030 of the Business and Professions Code. (Pub. Contract Code §10344(e)).

29. MHSOAC Logo: The Commission hereby grants Grantee the use of the MHSOAC Logo for purposes of its performance of this Agreement. Grantee understands and agrees that it must adhere to the guidelines in the Commission Brand Book in using this logo. A copy of Brand Book will be provided to the Grantee upon request.

30. Nondisclosure: Grantee shall not use or disclose confidential, individually identifiable, or sensitive information other than as permitted or required by the Agreement and as permitted or required by law.

31. Non-Discrimination: During the performance of this Agreement, Grantee and its sub-grantees shall not deny the contract's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Grantee shall insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination. Grantee and sub-grantees shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division

3, Title 2 of the Government Code (Gov. Code §§11135-11139.5), and the regulations or standards adopted by the awarding state agency to implement such article. Grantee shall permit access by representatives of the Department of Fair Employment and Housing and the awarding state agency upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or Agency shall require ascertaining compliance with this clause. Grantee and its sub-grantees shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. (See Cal. Code Regs., tit. 2, §11105.).

Grantee shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the Agreement.

32. Notice: The parties agree that any document or notice required under this Agreement, including reports and other communications, shall be made in writing to the other party's Contract Manager as identified in Exhibit A. Except for Notices of Termination, which must be sent by overnight mail with proof of receipt to the appropriate Contract Manager, the parties agree that email will be considered sufficient for any and all notices, reports and other documents required under this Agreement.

33. Notice of Litigation: Grantee shall promptly notify the Commission of any claim or action that may affect performance under this Agreement.

34. Permits and Licenses: The Grantee shall procure and keep in full force and effect during the term of this Contract all permits, registrations and licenses necessary to accomplish the work specified in this Contract, and give all notices necessary and incident to the lawful prosecution of the work.

    The Grantee shall keep informed of, observe, comply with, and cause all its agents and employees to observe and to comply with all prevailing Federal, State, and local laws, and rules and regulations made pursuant to said Federal, State, and local laws, which in any way affect the conduct of the work of this Agreement. If any conflict arises between provisions of the plans and specifications of this Agreement and any such law above referred to, then the Contractor shall immediately notify the State in writing.

35. Priority Hiring Considerations: If this Agreement includes services in excess of $200,000, the Grantee shall give priority consideration in filling vacancies in positions funded by the Agreement to qualified recipients of aid under Welfare and Institutions Code Section 11200 in accordance with Pub. Contract Code §10353.
36. Public Hearings: If public hearings on the subject matter dealt with in this Agreement are held within one year from the contract expiration date, Grantee shall make

available to testify the personnel assigned to this Contract at the hourly rates specified in the Grantee's proposed budget. State shall reimburse Grantee for travel of said personnel at the contract rates for such testimony as may be requested by State.

37. Public Records Act: This Agreement is subject to the California Public Records Act (PRA) in Government Code Section 6250 *et seq*. Under a Public Records Act Request, Grantee may be required to provide information regarding any aspect of this Agreement to the Commission. Under the PRA, medical records, data and any other information in the custody of the Commission are exempt from disclosure to the extent they contain personally identifiable information and shall be withheld from disclosure to that extent. The Commission will coordinate with federal entities on disclosure of public records should there be a joint request under the PRA and the federal Freedom of Information Act.

38. Publications and Reports: The Commission reserves the right to use and reproduce all reports and data produced and delivered under this Agreement. The Commission further reserves the right to authorize others to use or reproduce such materials.

    a. If the publication and/or report are prepared by non-employees of the State, and the total cost for such preparation exceeds $5,000, the publication and/or report shall contain the numbers and dollar amounts of all contracts and subcontracts relating to the preparation of the publication and report in a separate section of the report (Government Code Section 7550).

39. Recycling Certification: The Grantee shall certify in writing under penalty of perjury, the minimum, if not exact, percentage of post-consumer material as defined in the Public Contract Code Section 12200, in products, materials, goods, or supplies offered or sold to the Commission regardless of whether the product meets the requirements of Public Contract Code Section 12209. With respect to printer or duplication cartridges that comply with the requirements of Section 12156(e), the certification required by this subdivision shall specify that the cartridges so comply. (Pub. Contract Code §12205).

40. Work Product Rights: The Grantee hereby grants the Commission with Government Purpose Rights to the Work Product produced pursuant to this Agreement. "Government Purpose Rights" are the unlimited, irrevocable, worldwide, perpetual, royalty-free, non-exclusive rights, and licenses to use, modify, reproduce, perform, release, display, create derivative works from, and disclose the Work Product. "Government Purpose Rights" also include the right to release or disclose the Work Product outside the Commission for any State government purpose and to authorize recipients to use, modify, reproduce, perform, release, display, create derivative works from, and disclose the Work Product for any public purpose. Such recipients

of the Work Product may include, without limitation, Not-for-Profit Corporations, Community-Based Organizations, State Grantees, California local governments, the United States Government, and the State and local governments of other states. "Government Purpose Rights" do not include any rights to use, modify, reproduce, perform, release, display, create derivative works from, or disclose the Work Product for any commercial purpose.

41. Severability: In the event any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

42. Small Business Participation and DVBE Participation Reporting Requirements:

    a. If for this Agreement, Grantee made a commitment to achieve a small business participation, then Grantee must within 60 days of receiving final payment under this Agreement (or within such other time period as may be specified elsewhere in this Agreement) report to the awarding department the actual percentage of small business participation that was achieved. (Govt. Code §14841.).

    b. If for this Agreement, Grantee made a commitment to achieve a disabled veteran business enterprise (DVBE) participation, then Grantee must within 60 days of receiving final payment under this Agreement (or within such other time period as may be specified elsewhere in this Agreement) certify in a report to the awarding department: (1) the total amount of the prime Grantee received under the Agreement; (2) the name and address of the DVBE(s) that participated in the performance of the Agreement; (3) the amount each DVBE received from the prime Grantee; (4) that all payments under the Agreement have been made to the DVBE; and (5) the actual percentage of the DVBE participation that was achieved. A person or entity that knowingly provides false information shall be subject to a civil penalty for each violation. (Mil. & Vets. Code §999.5(d); Govt. Code §14841).

43. State Funds: Contractor, including its officers and members, shall not use funds received from the Commission pursuant to this Agreement to support or pay for costs or expenses related to the following:

    a. Campaigning or other partisan activities to advocate for either the election or defeat of any candidate for elective office, or for or against the passage of any proposition or ballot measure; or,

    b. Lobbying for either the passage or defeat of any legislation.

    This provision is not intended and shall not be construed to limit any activities specified in this Agreement that are intended to inform, educate, and support

advocacy before local and state administrative and legislative bodies regarding policies and issue-based legislation consistent with the MHSA.

This provision is not intended and shall not be construed to limit any expression of a view, opinion, or position of any member of Grantee as an individual or private citizen, as long as state funds are not used; nor does this provision limit Grantee from merely reporting the results of a poll or survey of its membership.

44. Subcontracts: Prior to entering any subcontract, Contractor shall obtain the Commission's prior approval. Contractor shall provide a list of all subcontractors in initial, progress and final reports to the Commission, or upon request. If the Commission determines that a subcontract was executed without prior approval, a ten percent (10%) penalty may be applied against total funding at or before fiscal close-out. The Contractor shall notify the Commission upon the termination of any subcontract, at least two weeks in advance of the termination. All subcontracts shall incorporate the following terms and conditions from this Exhibit C: Audit, Assignment, Confidentiality, Copyright, Forum Selection, Governing Law, Indemnification, Independent Contractor, Non-Discrimination, Public Records Act, Publication and Reports and Subcontracts.

45. Substitutions: Grantee's key personnel as indicated in its Proposal may not be substituted without Contract Manager's prior written approval.

46. Survival: The following terms and conditions in this Exhibit C shall survive termination of this Agreement: Audit, Assignment, Confidentiality, Copyright, Dispute Resolution, Forum Selection, Governing Law, Indemnification, Public Records Act, and Publication and Reports.

47. Termination For Cause: The Commission may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination the Commission may proceed with the work in any manner deemed proper by the Commission. All costs to the Commission shall be deducted from any sum due the Grantee under this Agreement and the balance, if any, shall be paid to the Grantee, pursuant to Exhibit B of this Agreement, upon demand.

48. Termination Without Cause: Either party is entitled to terminate this Agreement without cause upon serving written Notice on the named representative of the other party at least thirty (30) days in advance. The Commission shall be relieved from any obligation to pay Grantee for performance that is interrupted or not delivered as a result of termination. The Commission shall pay the Grantee for any balance remaining, pursuant to Exhibit B of this Agreement, for work satisfactorily performed. The Commission shall also be entitled to an accounting of the use of the funds and

is entitled to a refund of any unused and uncommitted funds attributable to actions that have not occurred as of the date of the Notice of termination.

49. Timeliness: Time is of the essence in this Agreement.

50. Unenforceable Provision: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

51. Waiver: Waiver of breach under this Agreement shall not be held to be a waiver of any other or subsequent breach. All remedies afforded in this Agreement shall be cumulative in addition to any other remedy provided by law. Any failure by the Commission to enforce a provision(s) of this Agreement shall not be construed as a waiver nor shall it affect the validity of the entire Agreement.

52. Worker's Compensation: Grantee hereby warrants that it carries and shall maintain in full force and effect during the full term of this contract and any extensions to said term, sufficient and adequate Worker's Compensation Insurance for all its employees who shall be engaged in the performance of this Agreement and agrees to furnish to Commission satisfactory evidence thereof at any time the Commission may request the same.

53. GenAI Technology Use & Reporting: During the term of the contract, Contractor must notify the State in writing if their services or any work under this contract includes, or makes available, any previously unreported GenAI technology, including GenAI from third parties or subcontractors. Contractor shall immediately complete the GenAI Reporting and Factsheet (STD 1000) to notify the State of any new or previously unreported GenAI technology. At the direction of the State, Contractor shall discontinue the use of any new or previously undisclosed GenAI technology that materially impacts functionality, risk or contract performance, until use of such GenAI technology has been approved by the State. Failure to disclose GenAI use to the State and submit the GenAI Reporting and Factsheet (STD 1000) may be considered a breach of the contract by the State at its sole discretion and the State may consider such failure to disclose GenAI and/or failure to submit the GenAI Reporting and Factsheet (STD 1000) as grounds for the immediate termination of the contract. The State is entitled to seek any and all relief it may be entitled to as a result of such non-disclosure.

The State reserves the right to amend the contract, without additional cost, to incorporate GenAI Special Provisions into the contract at its sole discretion and/or terminate any contract that presents an unacceptable level of risk to the State.

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: Mental Health Services Oversight and Accountability Commission

Contract Description: For the purpose of MHSSA Grant round 4.

APPROVED AS TO FORM:



Date: 10/29/2024

Office of the Tehama County Counsel
Margaret E. Long, Interim County Counsel

Tehama County

Minutes Certification

File Number: 24-2044 **Enactment Number: MISC. AGR 2024-357**

15. HEALTH SERVICES AGENCY / MENTAL HEALTH 24-2044

a) AGREEMENT – Approval and authorization for the Health Services Agency Executive Director to sign Standard Agreement #24MHSOAC038 with the Mental Health Services Oversight and Accountability Commission for the Round 4, Category 1 of the Mental Health Student Services Act of 2019 (MHSSA) grant, in an amount not to exceed $500,000

Enactment No: MISC. AGR 2024-357

Approval of the Consent Agenda.

A motion was made by Supervisor Moule, seconded by Supervisor Nolen to approve the Consent Agenda. The motion carried by the following vote:

RESULT: APPROVED THE CONSENT AGENDA
MOVER: William Moule
SECONDER: Pati Nolen
AYES: Supervisor Moule, Supervisor Nolen, Supervisor Carlson and Vice Chair Hansen
ABSENT: Chairperson Leach

I, SEAN HOUGHTBY, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of an order adopted by said Board of Supervisor on 12/3/24.

Attest: _____
Deputy

December 05, 2024
Date Certified

E-Contract Review
Approval as to Form

Department Name: Health Service Agency

Vendor Name: Behavioral Health Services Oversight and Accountability Commission

Contract Description: For the purpose of grant funding agreement

APPROVED AS TO FORM:



Date: 09/26/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1791 **Agenda Date:** 10/21/2025 **Agenda #:** 16.

HEALTH SERVICES AGENCY / MENTAL HEALTH

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Health Services Agency Executive Director to sign Amendment No. 1 to the Standard Agreement 24MHSOAC023 (Misc. Agree. 2024-358) with the Behavioral Health Services Oversight and Accountability Commission for Round 4, Category 3 of the Behavioral Health Student Services Act (BHSSA) of 2019, in an amount not to exceed $450,000, effective 12/9/24 and extended until 3/31/28

Financial Impact:
This is a grant receivable to the County with Mental Health being the fiscal pass through in an amount of $450,000. This Amendment No. 1 does not change the grant amount. There is no impact to the General Fund.

Background Information:
The purpose of the grant is to enhance an existing county partnership with school-based programs, to expand access to mental health services for children and youth, including campus-based mental health services, and to facilitate linkage and access to ongoing and sustained services.

Tehama County Office of Education has agreed to be the lead agency for the grant, but the application/grant approval required the local mental health to partner and be the fiscal intermediary for the funds.

Grant: MHSSA RFA 004 - Sustainability
Grant Award: $450,000
Grant Term: July 1, 2024 - March 31, 2028

This Amendment No. 1 makes the following changes to the agreement:

- Extends the term of the grant for an additional three months until 3/31/28.
- Recognizes that the agency name has been renamed from Mental Health Services Oversight and Accountability Commission to Behavioral Health Services Oversight and Accountability Commission.
- The Mental Health Student Services Act has been renamed to Behavioral Health Student Services Act.
- Exhibit A has been revised to add language that requires a Final Report on major accomplishments in the Sustainability Strategy.
- Exhibit B was revised to include an updated Fiscal Detail.

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT - AMENDMENT

SCO ID:

STD 213A (Rev. 4/2020)

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED PAGES

AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authority Number
24MHSOAC023	A.1	

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME
Behavioral Health Services Oversight and Accountability Commission

CONTRACTOR NAME
Tehama County Health Services Agency

2. The term of this Agreement is:

START DATE
12/9/2024

THROUGH END DATE
3/31/2028

3. The maximum amount of this Agreement after this Amendment is:
$450,000.00 (Four Hundred Fifty Thousand and Zero Cents)

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

Amendment 1 does the following:
- Amends Exhibit A and Exhibit B.
- Extends the contract end date from December 31, 2027 to March 31, 2028.

The following exhibits are hereby attached and made part of this Agreement:
- Exhibit A Scope of Work
- Exhibit B Fiscal Detail

The parties recognize that the Mental Health Services Oversight and Accountability Commission (MHSOAC) has been renamed the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) and Mental Health Student Services Act (MHSSA) has been renamed to Behavioral Health Student Services Act (BHSSA) effective January 1, 2025. All references to MHSOAC and MHSSA used in this agreement shall be read to mean BHSOAC and BHSSA.

All language that has been added is shown in bold and underlined. All language that has been deleted is shown in strike through.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)
Tehama County Health Services Agency

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
P.O. Box 400	Red Bluff	CA	96080

PRINTED NAME OF PERSON SIGNING	TITLE
Jayme S. Bottke	Executive Director

CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED
Jayme S Bottke	10-1-25

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES
STANDARD AGREEMENT - AMENDMENT
STD 213A (Rev. 4/2020)

SCO ID:

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED PAGES

AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authority Number
24MHSOAC023	A.1	

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME			
Behavioral Health Services Oversight and Accountability Commission			
CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
1812 9th Street	Sacramento	CA	95811
PRINTED NAME OF PERSON SIGNING	TITLE		
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable) WIC 5897 (f)		

MHSSA GRANT AGREEMENT

EXHIBIT A

SCOPE OF WORK

I. Parties

The parties to this Agreement are the Mental Health Services Oversight & Accountability Commission (MHSOAC or Commission), a state agency headquartered in Sacramento, California; and the Tehama County Health Services Agency (Grantee or Tehama County) with headquarters in Red Bluff, California.

II. Summary/Purpose

This grant is part of a total award of $25 million in grant funding Round 4 under the Mental Health Student Services Act (MHSSA). This is a competitive-bid grant following a Request for Applications (RFA) released in May-June 2024 as RFA MHSSA 004, Addendum 2.

There are four Categories of funding under MHSSA Round 4 for specific services designed to support the previous three rounds. The Categories are: 1) Marginalized and Vulnerable Youth, 2) Universal Screening, 3) Sustainability, and 4) Other Priorities. **This grant was awarded under Category 3: Sustainability**.

Grantee is identified in its grant Application submitted by a MHSSA Partnership that includes school districts, in accordance with program requirements. Applicants were allowed to submit in multiple Categories. Identical grants were awarded to twenty (20) Applicants under Category 3. A total of fifty-one (51) grants were awarded.

The Commission's report *Every Young Heart and Mind: Schools as Centers of Wellness* (published 2020 at MHSOAC.ca.gov) identified continuous improvement and sustainability as critical design features of a comprehensive school mental health system. Sustainability is increasingly relevant as numerous MHSSA grants near the end of their terms.

The overall Purpose of this Agreement is to identify sources of funding that can be used to sustain the delivery of mental health services to students on campus after MHSSA grant funding is no longer available. Toward this end, Grantee will retain a Quality Improvement and Sustainability (QIS) Coordinator whose work will facilitate financial sustainability for MHSSA services in Tehama County, bearing in mind that sustainability recommendations may be scaled statewide.

III. Recitals

A. Mental Health Services Act (MHSA). In 2004, state voters approved Proposition 63, also known as the MHSA. This sweeping law, which created the Commission at Welfare & Institutions Code (WIC) Section 5845, calls for transformation of the mental health system while improving the quality of life for Californians living with mental and behavioral health challenges. The MHSA continues in effect as amended effective January 1, 2025, under Proposition 1. (AB531. Ch. 789, Stats. 2023.)

B. Budget & Expenditures. On an annual basis, the state Legislature and Governor appropriate funds through the State Budget Act for the Commission to provide oversight, review, training, technical assistance, accountability, and evaluation of specified mental or behavioral health projects and programs. This includes grants and research projects under the MHSSA.

C. Mental Health Student Services Act. The MHSSA, created at WIC Section 5886, is designed to bring mental and behavioral health services to children and youth at their school campuses. Specific program goals are set forth at the statute: (A) Preventing mental illnesses from becoming severe and disabling; (B) Improving timely access to services for underserved populations; (C) Providing outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses; (D) Reducing the stigma associated with the diagnosis of a mental illness or seeking mental health services; (E) Reducing discrimination against people with mental illness; (F) Preventing negative outcomes in the targeted population. (WIC Section 5886 (c)(3).)

D. MHSSA Partnerships. MHSSA grants shall only be awarded to a countywide "partnership" among and between a county's mental or behavioral health department, and one or more school districts, and county office of education and/or charter school(s). A "lead agency" may be identified and the statute also recognizes partnerships formed through a consortium between city and county government. (WIC Section 5886 (a)&(b).) Grant applicants must provide the Commission with written evidence of support by the governing boards of all partners. (WIC Section 5886(c)(1)&(2).)

E. Procurement. This grant was awarded based on a Request for Applications (RFA) for the MHSSA Round 4 (RFA MHSSA-004 Addendum 2) grant program. The RFA was made available to all counties.

F. Incorporation by Reference. The RFA and Grantee's Application are incorporated by reference and made part of this Agreement as if attached hereto. The RFA will govern in the event of conflict.

G. Prior MHSSA Funding. The Commission previously funded three rounds of MHHSA grants at a total of $255 million to 57 partnerships (Grantees). The 57 grantees are part of the Commission's ongoing MHSSA Learning Collaborative.

H. TCT Grants. The Commission recently awarded four MHSSA grants under a separate but related Technical Coaching Team (TCT) program. TCT grants are designed to assist all MHSSA grantees in specific areas, as awarded to: 1) Imperial County Office of Education (23MHCOAC043) for Sustainability, 2) Tehama County Department of Education (23MHSOAC041) for Data Collection, 3) Imperial County Office of Education (23MHCOAC040) for Partnership Development, and 4) Placer County Office of Education for Program Implementation (23MHSOAC042). See Attachments A-1 through A-4.

I. TA Consultant. These four grantees will provide Technical Assistance (TA) in collaboration with a Statewide Technical Assistance Coordinator to be retained by the Commission

J. Evaluation Consultant. The Evaluation Consultant is WestEd, working in collaboration with the Commission and its consultants.

K. WestEd. WestEd is a nonprofit corporation headquartered in San Francisco and formed under a Joint Powers Agreement and governed by public entities in Arizona, California, Nevada and Utah with Board members representing agencies from these and other states. WestEd is dedicated to research and evaluation support for public and private educational practices. The Commission has retained WestEd under a separate Agreement to develop a plan for evaluating MHSSA partnerships, activities and services, and student outcomes on a statewide basis. The WestEd MHSSA Evaluation Plan will include an evaluation framework, research questions, viable school mental health metrics using an analytical and methodological approach.

L. Commission Approval. The Commission approved the expenditure of funds for MHSSA Round 4 at its regular meeting on February 22, 2024 (Agenda Item 9).

M. Asset Responsibility. Assets, vehicles, equipment or other operational materials purchased with grant funds awarded herein must be used for the purposes of this grant for the duration of this grant. At the conclusion of this grant, the asset becomes the responsibility of the grantee physically and financially.

IV. Contact Information

The parties agree to contact each other as needed through their Project Representatives designated below. These Representatives will be available during normal business hours, except holidays, and at other days and times as necessary for performance under this Agreement. The designations may be changed by written notice to the other party. Such notice shall be given within 30 days of the change.

Direct all administrative inquiries to:

Mental Health Services Oversight and Accountability Commission	**Tehama County Department of Education**
Name: Nai Saechao	Name: JoNell Wallace
Address: 1812 9th Street Sacramento, CA 95811	Address: 1135 Lincoln St Red Bluff, CA 96080
Phone: 916-500-0577	Phone: 530-528-7303
Fax: 916-623-4687	Fax:
Email: nai.saechao@mhsoac.ca.gov	Email: jwallace@tehamaschools.org

Direct all billing inquiries to:

Mental Health Services Oversight and Accountability Commission	**Tehama County Health Services Agency**
Name: Joseph Vecchi	Name: Jayme Bottke
Address: 1812 9th Street Sacramento, CA 95811	Address: PO Box 400 Red Bluff, CA 96080
Phone: 916-500-0577	Phone: 530-527-8491
Fax: 916-623-4687	Fax:
Email: accounting@mhsoac.ca.gov	Email: Jayme.Bottke@tchsa.net

V. General Requirements

The following provisions govern all deliverables:

A. Collaboration. Grantee shall work collaboratively with various entities while performing its duties and obligations under this Agreement, including the Commission, its consultants, the Technical Coaching Teams and all other MHSSA Grantees.

B. Format. Written deliverables shall be submitted in an electronic format to be agreed upon prior to start of work.

C. Acknowledgement. Grantee shall acknowledge the Commission's support at each of its events in print and electronic format. Grantee is authorized to use the Commission logo for this purpose and oversee its proper usage. (See Exhibit C.)

D. Check-In Meetings. Grantee shall participate in check-in meetings with the Commission upon request. Said meetings may be in-person, by phone or over a web-based platform.

VI. Deliverables

Grantee shall provide the programs/services set forth in its Application and incorporated into this Agreement as outlined below:

A. QIS Coordinator. Grantee shall retain a Quality Improvement and Sustainability (QIS) Coordinator within the first six (6) months of Grant Year One (See Exhibit B.)
   1. Qualifications. The QIS Coordinator must demonstrate knowledge of frameworks for delivery of mental health student services on K-12 school campuses in Tehama County; awareness of potential funding sources and financing models for said services including expertise in funding and sustainability to optimize financial and nonfinancial assets needed to maintain and improve school mental health, as well as, experience in data collection and reporting.
   2. Retention. The QIS Coordinator should be hired in accordance with Grantee's Proposed Plan.
   3. Contractor. If the QIS Coordinator is hired through a contract, it shall be subordinate to this Agreement. (See Exhibit C.)

B. Data Reporting. Grantee shall provide to the Commission data based on the specifications and timelines defined by the Commission. Grantee shall collect and report data using the **MHSSA Data Reporting Tool** provided by the Commission. The parties understand that this tool may be updated throughout the term of this Agreement to reflect findings and recommendations in the forthcoming WestEd MHSSA Evaluation Plan.

C. Sustainability Strategy. Grantee shall develop and implement a Sustainability Strategy. Details of this strategy shall be submitted to the Commission in the Progress Reports in Grant Years Two (2) and Three (3). A summary of this strategy will be included in the Final Report at the end of Grant Year Three (3). This Strategy shall include at least the following:
   1. Funding Sources: Identify potential sources of funds sufficient to sustain MHSSA services, and reasonableness of using the identified source.
   2. Assessment: Assess the potential sources. and rank them according to reasonableness, feasibility and viability.
   3. Barriers: Identify barriers that could make a potential source(s) difficult to use.

D. Reports. Grantee shall submit Progress Reports in accordance with the due dates shown in Exhibit B. In addition to Progress Reports, Grantee shall submit Annual Fiscal Reports and a Final Report.

1. Progress Reports. Grantee shall report on the Sustainability Strategy and implementation relevant to the reporting time period using the Progress Report Template which will be provided by the Commission. This report will include but not be limited to:
   a. List of major project goals/objectives that are clearly defined, specific and measurable
   b. Status on which goals/objectives have been accomplished
   c. Barriers and challenges to development of the Sustainability Strategy and action plans to resolve them
   d. Report on status of hiring staff/contractors, as well as retention of that staff.

2. Annual Fiscal Reports. Grantee shall identify all grant expenditure information in the Annual Fiscal Report using the Annual Fiscal Report Template which will be provided by the Commission.

3. **Final Report. Grantee shall report on major accomplishments and significant lessons learned from their Sustainability Strategy using the Final Report Template which will be provided by the Commission.**

Attachment A-1: Sustainability TA
Attachment A-2: Data Collection TA
Attachment A-3: Partnership Development TA
Attachment A-4: Program Implementation TA

Attachment A-1: Sustainability TA

Sustainability TA is available from Imperial County Office of Education under a related TCT Grant (23MHSOAC043), as summarized below. [Note: All references to "grantee" mean MHSSA grantees under this RFA.]

1. Surveys. Imperial County will develop Surveys that can be used to assess initial interest in Sustainability Plan services, and then measure participation/satisfaction with the workshops, webinars, Individualized Coaching and other activities used to develop Sustainability Plans or Strategies.

2. Workshops. Imperial County will conduct Sustainability workshops within each Grant Year, for all MHSSA grantees. Multiple dates will be made available to maximize participation.

3. Webinars. Imperial County will conduct several webinars on Sustainability each year, covering areas of need based on feedback from individual grantee interviews and general surveys. The webinars will provide examples of successful Sustainability Plans; challenges faced in building Sustainability Plans, and methods used to overcome those challenges. Sustainability Plan materials and resources will be shared amongst participants.

4. Individualized Coaching. Imperial County will meet with individual grantees to answer questions (Q/A) and provide Individualized Coaching on their Sustainability Plans.

5. Toolkits & Training Materials. Imperial County will create a Sustainability Plan Toolkit with training materials/forms to help grantees establish and implement Sustainability Plans or Strategies.

6. Information Hub. Imperial County will establish a web-based Sustainability Plan Information Hub for access to the toolkits and training materials/forms. This Hub will identify resources and provide links to videos and other electronic materials for grantees to use in establishing and implementing Sustainability Plans.

7. Communication. Imperial County will inform grantees as to the availability of its Sustainability Plan coaching services on an ongoing basis through emails, flyers, presentations, and other channels.

Attachment A-2: Data Collection TA

Data Collection TA is available from Tehama County Department of Education under a related TCT Grant (23MHSOAC041), as summarized below. [Note: All references to "grantee" mean MHSSA grantees under this RFA.]

1. Surveys. Grantee shall develop written Surveys that can be used to assess preliminary initial interest in Data Collection activities and the measure participation in and satisfaction with the workshops, webinars, Individual Coaching with Q/A, and other activities.

2. Data Collection Specifics. Tehama County will coach grantees on how to establish electronic systems for capturing data on the delivery of mental health services.

3. Data Collection Restrictions. Tehama County will work with grantees on how to establish data-sharing Memoranda of Understanding with partners in the public and private sector; and, in understanding restrictions on collection of Personal Health Information or Personally Identifiable Information under state and federal law.

4. Informed Decision Making. Tehama County will work with grantees on using key data to inform decision making relative to campus services, and related data collection matters.

5. Workshops & Webinars. Tehama County will conduct Data Collection workshops each year. Multiple dates shall be provided to maximize grantee participation.

6. Webinars. Tehama County will conduct several webinars throughout each year, covering areas of need based on feedback from individual grantees and surveys. The webinars will provide examples of successful Data Collection; challenges agencies will face when collecting data, and the methods utilized to overcome those challenges.

7. Individualized Coaching. Tehama County will meet with individua grantees-to answer questions (Q/A) and provide Individualized Coaching. In these meetings, Tehama County will offer examples for identifying and leveraging available resources and developing a plan of action for Data Collection going forward.

8. Toolkits & Training Materials. Tehama County will create a Data Collection Toolkit with training materials to assist grantees. This will include a multi-lingual consent form; and other forms as may be needed for data collection, transmittal, reporting or storage.

9. Information Hub. Tehama County will make available a web-based Data Collection Information Hub where grantees can access the toolkits and training materials/forms. This Hub will identify resources and provide links to videos and other electronic materials for grantees to use in establishing and implementing Data Collection.

10. Communication. Tehama County will communicate with grantees on the availability of its Data Collection services through emails, flyers, presentations and other channels.

Attachment A-3: Partnership Development TA

Partnership Development TA is available from Imperial County Office of Education under a related TCT Grant (23MHSOAC040), as summarized below. [Note: All references to "grantee" mean MHSSA grantees under this RFA.]

1. Surveys. Imperial County will develop written Surveys that can be used to assess preliminary initial interest in Partnership Development activities and then measure participation in and satisfaction with the workshops, webinars, Individual Coaching with Q/A, and other activities used for Partnership Development on a statewide basis.

2. Workshops. Imperial County will conduct Partnership Development workshops each year. Multiple dates shall be provided to maximize participation.

3. Webinars. Imperial County will conduct several webinars on Partnership Development each year. covering areas of need based on feedback from individual grantees and surveys. The webinars will provide examples of successful Partnership Development; challenges agencies will face when building relationships, and the methods utilized to overcome those challenges. Relevant relationship building material and resources will also be discussed and shared amongst participants.

4. Individualized Coaching. Imperial County will meet with individual grantees to answer questions (Q/A) and provide Individualized Coaching on their Partnership Development. Imperial County will offer examples for identifying and leveraging available resources within a particular county, and assist each grantee in developing a plan of action for Partnership Development going forward.

5. Toolkits & Training Materials. Imperial County will create a Partnership Development Toolkit with training materials/forms to assist grantees in establishing and implementing partnerships on a statewide basis.

6. Information Hub. Imperial County will establish a web-based Partnership Development Information Hub where grantees can access the toolkits and training materials/forms. This Hub will identify resources and provide links to videos and other electronic materials for grantees to use in establishing and implementing partnerships.

7. Communication. Imperial County will communicate with grantees as to the availability of its Partnership Development services on an ongoing basis through emails, flyers, presentations and other channels.

Attachment A-4: Program Implementation TA

Program Implementation TA is available from Placer County Office of Education under a related TCT Grant (23MHSOAC042), as summarized below. [Note: All references to "grantee" mean MHSSA grantees under this RFA.]

1. Surveys. Placer County will develop written Surveys that can be used to assess preliminary initial interest in Program Implementation activities and then measure participation in and satisfaction with the workshops, webinars, Individual Coaching with Q/A, and other activities used for Program Implementation on a statewide basis.

2. Workshops. Placer County will conduct Program Implementation workshops each year. Multiple dates shall be provided to maximize participation.

3. Webinars. Placer County will conduct several webinars on Program Implementation each year, covering areas of need based on feedback from individual MHSSA grantees and surveys. The webinars will provide examples of successful Program Implementation; challenges agencies will face when implementing programs, and the methods utilized to overcome those challenges. Relevant Program Implementation material and resources will also be discussed and shared amongst participants.

4. Individualized Coaching. Placer County will meet with individual grantees on a statewide basis to answer questions (Q/A) and provide Individualized Coaching on their Program Implementation. Placer County will offer examples for identifying and leveraging available resources within a particular county, and assist each grantee in developing a plan of action for Program Implementation going forward.

5. Toolkits & Training Materials. Placer County will create a Program Implementation Toolkit with training materials/forms to assist other MHSAA grantees to implement programs on a statewide basis.

6. Information Hub. Placer County will establish a web-based Program Implementation Information Hub where grantees can access the toolkits and training materials/forms. This Hub will identify resources and provide links to videos and other electronic materials for grantees to use in Program Implementation.

7. Communication. Placer County will communicate with other MHSSA grantees as to the availability of its Program Implementation services on an ongoing basis through emails, flyers, presentations and other channels.

EXHIBIT B

FISCAL DETAIL

1. Invoicing and Payment

a) For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Grantee in accordance with Section 4 of this Exhibit B.

b) Deliverables will be submitted to the Commission grant monitor. Once approved, the grant monitor will prepare the Grant Award Claim Form (GACF) and return to the grantee for signature. Signed GACFs will be returned to the grant monitor for payment. GACFs shall include the Agreement Number and shall be submitted in arrears to the address shown below. Electronic submission is preferred.

Mental Health Services Oversight & Accountability Commission
Attention: Accounting Office
1812 9th Street
Sacramento, CA, 95811
Accounting@mhsoac.ca.gov

2. Budget Contingency Clause

a) It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.

b) If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State or offer an amendment to Grantee to reflect the reduced amount.

c) If this Agreement overlaps federal and State fiscal years, should funds not be appropriated by or approved by the Legislature for the fiscal year(s) following that during which it was executed, the State may exercise its option to cancel this Agreement.

d) This Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Legislature which may affect the provisions or terms of funding of this grant in any manner.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927. Payment for deliverables is meant to be inclusive of all the preparatory work, planning, and material cost involved in the completion of the intent of the deliverable not just the report itself.

4. Budget Detail

The total amount of this Grant Agreement shall not exceed four hundred and fifty thousand dollars [$450,000.00].

Deliverable	Allocated Amount	Due Date
Grant Year 1* *Progress Report- Date TBD based on hiring date of QIS Coordinator*	$150,000.00	Initial payment delivered upon hiring of QIS Coordinator
Subtotal	**$150,000.00**	
Grant Year 2* *Progress Report Q1* *Progress Report Q2* *Progress Report Q3* *Progress Report Q4*	 $50,000.00 $25,000.00 $50,000.00 $25,000.00	 ~~December 31, 2025~~ **February 28, 2026** ~~March 31, 2026~~ **May 31, 2026** ~~June 30, 2026~~ **August 31, 2026** ~~September 30, 2026~~ **November 30, 2026**
Subtotal	**$150,000.00**	
Grant Year 3* *Progress Report Q1* *Progress Report Q2* *Progress Report Q3* *Final Report Q4*	 $50,000.00 $25,000.00 $50,000.00 $25,000.00	 ~~December 31, 2026~~ **February 28, 2027** ~~March 31, 2027~~ **May 31, 2027** ~~June 30, 2027~~ **August 31, 2027** ~~September 30, 2027~~ **November 30, 2027**
Subtotal	**$150,000.00**	
Total	**$450,000.00**	

**Annual Fiscal Reports are due at the end of each Grant Year.*

Payment will not occur for each Deliverable until it has been received and approved by the Commission. Grantee is responsible for ensuring there is enough time for the Commission's review of drafts in advance of each deliverable due date.

Grantee may submit Deliverables prior to due dates. To postpone a due date, Grantee must request written approval from the Commission (email will suffice).

Any insufficiency in the Deliverables may result in the withholding of one or more payments, although in that case the Commission shall provide Grantee with advance written notice and an opportunity to cure the defect (e.g., a mitigation plan). **Failure to retain a QIS Coordinator after Grant Year One may result in such a withhold.**

Upon termination, Grantee shall provide the Commission with an accounting of unearned funds *and* unencumbered funds. Funds that are unearned *or* unencumbered shall be returned to the Commission within thirty (30) days of termination.

E-Contract Review
Approval as to Form

Department Name: Health Service Agency

Vendor Name: Behavioral Health Services Oversight and Accountability Commission

Contract Description: For the purpose of amending agreement to extend term

APPROVED AS TO FORM:



Date: 09/26/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

SCO ID:

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES
STANDARD AGREEMENT
STD 213 (Rev. 04/2020)

AGREEMENT NUMBER	PURCHASING AUTHORITY NUMBER (If Applicable)
24MHSOAC023	

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME
Mental Health Services Oversight and Accountability Commission

CONTRACTOR NAME
Tehama County Health Services Agency

2. The term of this Agreement is:

START DATE
Upon Signature

THROUGH END DATE
12/31/2027

3. The maximum amount of this Agreement is:
$450,000.00 (Four Hundred Fifty Thousand dollars and zero cents)

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

Exhibits		Title	Pages
	Exhibit A	Scope of Work	11
	Exhibit B	Budget Detail and Payment Provisions	2
	Exhibit C	General Terms and Conditions	11
+			
-			

Items shown with an asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
These documents can be viewed at https://www.dgs.ca.gov/OLS/Resources

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)
Tehama County Health Services Agency

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
P.O. Box 400	Red Bluff	CA	96080

PRINTED NAME OF PERSON SIGNING	TITLE
Jayme S. Bottke	Executive Director

CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED
Jayme S Bottke	10-30-24

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME
Mental Health Services Oversight and Accountability Commission

CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
1812 9th Street	Sacramento	CA	95811

PRINTED NAME OF PERSON SIGNING	TITLE
Will Lightbourne	Executive Director

CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED
Will Lightbourne Digitally signed by Will Lightbourne Date: 2024.12.09 11:21:47 -08'00'	12/9/24

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)
	WIC 5897 (f)

MHSSA GRANT AGREEMENT

EXHIBIT A

SCOPE OF WORK

I. Parties

The parties to this Agreement are the Mental Health Services Oversight & Accountability Commission (MHSOAC or Commission), a state agency headquartered in Sacramento, California; and the Tehama County Health Services Agency (Grantee or Tehama County) with headquarters in Red Bluff, California.

II. Summary/Purpose

This grant is part of a total award of $25 million in grant funding Round 4 under the Mental Health Student Services Act (MHSSA). This is a competitive-bid grant following a Request for Applications (RFA) released in May-June 2024 as RFA MHSSA 004, Addendum 2.

There are four Categories of funding under MHSSA Round 4 for specific services designed to support the previous three rounds. The Categories are: 1) Marginalized and Vulnerable Youth, 2) Universal Screening, 3) Sustainability, and 4) Other Priorities. **This grant was awarded under Category 3: Sustainability**.

Grantee is identified in its grant Application submitted by a MHSSA Partnership that includes school districts, in accordance with program requirements. Applicants were allowed to submit in multiple Categories. Identical grants were awarded to twenty (20) Applicants under Category 3. A total of fifty-one (51) grants were awarded.

The Commission's report *Every Young Heart and Mind: Schools as Centers of Wellness* (published 2020 at MHSOAC.ca.gov) identified continuous improvement and sustainability as critical design features of a comprehensive school mental health system. Sustainability is increasingly relevant as numerous MHSSA grants near the end of their terms.

The overall Purpose of this Agreement is to identify sources of funding that can be used to sustain the delivery of mental health services to students on campus after MHSSA grant funding is no longer available. Toward this end, Grantee will retain a Quality Improvement and Sustainability (QIS) Coordinator whose work will facilitate financial sustainability for MHSSA services in Tehama County, bearing in mind that sustainability recommendations may be scaled statewide.

III. Recitals

A. Mental Health Services Act (MHSA). In 2004, state voters approved Proposition 63, also known as the MHSA. This sweeping law, which created the Commission at Welfare & Institutions Code (WIC) Section 5845, calls for transformation of the mental health system while improving the quality of life for Californians living with mental and behavioral health challenges. The MHSA continues in effect as amended effective January 1, 2025, under Proposition 1. (AB531. Ch. 789, Stats. 2023.)

B. Budget & Expenditures. On an annual basis, the state Legislature and Governor appropriate funds through the State Budget Act for the Commission to provide oversight, review, training, technical assistance, accountability, and evaluation of specified mental or behavioral health projects and programs. This includes grants and research projects under the MHSSA.

C. Mental Health Student Services Act. The MHSSA, created at WIC Section 5886, is designed to bring mental and behavioral health services to children and youth at their school campuses. Specific program goals are set forth at the statute: (A) Preventing mental illnesses from becoming severe and disabling; (B) Improving timely access to services for underserved populations; (C) Providing outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses; (D) Reducing the stigma associated with the diagnosis of a mental illness or seeking mental health services; (E) Reducing discrimination against people with mental illness; (F) Preventing negative outcomes in the targeted population. (WIC Section 5886 (c)(3).)

D. MHSSA Partnerships. MHSSA grants shall only be awarded to a countywide "partnership" among and between a county's mental or behavioral health department, and one or more school districts, and county office of education and/or charter school(s). A "lead agency" may be identified and the statute also recognizes partnerships formed through a consortium between city and county government. (WIC Section 5886 (a)&(b).) Grant applicants must provide the Commission with written evidence of support by the governing boards of all partners. (WIC Section 5886(c)(1)&(2).)

E. Procurement. This grant was awarded based on a Request for Applications (RFA) for the MHSSA Round 4 (RFA MHSSA-004 Addendum 2) grant program. The RFA was made available to all counties.

F. Incorporation by Reference. The RFA and Grantee's Application are incorporated by reference and made part of this Agreement as if attached hereto. The RFA will govern in the event of conflict.

G. Prior MHSSA Funding. The Commission previously funded three rounds of MHHSA grants at a total of $255 million to 57 partnerships (Grantees). The 57 grantees are part of the Commission's ongoing MHSSA Learning Collaborative.

H. TCT Grants. The Commission recently awarded four MHSSA grants under a separate but related Technical Coaching Team (TCT) program. TCT grants are designed to assist all MHSSA grantees in specific areas, as awarded to: 1) Imperial County Office of Education (23MHCOAC043) for Sustainability, 2) Tehama County Department of Education (23MHSOAC041) for Data Collection, 3) Imperial County Office of Education (23MHCOAC040) for Partnership Development, and 4) Placer County Office of Education for Program Implementation (23MHSOAC042). See Attachments A-1 through A-4.

I. TA Consultant. These four grantees will provide Technical Assistance (TA) in collaboration with a Statewide Technical Assistance Coordinator to be retained by the Commission

J. Evaluation Consultant. The Evaluation Consultant is WestEd, working in collaboration with the Commission and its consultants.

K. WestEd. WestEd is a nonprofit corporation headquartered in San Francisco and formed under a Joint Powers Agreement and governed by public entities in Arizona, California, Nevada and Utah with Board members representing agencies from these and other states. WestEd is dedicated to research and evaluation support for public and private educational practices. The Commission has retained WestEd under a separate Agreement to develop a plan for evaluating MHSSA partnerships, activities and services, and student outcomes on a statewide basis. The WestEd MHSSA Evaluation Plan will include an evaluation framework, research questions, viable school mental health metrics using an analytical and methodological approach.

L. Commission Approval. The Commission approved the expenditure of funds for MHSSA Round 4 at its regular meeting on February 22, 2024 (Agenda Item 9).

M. Asset Responsibility. Assets, vehicles, equipment or other operational materials purchased with grant funds awarded herein must be used for the purposes of this grant for the duration of this grant. At the conclusion of this grant, the asset becomes the responsibility of the grantee physically and financially.

IV. Contact Information

The parties agree to contact each other as needed through their Project Representatives designated below. These Representatives will be available during normal business hours, except holidays, and at other days and times as necessary for performance under this Agreement. The designations may be changed by written notice to the other party. Such notice shall be given within 30 days of the change.

Direct all administrative inquiries to:

Mental Health Services Oversight and Accountability Commission	**Tehama County Department of Education**
Name: Nai Saechao	Name: JoNell Wallace
Address: 1812 9th Street Sacramento, CA 95811	Address: 1135 Lincoln St Red Bluff, CA 96080
Phone: 916-500-0577	Phone: 530-528-7303
Fax: 916-623-4687	Fax:
Email: nai.saechao@mhsoac.ca.gov	Email: jwallace@tehamaschools.org

Direct all billing inquiries to:

Mental Health Services Oversight and Accountability Commission	**Tehama County Health Services Agency**
Name: Joseph Vecchi	Name: Jayme Bottke
Address: 1812 9th Street Sacramento, CA 95811	Address: P.O. Box 400 Red Bluff, CA 96080
Phone: 916-500-0577	Phone: 530-527-8491
Fax: 916-623-4687	Fax:
Email: accounting@mhsoac.ca.gov	Email: jayme.bottke@tchsa.net

V. General Requirements

The following provisions govern all deliverables:

A. Collaboration. Grantee shall work collaboratively with various entities while performing its duties and obligations under this Agreement, including the Commission, its consultants, the Technical Coaching Teams and all other MHSSA Grantees.

B. Format. Written deliverables shall be submitted in an electronic format to be agreed upon prior to start of work.

C. Acknowledgement. Grantee shall acknowledge the Commission's support at each of its events in print and electronic format. Grantee is authorized to use the Commission logo for this purpose and oversee its proper usage. (See Exhibit C.)

D. Check-In Meetings. Grantee shall participate in check-in meetings with the Commission upon request. Said meetings may be in-person, by phone or over a web-based platform.

VI. Deliverables

Grantee shall provide the programs/services set forth in its Application and incorporated into this Agreement as outlined below:

A. QIS Coordinator. Grantee shall retain a Quality Improvement and Sustainability (QIS) Coordinator within the first six (6) months of Grant Year One (See Exhibit B.)
   1. Qualifications. The QIS Coordinator must demonstrate knowledge of frameworks for delivery of mental health student services on K-12 school campuses in Tehama County; awareness of potential funding sources and financing models for said services including expertise in funding and sustainability to optimize financial and nonfinancial assets needed to maintain and improve school mental health, as well as, experience in data collection and reporting.
   2. Retention. The QIS Coordinator should be hired in accordance with Grantee's Proposed Plan.
   3. Contractor. If the QIS Coordinator is hired through a contract, it shall be subordinate to this Agreement. (See Exhibit C.)

B. Data Reporting. Grantee shall provide to the Commission data based on the specifications and timelines defined by the Commission. Grantee shall collect and report data using the **MHSSA Data Reporting Tool** provided by the Commission. The parties understand that this tool may be updated throughout the term of this Agreement to reflect findings and recommendations in the forthcoming WestEd MHSSA Evaluation Plan.

C. Sustainability Strategy. Grantee shall develop and implement a Sustainability Strategy. Details of this strategy shall be submitted to the Commission in the Progress Reports in Grant Years Two (2) and Three (3). A summary of this strategy will be included in the Final Report at the end of Grant Year Three (3). This Strategy shall include at least the following:
   1. Funding Sources: Identify potential sources of funds sufficient to sustain MHSSA services, and reasonableness of using the identified source.
   2. Assessment: Assess the potential sources. and rank them according to reasonableness, feasibility and viability.
   3. Barriers: Identify barriers that could make a potential source(s) difficult to use.

D. Reports. Grantee shall submit Progress Reports in accordance with the due dates shown in Exhibit B. In addition to Progress Reports, Grantee shall submit Annual Fiscal Reports and a Final Report.
   1. Progress Reports. Grantee shall report on the Sustainability Strategy and implementation relevant to the reporting time period using the Progress Report Template which will be provided by the Commission. This report will include but not be limited to:
      a. List of major project goals/objectives that are clearly defined, specific and measurable
      b. Status on which goals/objectives have been accomplished
      c. Barriers and challenges to development of the Sustainability Strategy and action plans to resolve them
      d. Report on status of hiring staff/contractors, as well as retention of that staff.

   2. Annual Fiscal Reports. Grantee shall identify all grant expenditure information in the Annual Fiscal Report using the Annual Fiscal Report Template which will be provided by the Commission.

Attachment A-1: Sustainability TA
Attachment A-2: Data Collection TA
Attachment A-3: Partnership Development TA
Attachment A-4: Program Implementation TA

Attachment A-1: Sustainability TA

Sustainability TA is available from Imperial County Office of Education under a related TCT Grant (23MHSOAC043), as summarized below. [Note: All references to "grantee" mean MHSSA grantees under this RFA.]

1. Surveys. Imperial County will develop Surveys that can be used to assess initial interest in Sustainability Plan services, and then measure participation/satisfaction with the workshops, webinars, Individualized Coaching and other activities used to develop Sustainability Plans or Strategies.

2. Workshops. Imperial County will conduct Sustainability workshops within each Grant Year, for all MHSSA grantees. Multiple dates will be made available to maximize participation.

3. Webinars. Imperial County will conduct several webinars on Sustainability each year, covering areas of need based on feedback from individual grantee interviews and general surveys. The webinars will provide examples of successful Sustainability Plans; challenges faced in building Sustainability Plans, and methods used to overcome those challenges. Sustainability Plan materials and resources will be shared amongst participants.

4. Individualized Coaching. Imperial County will meet with individual grantees to answer questions (Q/A) and provide Individualized Coaching on their Sustainability Plans.

5. Toolkits & Training Materials. Imperial County will create a Sustainability Plan Toolkit with training materials/forms to help grantees establish and implement Sustainability Plans or Strategies.

6. Information Hub. Imperial County will establish a web-based Sustainability Plan Information Hub for access to the toolkits and training materials/forms. This Hub will identify resources and provide links to videos and other electronic materials for grantees to use in establishing and implementing Sustainability Plans.

7. Communication. Imperial County will inform grantees as to the availability of its Sustainability Plan coaching services on an ongoing basis through emails, flyers, presentations, and other channels.

Attachment A-2: Data Collection TA

Data Collection TA is available from Tehama County Department of Education under a related TCT Grant (23MHSOAC041), as summarized below. [Note: All references to "grantee" mean MHSSA grantees under this RFA.]

1. Surveys. Grantee shall develop written Surveys that can be used to assess preliminary initial interest in Data Collection activities and the measure participation in and satisfaction with the workshops, webinars, Individual Coaching with Q/A, and other activities.

2. Data Collection Specifics. Tehama County will coach grantees on how to establish electronic systems for capturing data on the delivery of mental health services.

3. Data Collection Restrictions. Tehama County will work with grantees on how to establish data-sharing Memoranda of Understanding with partners in the public and private sector; and, in understanding restrictions on collection of Personal Health Information or Personally Identifiable Information under state and federal law.

4. Informed Decision Making. Tehama County will work with grantees on using key data to inform decision making relative to campus services, and related data collection matters.

5. Workshops & Webinars. Tehama County will conduct Data Collection workshops each year. Multiple dates shall be provided to maximize grantee participation.

6. Webinars. Tehama County will conduct several webinars throughout each year, covering areas of need based on feedback from individual grantees and surveys. The webinars will provide examples of successful Data Collection; challenges agencies will face when collecting data, and the methods utilized to overcome those challenges.

7. Individualized Coaching. Tehama County will meet with individua grantees to answer questions (Q/A) and provide Individualized Coaching. In these meetings, Tehama County will offer examples for identifying and leveraging available resources and developing a plan of action for Data Collection going forward.

8. Toolkits & Training Materials. Tehama County will create a Data Collection Toolkit with training materials to assist grantees. This will include a multi-lingual consent form; and other forms as may be needed for data collection, transmittal, reporting or storage.

9. Information Hub. Tehama County will make available a web-based Data Collection Information Hub where grantees can access the toolkits and training materials/forms. This Hub will identify resources and provide links to videos and other electronic materials for grantees to use in establishing and implementing Data Collection.

10. Communication. Tehama County will communicate with grantees on the availability of its Data Collection services through emails, flyers, presentations and other channels.

Attachment A-3: Partnership Development TA

Partnership Development TA is available from Imperial County Office of Education under a related TCT Grant (23MHSOAC040), as summarized below. [Note: All references to "grantee" mean MHSSA grantees under this RFA.]

1. Surveys. Imperial County will develop written Surveys that can be used to assess preliminary initial interest in Partnership Development activities and then measure participation in and satisfaction with the workshops, webinars, Individual Coaching with Q/A, and other activities used for Partnership Development on a statewide basis.

2. Workshops. Imperial County will conduct Partnership Development workshops each year. Multiple dates shall be provided to maximize participation.

3. Webinars. Imperial County will conduct several webinars on Partnership Development each year. covering areas of need based on feedback from individual grantees and surveys. The webinars will provide examples of successful Partnership Development; challenges agencies will face when building relationships, and the methods utilized to overcome those challenges. Relevant relationship building material and resources will also be discussed and shared amongst participants.

4. Individualized Coaching. Imperial County will meet with individual grantees to answer questions (Q/A) and provide Individualized Coaching on their Partnership Development. Imperial County will offer examples for identifying and leveraging available resources within a particular county, and assist each grantee in developing a plan of action for Partnership Development going forward.

5. Toolkits & Training Materials. Imperial County will create a Partnership Development Toolkit with training materials/forms to assist grantees in establishing and implementing partnerships on a statewide basis.

6. Information Hub. Imperial County will establish a web-based Partnership Development Information Hub where grantees can access the toolkits and training materials/forms. This Hub will identify resources and provide links to videos and other electronic materials for grantees to use in establishing and implementing partnerships.

7. Communication. Imperial County will communicate with grantees as to the availability of its Partnership Development services on an ongoing basis through emails, flyers, presentations and other channels.

Attachment A-4: Program Implementation TA

Program Implementation TA is available from Placer County Office of Education under a related TCT Grant (23MHSOAC042), as summarized below. [Note: All references to "grantee" mean MHSSA grantees under this RFA.]

1. Surveys. Placer County will develop written Surveys that can be used to assess preliminary initial interest in Program Implementation activities and then measure participation in and satisfaction with the workshops, webinars, Individual Coaching with Q/A, and other activities used for Program Implementation on a statewide basis.

2. Workshops. Placer County will conduct Program Implementation workshops each year. Multiple dates shall be provided to maximize participation.

3. Webinars. Placer County will conduct several webinars on Program Implementation each year, covering areas of need based on feedback from individual MHSSA grantees and surveys. The webinars will provide examples of successful Program Implementation; challenges agencies will face when implementing programs, and the methods utilized to overcome those challenges. Relevant Program Implementation material and resources will also be discussed and shared amongst participants.

4. Individualized Coaching. Placer County will meet with individual grantees on a statewide basis to answer questions (Q/A) and provide Individualized Coaching on their Program Implementation. Placer County will offer examples for identifying and leveraging available resources within a particular county, and assist each grantee in developing a plan of action for Program Implementation going forward.

5. Toolkits & Training Materials. Placer County will create a Program Implementation Toolkit with training materials/forms to assist other MHSAA grantees to implement programs on a statewide basis.

6. Information Hub. Placer County will establish a web-based Program Implementation Information Hub where grantees can access the toolkits and training materials/forms. This Hub will identify resources and provide links to videos and other electronic materials for grantees to use in Program Implementation.

7. Communication. Placer County will communicate with other MHSSA grantees as to the availability of its Program Implementation services on an ongoing basis through emails, flyers, presentations and other channels.

EXHIBIT B

FISCAL DETAIL

1. Invoicing and Payment

a) For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Grantee in accordance with Section 4 of this Exhibit B.

b) Deliverables will be submitted to the Commission grant monitor. Once approved, the grant monitor will prepare the Grant Award Claim Form (GACF) and return to the grantee for signature. Signed GACFs will be returned to the grant monitor for payment. GACFs shall include the Agreement Number and shall be submitted in arrears to the address shown below. Electronic submission is preferred.

Mental Health Services Oversight & Accountability Commission
Attention: Accounting Office
1812 9th Street
Sacramento, CA, 95811
Accounting@mhsoac.ca.gov

2. Budget Contingency Clause

a) It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.

b) If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State or offer an amendment to Grantee to reflect the reduced amount.

c) If this Agreement overlaps federal and State fiscal years, should funds not be appropriated by or approved by the Legislature for the fiscal year(s) following that during which it was executed, the State may exercise its option to cancel this Agreement.

d) This Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Legislature which may affect the provisions or terms of funding of this grant in any manner.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927. Payment for deliverables is meant to be inclusive of all the preparatory work, planning, and material cost involved in the completion of the intent of the deliverable not just the report itself.

4. Budget Detail

The total amount of this Grant Agreement shall not exceed four hundred and fifty thousand dollars [$450,000.00].

Deliverable	Allocated Amount	Due Date
Grant Year 1* *Progress Report- Date TBD based on hiring date of QIS Coordinator*	$150,000.00	Initial payment delivered upon hiring of QIS Coordinator
Subtotal	**$150,000.00**	
Grant Year 2*		
Progress Report Q1	$50,000.00	December 31, 2025
Progress Report Q2	$25,000.00	March 31, 2026
Progress Report Q3	$50,000.00	June 30, 2026
Progress Report Q4	$25,000.00	September 30, 2026
Subtotal	**$150,000.00**	
Grant Year 3*		
Progress Report Q1	$50,000.00	December 31, 2026
Progress Report Q2	$25,000.00	March 31, 2027
Progress Report Q3	$50,000.00	June 30, 2027
Final Report Q4	$25,000.00	September 30, 2027
Subtotal	**$150,000.00**	
Total	**$450,000.00**	

**Annual Fiscal Reports are due at the end of each Grant Year.*

Payment will not occur for each Deliverable until it has been received and approved by the Commission. Grantee is responsible for ensuring there is enough time for the Commission's review of drafts in advance of each deliverable due date.

Grantee may submit Deliverables prior to due dates. To postpone a due date, Grantee must request written approval from the Commission (email will suffice).

Any insufficiency in the Deliverables may result in the withholding of one or more payments, although in that case the Commission shall provide Grantee with advance written notice and an opportunity to cure the defect (e.g., a mitigation plan). **Failure to retain a QIS Coordinator after Grant Year One may result in such a withhold.**

Upon termination, Grantee shall provide the Commission with an accounting of unearned funds *and* unencumbered funds. Funds that are unearned *or* unencumbered shall be returned to the Commission within thirty (30) days of termination.

EXHIBIT C

General Terms and Conditions

1. Amendment. This Agreement may be amended upon mutual consent of the parties. No amendment or variation of the terms of this Agreement shall be valid unless made in writing and signed by the parties. No oral understanding or agreement not incorporated in this Agreement is binding on any of the parties.

2. Antitrust Claims: The Grantee by signing this Agreement hereby certifies that if these services or goods are obtained by means of a competitive bid, the Grantee shall comply with the requirements of the Government Code Sections set out below:

    a. The Government Code Chapter on Antitrust claims contains the following definitions:

        i. "Public Purchase" means a purchase by means of competitive bids of goods, services, or materials by the Commission or any of its political subdivisions or public agencies on whose behalf the Attorney General may bring an action pursuant to subdivision (c) of Section 16750 of the Business and Professions Code.

        ii. "Public purchasing body" means the Commission or the subdivision or agency making a public purchase. Government Code Section 4550.

    b. In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder. Government Code Section 4552.

    c. If an awarding body or public purchasing body receives, either through judgment or settlement, a monetary recovery for a cause of action assigned under this chapter, the assignor shall be entitled to receive reimbursement for actual legal costs incurred and may, upon demand, recover from the public body any portion of the recovery, including treble damages, attributable to overcharges that were paid by the assignor but were not paid by the public body as part of the bid price, less the expenses incurred in obtaining that portion of the recovery. Government Code Section 4553.

    d. Upon demand in writing by the assignor, the assignee shall, within one year of such demand, reassign the cause of action assigned under this part if the assignor has been or may have been injured by the violation of law for which the cause of action arose and (a) the assignee has not been injured thereby, or (b) the

assignee declines to file a court action for the cause of action. See Government Code Section 4554.

3. Approval: This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained by the Commission. Unless otherwise specified in Exhibit A, each Report/Deliverable to be approved under this Agreement shall be approved by the Contract Manager. The State's determination as to satisfactory work shall be final absent fraud or mistake.

4. Assignment: This Agreement or any interest herein shall not be assigned without the prior written consent of the Commission.

5. Audit: The Commission or California State Auditor or any State of California fiscal oversight agency has the right to audit performance under this Agreement. The auditor(s) shall be entitled to review and copy Grantee's records and supporting documentation pertinent to its performance. Grantee agrees to maintain such records and documents for a minimum of three (3) years after final payment, for this purpose. Grantee agrees to allow the auditor(s) access to such records and documents as are relevant and pertinent, at its facilities during normal business hours; and to allow its employees to be interviewed as deemed necessary, in the professional opinion of the auditor(s). The Commission agrees to give Grantee advance written notice of any onsite audit.

6. Captions: The headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

7. Certification Clauses: The GRANTEE CERTIFICATION CLAUSES contained in the document CCC 04/2017 are hereby incorporated by reference and made a part of this Agreement by this reference as if attached hereto.

8. Child Support Compliance Act: For any Agreement in excess of $100,000, the Grantee acknowledges in accordance with Public Contract Code 7110, that:

    a. The Grantee recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and

    b. The Grantee, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

9. Change of Control: In the event Grantee undergoes a sale, merger or any other legal transaction resulting in a change of control, all of the rights and obligations of this Agreement shall inure to and be binding upon the legal representatives, successors and permitted assigns of the successor entity.

10. Compensation: The consideration to be paid Grantee, as provided herein, shall be in compensation for all of Grantee's expenses incurred in the performance hereof, including travel, per diem, and taxes, unless otherwise expressly so provided.

11. Confidentiality: Grantee shall not disclose data or documents or disseminate the contents of any preliminary data report or work product created under this Agreement without written permission of the Commission, and subject to the terms and conditions of this Exhibit C of the Agreement. Permission to disclose information or documents on one occasion shall not authorize Grantee to further disclose such information or documents on any other occasions except as otherwise provided in the Agreement or required by law.

    A. Grantee shall not comment publicly to the press or any other media regarding the data or documents generated, collected, or produced in connection with this contract, or the State's actions on the same, except to the Commission staff, Grantee's own personnel involved in the performance of this Agreement, or as required by law.

12. Contract/Agreement is Complete: Other than as specified herein, no document or communication passing between the parties hereto shall be deemed a part of this Agreement.

13. Copyright: Unless otherwise provided, all materials produced under this contract shall be considered "works for hire" as defined by the U.S. Copyright Act and shall be owned by the Commission. The Commission shall be considered the author of such materials. In the event the materials are not considered "works for hire" under the U.S. Copyright laws, Grantee hereby irrevocably assigns all right, title, and interest in materials, including all intellectual property rights, to the Commission effective from the moment of creation of such materials. Materials means all items in any format and includes, but is not limited to, data, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes, and/or sound reproductions. Ownership includes the right to copyright, patent, register and the ability to transfer these rights. For materials that are delivered under the contract, but that incorporate pre-existing materials not produced under the contract, Grantee hereby grants to the Commission a nonexclusive, royalty-free, irrevocable license (with rights to sublicense others) in such materials to translate, reproduce, distribute, prepare derivative works, publicly perform, and publicly display. The Grantee warrants and represents that Grantee has all rights and permissions, including intellectual property rights, moral rights and rights of publicity, necessary to grant such a license to the Commission. The Grantee shall exert all reasonable effort to advise the Commission, at the time of delivery of materials furnished under this contract, of all known or potential invasions of privacy contained therein and of any portion of such document that was not produced in the performance of this contract. The Commission shall receive prompt written notice of each notice or claim of infringement received by the Grantee with respect to any data delivered under this contract. The Commission shall have the right to modify or remove any restrictive markings placed upon the data by the Grantee.

14. Grantee-Commission Collaboration: At the request of the Commission, Grantee shall permit Commission Staff to work closely with Grantee's Staff, and Commission Staff shall

be given access to Grantee's data, working papers and other written materials as needed for this purpose.

15. Counterparts: The parties may sign this Agreement in multiple counterparts, each of which constitutes an original, and all of which, collectively, constitute only one agreement.

16. Dispute Resolution:

    a. Grantee shall first discuss and attempt to resolve any dispute arising under its performance of this Agreement informally with the Commission Contract Manager. If the dispute cannot be disposed of at this level, it shall be decided by the Commission Executive Director for which purpose Grantee shall submit a written statement of dispute to: Executive Director, MHSOAC, 1812 9th Street, Sacramento, California 95811. The submission may be transmitted by email but must also be sent by overnight mail with proof of receipt (see provisions for Notice above).

    b. Within ten (10) days of receipt of the statement described above, the Executive Director or designee shall meet Grantee's manager(s) for the purpose of resolving the dispute. The Executive Director shall issue a decision to be served in the same manner as the written statement, which shall be final at the informal level.

    c. After recourse to the informal level of dispute set forth above, any controversy or claim arising out of or relating to this Agreement or breach thereof shall be settled by arbitration at the election of either party in accordance with California Public Contract Code Section 10240 et. seq. and judgment upon the award rendered by the arbitration may be entered in any court having jurisdiction thereof.

    d. While the informal dispute or arbitration process is pending, Grantee shall proceed diligently with its performance under the Agreement.

17. Electronic Signature: Unless otherwise prohibited by law, the parties agree that an electronic signature has the same legal force and effect as a hard-copy with ink signature. The parties agree that a signed copy of this Agreement may be transmitted by electronic means including facsimile and email.

18. Force Majeure: Neither the Commission nor the Grantee shall be deemed to be in default in the performance of the terms of this Agreement if either party is prevented from performing the terms of this Agreement by causes beyond its control, including without being limited to: acts of God; interference, rulings or decision by municipal, Federal, State or other governmental agencies, boards or commissions; any laws and/or regulations of such municipal, State, Federal, or other governmental bodies; or any catastrophe resulting from flood, fire, explosion, or other causes beyond the control of the defaulting party. If any of the stated contingencies occur, the party delayed by force majeure shall immediately give the other party written notice of the cause of delay. The party delayed by force majeure shall use reasonable diligence to correct the cause of the delay, if correctable.

19. Forum Selection: The County of Sacramento in the State of California shall be the proper forum for any dispute between the parties regarding this Agreement.

20. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.

21. Gratuities and Contingency Fees: The Commission, by written notice to the Grantee, may terminate the right of Grantee to proceed under this Agreement if it is found, after notice and hearing by the State, that gratuities were offered or given by the Grantee or any agent or representative of the Grantee to any officer or employee of the State with a view toward securing a contract or securing favorable treatment with respect to the awarding, amending, or performing of such contract.

    In the event this Agreement is terminated as provided in the paragraph above, State shall be entitled (a) to pursue the same remedies against Grantee as it could pursue in the event of the breach of the Agreement by the Grantee, and (b) as a predetermined amount of liquidated damages, to exemplary damages in an amount which shall not be less than three times the cost incurred by the Grantee in providing any such gratuities to any such officer or employee.

    The rights and remedies of the Commission provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

    The Grantee warrants by execution of this Agreement that no person or selling agency has been employed or retained to solicit or secure this Agreement for a commission, percentage, brokerage or contingent fee, excepting bona fide employees of Grantee, for the purpose of securing business. For breach or violation of this warranty, the State shall have the right to annul this Agreement without liability, paying only for the values of the work actually returned, or in its discretion to deduct from the contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

22. Indemnification: Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all Grantees, sub-grantees, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of this Agreement.

23. Independent Contractor: Grantee, and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.

24. Information Security: The Grantee shall comply with applicable laws and regulations, including but not limited to Sections 14100.2 and 5328 et seq. of the Welfare and Institutions Code, Section 431.300 et seq. of Title 42, Code of Federal Regulations, and the Health Insurance Portability and Accountability Act (HIPAA), and it's implementing

regulations (including but not limited to Title 45, CFR, Parts 160, 162 and 164) regarding the confidentiality and security of individually identifiable health information (IIHI).

25. Inspection and Enforcement: From time to time, the Commission may inspect the facilities, systems, books and records of the Grantee to monitor compliance with the Grant. Grantee shall promptly remedy any violation of any provision of the Contract and shall certify the same to the Commission in writing. The fact that the State inspects, or fails to inspect, or has the right to inspect Grantee's facilities, systems, and procedures does not relieve Contractor of its responsibility to comply with the Agreement. The Commission's failure to detect or the Commission's detection of any unsatisfactory practices, but failure to notify Grantee or require Grantee's remediation of the unsatisfactory practices does not constitute acceptance of such practice or a waiver of the State's enforcement rights under the Agreement.

26. Key Personnel: Grantee's key personnel, as may be identified in this Agreement, cannot be substituted without the Commission's prior written approval.

27. Litigation: The Commission, promptly after receiving notice thereof, shall notify the Grantee in writing of the commencement of any claim, suit, or action against the State or its officers or employees for which the Grantee must provide indemnification under this Agreement.

    The failure of the State to give such notice, information, authorization or assistance shall not relieve the Grantee of its indemnification obligations. The Grantee shall immediately notify the State of any claim or action against it which affects, or may affect, this Agreement, the terms and conditions hereunder, or the State, and shall take such action with respect to said claim or action which is consistent with the terms of this Agreement and the interest of the State.

28. Loss Leader: If this Agreement involves the furnishing of equipment, materials, or supplies then the following statement is incorporated: It is unlawful for any person engaged in business within this state to sell or use any article or product as a "loss leader" as defined in Section 17030 of the Business and Professions Code. (Pub. Contract Code §10344(e)).

29. MHSOAC Logo: The Commission hereby grants Grantee the use of the MHSOAC Logo for purposes of its performance of this Agreement. Grantee understands and agrees that it must adhere to the guidelines in the Commission Brand Book in using this logo. A copy of Brand Book will be provided to the Grantee upon request.

30. Nondisclosure: Grantee shall not use or disclose confidential, individually identifiable, or sensitive information other than as permitted or required by the Agreement and as permitted or required by law.

31. Non-Discrimination: During the performance of this Agreement, Grantee and its sub-grantees shall not deny the contract's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor shall they

discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Grantee shall insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination. Grantee and sub-grantees shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §§11135-11139.5), and the regulations or standards adopted by the awarding state agency to implement such article. Grantee shall permit access by representatives of the Department of Fair Employment and Housing and the awarding state agency upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or Agency shall require ascertaining compliance with this clause. Grantee and its sub-grantees shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. (See Cal. Code Regs., tit. 2, §11105.).

Grantee shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the Agreement.

32. Notice: The parties agree that any document or notice required under this Agreement, including reports and other communications, shall be made in writing to the other party's Contract Manager as identified in Exhibit A. Except for Notices of Termination, which must be sent by overnight mail with proof of receipt to the appropriate Contract Manager, the parties agree that email will be considered sufficient for any and all notices, reports and other documents required under this Agreement.

33. Notice of Litigation: Grantee shall promptly notify the Commission of any claim or action that may affect performance under this Agreement.

34. Permits and Licenses: The Grantee shall procure and keep in full force and effect during the term of this Contract all permits, registrations and licenses necessary to accomplish the work specified in this Contract, and give all notices necessary and incident to the lawful prosecution of the work.

    The Grantee shall keep informed of, observe, comply with, and cause all its agents and employees to observe and to comply with all prevailing Federal, State, and local laws, and rules and regulations made pursuant to said Federal, State, and local laws, which in any way affect the conduct of the work of this Agreement. If any conflict arises between provisions of the plans and specifications of this Agreement and any such law above referred to, then the Contractor shall immediately notify the State in writing.

35. Priority Hiring Considerations: If this Agreement includes services in excess of $200,000, the Grantee shall give priority consideration in filling vacancies in positions funded by the Agreement to qualified recipients of aid under Welfare and Institutions Code Section 11200 in accordance with Pub. Contract Code §10353.

36. Public Hearings: If public hearings on the subject matter dealt with in this Agreement are held within one year from the contract expiration date, Grantee shall make available to testify the personnel assigned to this Contract at the hourly rates specified in the Grantee's proposed budget. State shall reimburse Grantee for travel of said personnel at the contract rates for such testimony as may be requested by State.

37. Public Records Act: This Agreement is subject to the California Public Records Act (PRA) in Government Code Section 6250 *et seq*. Under a Public Records Act Request, Grantee may be required to provide information regarding any aspect of this Agreement to the Commission. Under the PRA, medical records, data and any other information in the custody of the Commission are exempt from disclosure to the extent they contain personally identifiable information and shall be withheld from disclosure to that extent. The Commission will coordinate with federal entities on disclosure of public records should there be a joint request under the PRA and the federal Freedom of Information Act.

38. Publications and Reports: The Commission reserves the right to use and reproduce all reports and data produced and delivered under this Agreement. The Commission further reserves the right to authorize others to use or reproduce such materials.

    a. If the publication and/or report are prepared by non-employees of the State, and the total cost for such preparation exceeds $5,000, the publication and/or report shall contain the numbers and dollar amounts of all contracts and subcontracts relating to the preparation of the publication and report in a separate section of the report (Government Code Section 7550).

39. Recycling Certification: The Grantee shall certify in writing under penalty of perjury, the minimum, if not exact, percentage of post-consumer material as defined in the Public Contract Code Section 12200, in products, materials, goods, or supplies offered or sold to the Commission regardless of whether the product meets the requirements of Public Contract Code Section 12209. With respect to printer or duplication cartridges that comply with the requirements of Section 12156(e), the certification required by this subdivision shall specify that the cartridges so comply. (Pub. Contract Code §12205).

40. Work Product Rights: The Grantee hereby grants the Commission with Government Purpose Rights to the Work Product produced pursuant to this Agreement. "Government Purpose Rights" are the unlimited, irrevocable, worldwide, perpetual, royalty-free, non-exclusive rights, and licenses to use, modify, reproduce, perform, release, display, create derivative works from, and disclose the Work Product. "Government Purpose Rights" also include the right to release or disclose the Work Product outside the Commission for any State government purpose and to authorize recipients to use, modify, reproduce, perform, release, display, create derivative works from, and disclose the Work Product for any public purpose. Such recipients of the Work Product may include, without limitation, Not-for-Profit Corporations, Community-Based Organizations, State Grantees, California local governments, the United States Government, and the State and local governments of other states. "Government Purpose Rights" do not include any rights to use, modify, reproduce, perform, release, display, create derivative works from, or disclose the Work Product for any commercial purpose.

41. Severability: In the event any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

42. Small Business Participation and DVBE Participation Reporting Requirements:

    a. If for this Agreement, Grantee made a commitment to achieve a small business participation, then Grantee must within 60 days of receiving final payment under this Agreement (or within such other time period as may be specified elsewhere in this Agreement) report to the awarding department the actual percentage of small business participation that was achieved. (Govt. Code §14841.).

    b. If for this Agreement, Grantee made a commitment to achieve a disabled veteran business enterprise (DVBE) participation, then Grantee must within 60 days of receiving final payment under this Agreement (or within such other time period as may be specified elsewhere in this Agreement) certify in a report to the awarding department: (1) the total amount of the prime Grantee received under the Agreement; (2) the name and address of the DVBE(s) that participated in the performance of the Agreement; (3) the amount each DVBE received from the prime Grantee; (4) that all payments under the Agreement have been made to the DVBE; and (5) the actual percentage of the DVBE participation that was achieved. A person or entity that knowingly provides false information shall be subject to a civil penalty for each violation. (Mil. & Vets. Code §999.5(d); Govt. Code §14841).

43. State Funds: Contractor, including its officers and members, shall not use funds received from the Commission pursuant to this Agreement to support or pay for costs or expenses related to the following:
    a. Campaigning or other partisan activities to advocate for either the election or defeat of any candidate for elective office, or for or against the passage of any proposition or ballot measure; or,
    b. Lobbying for either the passage or defeat of any legislation.

    This provision is not intended and shall not be construed to limit any activities specified in this Agreement that are intended to inform, educate, and support advocacy before local and state administrative and legislative bodies regarding policies and issue-based legislation consistent with the MHSA.

    This provision is not intended and shall not be construed to limit any expression of a view, opinion, or position of any member of Grantee as an individual or private citizen, as long as state funds are not used; nor does this provision limit Grantee from merely reporting the results of a poll or survey of its membership.

44. Subcontracts: Prior to entering any subcontract, Contractor shall obtain the Commission's prior approval. Contractor shall provide a list of all subcontractors in initial, progress and final reports to the Commission, or upon request. If the Commission determines that a subcontract was executed without prior approval, a ten percent (10%) penalty may be applied against total funding at or before fiscal close-out. The Contractor shall notify the Commission upon the termination of any subcontract, at least two weeks in advance of

the termination. All subcontracts shall incorporate the following terms and conditions from this Exhibit C: Audit, Assignment, Confidentiality, Copyright, Forum Selection, Governing Law, Indemnification, Independent Contractor, Non-Discrimination, Public Records Act, Publication and Reports and Subcontracts.

45. Substitutions: Grantee's key personnel as indicated in its Proposal may not be substituted without Contract Manager's prior written approval.

46. Survival: The following terms and conditions in this Exhibit C shall survive termination of this Agreement: Audit, Assignment, Confidentiality, Copyright, , Dispute Resolution, Forum Selection, Governing Law, Indemnification, Public Records Act, and Publication and Reports.

47. Termination For Cause: The Commission may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination the Commission may proceed with the work in any manner deemed proper by the Commission. All costs to the Commission shall be deducted from any sum due the Grantee under this Agreement and the balance, if any, shall be paid to the Grantee, pursuant to Exhibit B of this Agreement, upon demand.

48. Termination Without Cause: Either party is entitled to terminate this Agreement without cause upon serving written Notice on the named representative of the other party at least thirty (30) days in advance. The Commission shall be relieved from any obligation to pay Grantee for performance that is interrupted or not delivered as a result of termination. The Commission shall pay the Grantee for any balance remaining, pursuant to Exhibit B of this Agreement, for work satisfactorily performed. The Commission shall also be entitled to an accounting of the use of the funds and is entitled to a refund of any unused and uncommitted funds attributable to actions that have not occurred as of the date of the Notice of termination.

49. Timeliness: Time is of the essence in this Agreement.

50. Unenforceable Provision: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

51. Waiver: Waiver of breach under this Agreement shall not be held to be a waiver of any other or subsequent breach. All remedies afforded in this Agreement shall be cumulative in addition to any other remedy provided by law. Any failure by the Commission to enforce a provision(s) of this Agreement shall not be construed as a waiver nor shall it affect the validity of the entire Agreement.

52. Worker's Compensation: Grantee hereby warrants that it carries and shall maintain in full force and effect during the full term of this contract and any extensions to said term, sufficient and adequate Worker's Compensation Insurance for all its employees who shall be engaged in the performance of this Agreement and agrees to furnish to Commission satisfactory evidence thereof at any time the Commission may request the same.

53. GenAI Technology Use & Reporting: During the term of the contract, Contractor must notify the State in writing if their services or any work under this contract includes, or makes available, any previously unreported GenAI technology, including GenAI from third parties or subcontractors. Contractor shall immediately complete the GenAI Reporting and Factsheet (STD 1000) to notify the State of any new or previously unreported GenAI technology. At the direction of the State, Contractor shall discontinue the use of any new or previously undisclosed GenAI technology that materially impacts functionality, risk or contract performance, until use of such GenAI technology has been approved by the State. Failure to disclose GenAI use to the State and submit the GenAI Reporting and Factsheet (STD 1000) may be considered a breach of the contract by the State at its sole discretion and the State may consider such failure to disclose GenAI and/or failure to submit the GenAI Reporting and Factsheet (STD 1000) as grounds for the immediate termination of the contract. The State is entitled to seek any and all relief it may be entitled to as a result of such non-disclosure.

    The State reserves the right to amend the contract, without additional cost, to incorporate GenAI Special Provisions into the contract at its sole discretion and/or terminate any contract that presents an unacceptable level of risk to the State.

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: Mental Health Services Oversight and Accountability Commission

Contract Description: For the purpose of MHSSA grant award

APPROVED AS TO FORM:



Date: 10/21/2024

Office of the Tehama County Counsel
Margaret E. Long, Interim County Counsel

Tehama County

Minutes Certification

File Number: 24-2045 **Enactment Number: MISC. AGR 2024-358**

16. HEALTH SERVICES AGENCY / MENTAL HEALTH **24-2045**

a) AGREEMENT - Approval and authorization for the Health Services Executive Director to sign Standard Agreement #24MHSOAC023 with the Mental Health Services Oversight and Accountability Commission for Round 4, Category 3 of the Mental Health Student Services of 2019 (MHSSA) grant in the amount to not exceed $450,000, effective 7/1/24 through 6/30/27
Enactment No: MISC. AGR 2024-358

Approval of the Consent Agenda.

A motion was made by Supervisor Moule, seconded by Supervisor Nolen to approve the Consent Agenda. The motion carried by the following vote:

RESULT: APPROVED THE CONSENT AGENDA
MOVER: William Moule
SECONDER: Pati Nolen
AYES: Supervisor Moule, Supervisor Nolen, Supervisor Carlson and Vice Chair Hansen
ABSENT: Chairperson Leach

I, SEAN HOUGHTBY, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of an order adopted by said Board of Supervisor on 12/3/24.

Attest: Deputy

December 05, 2024
Date Certified

Tehama County

Agenda Request Form

File #: 25-1800 **Agenda Date:** 10/21/2025 **Agenda #:** 17.

HEALTH SERVICES AGENCY / MENTAL HEALTH

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Executive Director to sign the Amendment No. 1 to the Misc. Agreement 2024-202 with Psynergy Programs Inc. for the purpose of providing long-term care for adults with serious mental illness in need of high-level placements, in the amount not to exceed $450,000 during any fiscal year, with a total maximum compensation not to exceed $900,000, effective 7/1/24 and shall terminate 6/30/26, thereby amending the rates in Exhibit B and C *(Subject to receipt of required insurance documentation)*

Financial Impact:
Budget Unit is 40131 for Mental Health. There is no change in the total compensation amount. Services will be paid for with Mental Health realignment and/or Mental Health Services Act (MHSA) funds allocated for medically necessary services. There is no impact to the general fund.

Background Information:
The is Amendment No. 1 to the Misc. Agreement 2024-202, which was reviewed and approved at the Board of Supervisors meeting on 6/25/24. This vendor provides long-term care for adults with serious mental illness. Placement is difficult for clients who need specialized residential care services.

This Amendment No. 1 replaces Exhibits B and C of the agreement to update the rates for FY 25/26. There is no change to the maximum compensation amount.

If this Amendment No. 1 to the agreement is not approved, clients who could be serviced by this facility would not be able to be placed there. There are very limited options for client care in facilities with the services this vendor offers. The Health Services Agency would need to continue the search for adequate facilities for clients with specialty needs which would continue disruption in much needed services and delays for mental health clients of Tehama County.

AMENDMENT #1

TO THE AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND PSYNERGY PROGRAMS, INC.

This Amendment #1 to Agreement Number 2024-202 dated June 12, 2024, by and between the County of Tehama, through its Health Services Agency (County) and Psynergy Programs, Inc. (Contractor) for the provision of long-term care for adults with serious mental illness in need of institution for mental disease/mental health rehabilitation center services and Lanterman Petris Short (LPS) declarations, shall be amended as follows:

Exhibit B shall be replaced in its entirety to include updated rates for Fiscal Year 2025/2026 as set forth on pages 2-20 of this amendment.

Exhibit C shall be replaced in its entirety to include updated rates for Fiscal Year 2025/2026 as set forth on pages 21-25 of this amendment.

It is mutually agreed that all other terms and conditions of Agreement Number 2024-202 shall remain in full force and effect.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

Date: 10-8-25

COUNTY OF TEHAMA

Jayme S. Bottke, Executive Director

Date: 10/6/2025

PSYNERGY PROGRAMS, INC.

Arturo Uribe, LCSW, President/CEO

122962
Vendor Number

Exhibit B

Contract Exhibit - Rates
Provider Psynergy Programs, Inc.

State Deleted the code
State Added the Code
State Changed the Time Increment on the Code

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rates FY 23-24	Rates FY 24-25	Rates FY 25-26
90791		90791	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	59	90791:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	59,95	90791:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	59,95,HK	90791:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine in	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	59,HK	90791:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Distinct Procedural Service in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	95	90791:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	95,HK	90791:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	HK	90791:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	HL	90791:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	HL,59	90791:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	HL,59,95	90791:HL:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90791	HL,95	90791:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885		90885	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	59	90885:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	59,95	90885:59:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	59,95,HK	90885:59:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	59,HK	90885:59:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	95	90885:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	95,HK	90885:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	HK	90885:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	HL	90885:HL	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
90885	HL,59	90885:HL:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 301.32	$ 301.32
G0323		G0323	60	Treatment Planning	Care Management Services for BH Conditions; at least 30 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 301.32
G0539		G0539	23	Collateral	Caregiver Training in behavior mgmt/mod; at least 30 minutes -		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 115.50
G0540		G0540	15	Collateral	Caregiver Training in behavior mgmt/mod; each additional 15 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 75.33
G0541		G0541	23	Collateral	Caregiver Training in direct care; initial 30 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 115.50
G0542		G0542	15	Collateral	Caregiver Training in direct care; each additional 15 minutes -		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 75.33
G0543		G0543	45	Collateral	Group Caregiver Training in direct care; initial 30 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 225.99
G0543	HQ	G0543:HQ	45	Collateral	Group Caregiver Training in direct care; each additional 15 minutes -face with multiple sets of caregivers	Group setting	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 50.22
H0031		H0031	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
T2024		T2024		Assessment Codes	Assessment substitute, 15 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)		$ 75.33	$ 75.33
90839		90839	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 261.15	$ 301.32	$ 301.32
90839	59	90839:59	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 261.15	$ 301.32	$ 301.32
90840		90840	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 150.66	$ 150.66	$ 150.66
90840	59	90840:59	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.66	$ 150.66	$ 150.66
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H0033		H0033	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H0036		H0036	15	Functional Family Therapy	Community Psychiatric Supportive Treatment; per 15 minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registered)			$ 75.33
99366		99366	60	Plan Development Codes	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		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	27	99366:27	60	Plan Development Codes	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	Multiple E/M	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	27:59	99366:27:59	60	Plan Development Codes	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	Multiple E/M and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	27:59:95	99366:27:59:95	60	Plan Development Codes	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	Multiple E/M and Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	27:59:95:HK	99366:27:59:95:HK	60	Plan Development Codes	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	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	59	99366:59	60	Plan Development Codes	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	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	59:95	99366:59:95	60	Plan Development Codes	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	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	59:95:HK	99366:59:95:HK	60	Plan Development Codes	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	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	95	99366:95	60	Plan Development Codes	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	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99366	95:HK	99366:95:HK	60	Plan Development Codes	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	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33

99366	HK	99366:HK	60	Plan Development Codes	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	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368		99368	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	27	99368:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	27:59	99368:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	27:59:95	99368:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	27:59:95:HK	99368:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	59	99368:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	59:95	99368:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	59:95:HK	99368:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	95	99368:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	95:HK	99368:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99368	HK	99368:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99484		99484	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99484	95	99484:95	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99484	95:HK	99484:95:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
99484	HK	99484:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
H0032		H0032	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H2017		H2017	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H2017	HQ	H2017:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 16.74	$ 16.74
H2017	HK	H2017:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 75.33	$ 75.33
H2017	HK:HQ	H2017:HK:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 16.74	$ 16.74
90887		90887	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	59	90887:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	59:95	90887:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	59:95:HK	90887:59:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	59:HK	90887:59:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	95	90887:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	95:HK	90887:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine in Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	HK	90887:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Specialized MH program	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	HL	90887:HL	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	HL:59	90887:HL:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90887	HL:95	90887:HL:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern w/Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10

90887	HL:59:95	90887:HL:95:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33	$ 251.10	$ 251.10
90832		90832	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90832	22	90832:22	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Increased procedural services	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 152.52
90832	59	90832:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90832	59:95	90832:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90832	59:95:HK	90832:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90832	59:HK	90832:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90832	95	90832:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90832	95:HK	90832:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90832	HK	90832:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 150.67	$ 150.67	$ 150.67
90834		90834	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90834	22	90834:22	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Increased procedural services	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 227.85
90834	59	90834:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90834	59:95	90834:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90834	59:95:HK	90834:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90834	59:HK	90834:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90834	95	90834:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90834	95:HK	90834:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90834	HK	90834:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 226.00	$ 226.00	$ 226.00
90837		90837	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90837	22	90837:22	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Increased procedural services	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 303.18
90837	59	90837:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90837	59:95	90837:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90837	59:95:HK	90837:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90837	59:HK	90837:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90837	95	90837:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90837	95:HK	90837:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90837	HK	90837:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 301.33	$ 301.33	$ 301.33
90847		90847	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90847	59	90847:59	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90847	59:95	90847:59:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90847	59:95:HK	90847:59:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90847	59:HK	90847:59:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90847	95	90847:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90847	95:HK	90847:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90847	HK	90847:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 251.11	$ 251.11	$ 251.11
90849		90849	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90849	59	90849:59	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90849	59:95	90849:59:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90849	59:95:HK	90849:59:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90849	59:HK	90849:59:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90849	95	90849:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90849	95:HK	90849:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90849	HK	90849:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 93.74	$ 93.74
90853		90853	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90853	59	90853:59	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90853	59:95	90853:59:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90853	59:95:HK	90853:59:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90853	59:HK	90853:59:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90853	95	90853:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90853	95:HK	90853:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
90853	HK	90853:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74	$ 55.80	$ 55.80
G2212		G2212	15	Therapy Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 75.33		
G2212	HQ	G2212:HQ	15	Therapy Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)	$ 16.74		
T2021		T2021		Therapy Codes	Therapy Substitute, 15 minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)		$ 75.33	$ 75.33
T2021	22	T2021:22	15	Therapy Codes	Therapy Substitute, 15 minutes	Increased procedural services	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)			$ 77.19
T2021	HQ	T2021		Therapy Codes	Therapy Substitute, 15 minutes,	Group setting	LCSW / LMFT / LPCC (Licensed, Waivered, or Registered)		$ 16.74	$ 16.74
H0031		H0031	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68

H0033		H0033	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68
H0034		HO034	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Mental Health Rehabilitation Specialist	$ 12.59	$ 12.59	$ 12.59
H0034	HK	H0034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68
H0034	HQ:HK	H0034:HQ:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Mental Health Rehabilitation Specialist	$ 12.59	$ 12.59	$ 12.59
H0032		H0032	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68
H0032	HK	HO032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68
H2017		H2017	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68
H2017	HK	H2017:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.68	$ 56.68	$ 56.68
H2017	HQ	H2017:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Mental Health Rehabilitation Specialist	$ 12.59	$ 12.59	$ 12.59
H2017	HQ:HK	H2017:HQ:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Mental Health Rehabilitation Specialist	$ 12.59	$ 12.59	$ 12.59
H0025		H0025		Peer Support Services Codes	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)		Peer Support Specialist	Not Contracted	Not Contracted	13.12
H0025	HK	H0025:HK		Peer Support Services Codes	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	Specialized MH program	Peer Support Specialist	Not Contracted	Not Contracted	13.12
H0038		H0038	15	Peer Support Services Codes	Self-help/peer services per 15 minutes		Peer Support Specialist	Not Contracted	Not Contracted	59.06
H0038	HK	H0038:HK	15	Peer Support Services Codes	Self-help/peer services per 15 minutes	Specialized MH program	Peer Support Specialist	Not Contracted	Not Contracted	59.06
H0031		H0031	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Other Qualified Practitioner	$ 56.68	$ 56.68	$ 56.68
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.68	$ 56.68	$ 56.68
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Other Qualified Practitioner	$ 56.68	$ 56.68	$ 56.68
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Other Qualified Practitioner	$ 56.68	$ 56.68	$ 56.68
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Other Qualified Practitioner	$ 56.68	$ 56.68	$ 56.68
H0033		H0033	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Other Qualified Practitioner	$ 56.68	$ 56.68	$ 56.68
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.68	$ 56.68	$ 56.68
H0034		H0034	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Other Qualified Practitioner	$ 12.59	$ 56.68	$ 56.68
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Other Qualified Practitioner	$ 12.59	$ 12.59	$ 12.59
H0034	HK	H0034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 12.59	$ 56.68	$ 56.68
H0034	HQ:HK	H0034:HQ:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Other Qualified Practitioner	$ 12.59	$ 12.59	$ 12.59
H0032		H0032	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Other Qualified Practitioner	$ 56.68	$ 56.68	$ 56.68
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.68	$ 56.68	$ 56.68
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Other Qualified Practitioner	$ 56.68	$ 56.68	$ 56.68
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.68	$ 56.68	$ 56.68
H2017		H2017	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Other Qualified Practitioner	$ 56.68	$ 56.68	$ 56.68
H2017	HK	H2017:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.68	$ 56.68	$ 56.68
H2017	HQ	H2017:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Other Qualified Practitioner	$ 12.59	$ 12.59	$ 12.59
H2017	HQ:HK	H2017:HQ:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Other Qualified Practitioner	$ 12.59	$ 12.59	$ 12.59
90791		90791	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes		Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90791	59	90791:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90791	59,95	90791:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90791	59,95,HK	90791:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90791	59,HK	90791:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Distinct Procedural Service in Specialized MH program	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90791	95	90791:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90791	95,HK	90791:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90791	HK	90791:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90791	HL	90791:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90791	HL,59	90791:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90791	HL,95	90791:HL:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90791	HL,95,59	90791:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern w/Telemedicine	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90792		90792	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes		Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90792	59	90792:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90792	59,95	90792:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90792	59,95,HK	90792:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90792	59,HK	90792:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Distinct Procedural Service in Specialized MH program	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90792	95	90792:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90792	95,HK	90792:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90792	HK	90792:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90792	HL	90792:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90792	HL,59	90792:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90792	HL,95	90792:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern w/Telemedicine	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90792	HL,95,59	90792:HL:95:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90885		90885	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes		Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90885	59	90885:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90885	59,95	90885:59:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90885	59,95,HK	90885:59:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90885	59,HK	90885:59:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90885	95	90885:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90885	95,HK	90885:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90885	HK	90885:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90885	HL	90885:HL	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
90885	HL,59	90885:HL:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	$ 270.78	$ 1,157.80	$ 1,157.80
99441	93	99441:93	8	Assessment Codes	Telephone Evaluation and Management Service, 5-10 Minutes	Telephone only	Licensed Physician	$ 144.42	$ 144.42	$ 144.42
99442	93	99442:93	16	Assessment Codes	Telephone Evaluation and Management Service, 11-20 Minutes	Telephone only	Licensed Physician	$ 288.83	$ 288.83	$ 288.83
99443	93	99443:93	26	Assessment Codes	Telephone Evaluation and Management Service, 21-30 Minutes	Telephone only	Licensed Physician	$ 469.35	$ 469.35	$ 469.35
90839		90839	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes		Licensed Physician	$ 938.70	$ 1,157.80	$ 1,157.80
90839	59	90839:59	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes	Two Procedures in a Day	Licensed Physician	$ 938.70	$ 1,157.80	$ 1,157.80
90840		90840	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes		Licensed Physician	$ 541.56	$ 578.90	$ 578.90

90840	59	90840:59	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes	Two Procedures in a Day	Licensed Physician	$ 541.56	$ 578.90	$ 578.90
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Licensed Physician	$ 270.78	$ 289.45	$ 289.45
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Licensed Physician	$ 270.78	$ 289.45	$ 289.45
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Licensed Physician	$ 270.78	$ 289.45	$ 289.45
90865				Medication Support Codes	Intravenous Infusion, for Therapy, Prophylaxis, or Diagnosis, 1-60 Minutes		Licensed Physician		$ 1,736.70	$ 1,736.70
96372		96372	15	Medication Support Codes	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.		Licensed Physician	$ 270.78	$ 270.78	$ 270.78
96372	59	96372:59	15	Medication Support Codes	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.	Two Procedures in a Day	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99202		99202	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes		Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	27	99202:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	27:59:00	99202:27:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	27:59:95	99202:27:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	27:59:95:HK	99202:27:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	27:95	99202:27:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	59	99202:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	59:95	99202:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	59:95:HK	99202:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	95	99202:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	95:HK	99202:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	HK	99202:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Specialized MH program	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	HL	99202:HL	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Interm	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	HL:27	99202:HL:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Multiple E/M	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	HL:59	99202:HL:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99202	HL:95	99202:HL:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern w/Telemedicne	Licensed Physician	$ 397.14	$ 397.14	$ 397.14
99203		99203	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes		Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	27	99203:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	27:59	99203:27:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	27:59:95	99203:27:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	27:59:95:HK	99203:27:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	27:95	99203:27:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	59	99203:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	59:95	99203:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	59:95:HK	99203:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	95	99203:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	95:HK	99203:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	HK	99203:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Specialized MH program	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	HL	99203:HL	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Interm	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	HL:27	99203:HL:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Multiple E/M	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	HL:59	99203:HL:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99203	HL:95	99203:HL:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern w/Telemedicne	Licensed Physician	$ 667.92	$ 667.92	$ 667.92
99204		99204	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes		Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	27	99204:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	27:59:00	99204:27:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	27:59:95	99204:27:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	27:59:95:HK	99204:27:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	27:95	99204:27:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	59	99204:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	59:95	99204:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	59:95:HK	99204:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	95	99204:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	95:HK	99204:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	HK	99204:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Specialized MH program	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	HL	99204:HL	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Interm	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	HL:27	99204:HL:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Multiple E/M	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	HL:59	99204:HL:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99204	HL:95	99204:HL:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern w/Telemedicne	Licensed Physician	$ 938.70	$ 938.70	$ 938.70
99205		99205	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes		Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99205	27	99205:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99205	27:59:00	99205:27:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99205	27:59:95	99205:27:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99205	27:59:95:HK	99205:27:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99205	27:95	99205:27:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99205	59	99205:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99205	59:95	99205:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99205	59:95:HK	99205:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99205	95	99205:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99205	95:HK	99205:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99205	HK	99205:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Specialized MH program	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99205	HL	99205:HL	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Interm	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48

99205	HL:27	99205:HL:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Multiple E/M	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99205	HL:59	99205:HL:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99205	HL:95	99205:HL:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern w/Telemedicne	Licensed Physician	$ 1,209.48	$ 1,209.48	$ 1,209.48
99212		99212	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes		Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	27	99212:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	27:59:00	99212:27:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	27:59:95	99212:27:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	27:59:95:HK	99212:27:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	27:95	99212:27:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	59	99212:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	59:95	99212:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	59:95:HK	99212:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	95	99212:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Telemedicine	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	95:HK	99212:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	HK	99212:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Specialized MH program	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	HL	99212:HL	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Interm	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	HL:27	99212:HL:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern with Multiple E/M	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	HL:59	99212:HL:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99212	HL:95	99212:HL:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern w/Telemedicne	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
99213		99213	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes		Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	27	99213:27	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	27:59:00	99213:27:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	27:59:95	99213:27:59:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	27:59:95:HK	99213:27:59:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	27:95	99213:27:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	59	99213:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	59:95	99213:59:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	59:95:HK	99213:59:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	95	99213:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Telemedicine	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	95:HK	99213:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	HK	99213:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Specialized MH program	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	HL	99213:HL	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Interm	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	HL:27	99213:HL:27	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern with Multiple E/M	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	HL:59	99213:HL:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99213	HL:95	99213:HL:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern w/Telemedicne	Licensed Physician	$ 451.30	$ 451.30	$ 451.30
99214		99214	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes		Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99214	27	99214:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M	Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99214	27:59:00	99214:27:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99214	27:59:95	99214:27:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99214	27:59:95:HK	99214:27:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99214	27:95	99214:27:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99214	59	99214:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day	Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99214	59:95	99214:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99214	59:95:HK	99214:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99214	95	99214:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine	Licensed Physician	$ 631.82	$ 631.82	$ 631.82

99214	95:HK	99214:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99214	HK	99214:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Specialized MH program	Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99214	HL	99214:HL	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Interm	Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99214	HL:27	99214:HL:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Multiple E/M	Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99214	HL:59	99214:HL:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99214	HL:95	99214:HL:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern w/Telemedicne	Licensed Physician	$ 631.82	$ 631.82	$ 631.82
99215		99215	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes		Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	27	99215:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	27:59:00	99215:27:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	27:59:95	99215:27:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	27:59:95:HK	99215:27:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	27:95	99215:27:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	59	99215:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	59:95	99215:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	59:95:HK	99215:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	95	99215:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	95:HK	99215:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	HK	99215:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Specialized MH program	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	HL	99215:HL	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Interm	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	HL:27	99215:HL:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Multiple E/M	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	HL:59	99215:HL:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
99215	HL:95	99215:HL:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern w/Telemedicne	Licensed Physician	$ 848.44	$ 848.44	$ 848.44
G2212		G2212	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		Licensed Physician	$ 270.78		
G2212	HK	G2212:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78		
G2212	HQ	G2212:HQ	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Licensed Physician	$ 60.17		
G2212	HQ:HK	G2212:HQ:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program in Group setting	Licensed Physician	$ 60.17		
H0033		H0033	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Licensed Physician	$ 270.78	$ 270.78	$ 270.78
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
H0034		H0034	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Licensed Physician	$ 270.78	$ 270.78	$ 270.78
H0034	HK	HOO34:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
H0034	HQ	H0034:HQ		Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Licensed Physician	$ 60.17	$ 60.17	$ 60.17
H0034	HQ:HK	H0034::HQ:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Licensed Physician	$ 60.17	$ 60.17	$ 60.17
99367		99367	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by		Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
99367	27	99367:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
99367	27:59	99367:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
99367	27:59:95	99367:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
99367	27:59:95:HK	99367:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
99367	59	99367:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Two Procedures in a Day	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
99367	59:95	99367:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
99367	59:95:HK	99367:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
99367	95	99367:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Telemedicine	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
99367	95:HK	99367:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
99367	HK	99367:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Specialized MH program	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
99484		99484	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
99484	95	99484:95	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
99484	95:HK	99484:95:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11

99484	HK	99484:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
99451		99451	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes		Licensed Physician	$ 306.88	$ 306.88	$ 306.88
99451	27	99451:27	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M	Licensed Physician	$ 306.88	$ 306.88	$ 306.88
99451	27:59	99451:27:59	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 306.88	$ 306.88	$ 306.88
99451	27:59:95	99451:27:59:95	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 306.88	$ 306.88	$ 306.88
99451	27:59:95:HK	99451:27:59:95:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 306.88	$ 306.88	$ 306.88
99451	59	99451:59	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Two Procedures in a Day	Licensed Physician	$ 306.88	$ 306.88	$ 306.88
99451	59:95	99451:59:95	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 306.88	$ 306.88	$ 306.88
99451	59:95:HK	99451:59:95:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 306.88	$ 306.88	$ 306.88
99451	95	99451:95	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Telemedicine	Licensed Physician	$ 306.88	$ 306.88	$ 306.88
99451	95:HK	99451:95:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 306.88	$ 306.88	$ 306.88
99451	HK	99451:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Specialized MH program	Licensed Physician	$ 306.88	$ 306.88	$ 306.88
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Licensed Physician	$ 270.78	$ 270.78	$ 270.78
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
H2017		H2017		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Licensed Physician	$ 270.78	$ 270.78	$ 270.78
H2017	HK	H2017:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78	$ 270.78	$ 270.78
H2017	HQ	H2017:HQ		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Licensed Physician	$ 60.17	$ 60.17	$ 60.17
H2017	HQ:HK	H2017:HQ:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Licensed Physician	$ 60.17	$ 60.17	$ 60.17
90887		90887	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes		Licensed Physician	$ 270.78	$ 964.83	$ 964.83
90887	59	90887:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.78	$ 964.83	$ 964.83
90887	59:95	90887:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78	$ 964.83	$ 964.83
90887	59:95:HK	90887:59:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.78	$ 964.83	$ 964.83
90887	59:HK	90887:59:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.78	$ 964.83	$ 964.83
90887	95	90887:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine	Licensed Physician	$ 270.78	$ 964.83	$ 964.83
90887	95:HK	90887:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.78	$ 964.83	$ 964.83
90887	HK	90887:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78	$ 964.83	$ 964.83
90887	HL	90887:HL	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern	Licensed Physician	$ 270.78	$ 964.83	$ 964.83
90887	HL:59	90887:HL:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	$ 270.78	$ 964.83	$ 964.83
90887	HL:95	90887:HL:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern w/Telemedicine	Licensed Physician	$ 270.78	$ 964.83	$ 964.83
90887	HL:59:95	90887:HL:95:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78	$ 964.83	$ 964.83
90832		90832	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient		Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90832	22	90832:22	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Increased procedural services	Licensed Physician			$ 580.77
90832	59	90832:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day	Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90832	59:95	90832:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90832	59:95:HK	90832:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90832	59:HK	90832:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90832	95	90832:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine	Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90832	95:HK	90832:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine in Specialized MH program	Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90832	HK	90832:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Specialized MH program	Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90833		90833	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service		Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90833	22	90833:22	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Increased procedural services	Licensed Physician			$ 580.77
90833	59	90833:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90833	59:95	90833:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90833	59:95:HK	90833:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 541.56	$ 541.56	$ 541.56

90833	59:HK	90833:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90833	95	90833:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90833	95:HK	90833:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90833	HK	90833:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Licensed Physician	$ 541.56	$ 541.56	$ 541.56
90834		90834	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient		Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90834	22	90834:22	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Increased procedural services	Licensed Physician			$ 870.21
90834	59	90834:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day	Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90834	59:95	90834:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90834	59:95:HK	90834:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90834	59:HK	90834:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90834	95	90834:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine	Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90834	95:HK	90834:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine in Specialized MH program	Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90834	HK	90834:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Specialized MH program	Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90836		90836	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service		Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90836	22	90836:22	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Increased procedural services	Licensed Physician			$ 870.21
90836	59	90836:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90836	59:95	90836:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90836	59:95:HK	90836:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90836	59:HK	90836:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90836	95	90836:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90836	95:HK	90836:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90836	HK	90836:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Licensed Physician	$ 812.33	$ 812.33	$ 812.33
90837		90837	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient		Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90837	22	90837:22	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Increased procedural services	Licensed Physician			$ 1,159.67
90837	59	90837:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90837	59:95	90837:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90837	59:95:HK	90837:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90837	59:HK	90837:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90837	95	90837:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90837	95:HK	90837:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90837	HK	90837:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Specialized MH program	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90838		90838	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service		Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90838	22	90838:22	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Increased procedural services	Licensed Physician			$ 1,159.67
90838	59	90838:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90838	59:95	90838:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90838	59:95:HK	90838:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90838	59:HK	90838:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90838	95	90838:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90838	95:HK	90838:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90838	HK	90838:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Licensed Physician	$ 1,083.11	$ 1,083.11	$ 1,083.11
90847		90847	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes		Licensed Physician	$ 902.59	$ 902.59	$ 902.59
90847	59	90847:59	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day	Licensed Physician	$ 902.59	$ 902.59	$ 902.59
90847	59:95	90847:59:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 902.59	$ 902.59	$ 902.59
90847	59:95:HK	90847:59:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 902.59	$ 902.59	$ 902.59
90847	59:HK	90847:59:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 902.59	$ 902.59	$ 902.59
90847	95	90847:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine	Licensed Physician	$ 902.59	$ 902.59	$ 902.59
90847	95:HK	90847:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 902.59	$ 902.59	$ 902.59
90847	HK	90847:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Specialized MH program	Licensed Physician	$ 902.59	$ 902.59	$ 902.59
90849		90849	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes		Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90849	59	90849:59	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90849	59:95	90849:59:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90849	59:95:HK	90849:59:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90849	59:HK	90849:59:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90849	95	90849:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine	Licensed Physician	$ 60.17	$ 360.21	$ 360.21

90849	95:HK	90849:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90849	HK	90849:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Specialized MH program	Licensed Physician	$ 60.17	$ 360.21	$ 360.21
90853		90853	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes		Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90853	59	90853:59	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90853	59:95	90853:59:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90853	59:95:HK	90853:59:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90853	59:HK	90853:59:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90853	95	90853:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine	Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90853	95:HK	90853:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90853	HK	90853:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Specialized MH program	Licensed Physician	$ 60.17	$ 214.41	$ 214.41
90791			15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes		Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90791	59	90791:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90791	59,95	90791:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90791	59,95,HK	90791:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90791	59,HK	90791:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Distinct Procedural Service in Specialized MH program	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90791	95	90791:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90791	95,HK	90791:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90791	HK	90791:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90791	HL	90791:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90791	HL,59	90791:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90791	HL,95	90791:HL:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90791	HL,95,59	90791:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern w/Telemedicine	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90792		90792	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes		Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90792	59	90792:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90792	59,95	90792:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90792	59,95,HK	90792:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90792	59,HK	90792:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90792	95	90792:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90792	95,HK	90792:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90792	HK	90792:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90792	HL	90792:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90792	HL,59	90792:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90792	HL,95	90792:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern w/Telemedicine	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90792	HL,95,59	90792:HL:95:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90885		90885	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes		Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90885	59	90885:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90885	59,95	90885:59:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90885	59,95,HK	90885:59:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90885	59,HK	90885:59:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90885	95	90885:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90885	95,HK	90885:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90885	HK	90885:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90885	HL	90885:HL	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
90885	HL,59	90885:HL:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Recordss, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	$ 143.93	$ 575.74	$ 575.74
99441	93	99441:93	8	Assessment Codes	Telephone Evaluation and Management Service, 5-10 Minutes	Telephone only	Nurse Practitioner	$ 76.76	$ 76.76	$ 76.76
99442	93	99442:93	16	Assessment Codes	Telephone Evaluation and Management Service, 11-20 Minutes	Telephone only	Nurse Practitioner	$ 153.53	$ 153.53	$ 153.53
99443	93	99443:93	26	Assessment Codes	Telephone Evaluation and Management Service, 21-30 Minutes	Telephone only	Nurse Practitioner	$ 249.48	$ 249.48	$ 249.48
H0031		H0031:	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
90839		90839:		Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes		Nurse Practitioner	$ 498.96	$ 575.74	$ 575.74
90839	59	90839:59		Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 498.96	$ 575.74	$ 575.74
90840		90840:		Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes		Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90840	59	90840:59		Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Nurse Practitioner	$ 143.94	$ 143.94	$ 143.94
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Nurse Practitioner	$ 143.94	$ 143.94	$ 143.94
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Nurse Practitioner	$ 143.94	$ 143.94	$ 143.94
96372		96372:	15	Medication Support Codes	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.		Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
96372	59	96372:59	15	Medication Support Codes	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.	Two Procedures in a Day	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99202		99202:	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes		Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99202	27	99202:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99202	27:59	99202:27:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99202	27:59:95	99202:27:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99202	27:59:95:HK	99202:27:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99202	27:95	99202:27:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99202	59	99202:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99202	59:95	99202:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10

99202	59:95:HK	99202:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99202	95	99202:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99202	95:HK	99202:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99202	HK	99202:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Specialized MH program	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99202	HL	99202:HL	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Interm	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99202	HL:27	99202:HL:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99202	HL:59	99202:HL:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99202	HL:95	99202:HL:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 211.10	$ 211.10	$ 211.10
99203		99203:	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes		Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	27	99203:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	27:59	99203:27:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	27:59:95	99203:27:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	27:59:95:HK	99203:27:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	27:95	99203:27:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	59	99203:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	59:95	99203:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	59:95:HK	99203:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	95	99203:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	95:HK	99203:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	HK	99203:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Specialized MH program	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	HL	99203:HL	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Interm	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	HL:27	99203:HL:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	HL:59	99203:HL:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99203	HL:95	99203:HL:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 355.03	$ 355.03	$ 355.03
99204		99204:	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes		Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	27	99204:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	27:59	99204:27:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	27:59:95	99204:27:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	27:59:95:HK	99204:27:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	27:95	99204:27:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	59	99204:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	59:95	99204:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	59:95:HK	99204:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	95	99204:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	95:HK	99204:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	HK	99204:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Specialized MH program	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	HL	99204:HL	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Interm	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	HL:27	99204:HL:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	HL:59	99204:HL:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99204	HL:95	99204:HL:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 498.96	$ 498.96	$ 498.96
99205		99205:	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes		Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	27	99205:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	27:59	99205:27:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	27:59:95	99205:27:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	27:59:95:HK	99205:27:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	27:95	99205:27:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	59	99205:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	59:95	99205:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	59:95:HK	99205:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	95	99205:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	95:HK	99205:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	HK	99205:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Specialized MH program	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	HL	99205:HL	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Interm	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	HL:27	99205:HL:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	HL:59	99205:HL:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99205	HL:95	99205:HL:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 642.89	$ 642.89	$ 642.89
99212		99212:	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes		Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99212	27	99212:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99212	27:59	99212:27:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99212	27:59:95	99212:27:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99212	27:59:95:HK	99212:27:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99212	27:95	99212:27:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99212	59	99212:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99212	59:95	99212:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99212	59:95:HK	99212:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99212	95	99212:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Telemedicine	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93

99212	95:HK	99212:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99212	HK	99212:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99212	HL	99212:HL	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Interm	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99212	HL:27	99212:HL:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99212	HL:59	99212:HL:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99212	HL:95	99212:HL:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
99213		99213:	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes		Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	27	99213:27	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	27:59	99213:27:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	27:59:95	99213:27:59:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	27:59:95:HK	99213:27:59:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	27:95	99213:27:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	59	99213:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	59:95	99213:59:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	59:95:HK	99213:59:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	95	99213:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Telemedicine	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	95:HK	99213:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	HK	99213:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Specialized MH program	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	HL	99213:HL	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Interm	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	HL:27	99213:HL:27	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	HL:59	99213:HL:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99213	HL:95	99213:HL:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 239.89	$ 239.89	$ 239.89
99214		99214:	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes		Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	27	99214:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	27:59	99214:27:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	27:59:95	99214:27:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	27:59:95:HK	99214:27:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	27:95	99214:27:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	59	99214:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	59:95	99214:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	59:95:HK	99214:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	95	99214:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	95:HK	99214:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	HK	99214:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Specialized MH program	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	HL	99214:HL	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Interm	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	HL:27	99214:HL:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	HL:59	99214:HL:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99214	HL:95	99214:HL:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 335.84	$ 335.84	$ 335.84
99215		99215:	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes		Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
99215	27	99215:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
99215	27:59	99215:27:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
99215	27:59:95	99215:27:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
99215	27:59:95:HK	99215:27:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99

99215	27:95	99215:27:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
99215	59	99215:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
99215	59:95	99215:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
99215	59:95:HK	99215:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
99215	95	99215:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
99215	95:HK	99215:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
99215	HK	99215:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Specialized MH program	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
99215	HL	99215:HL	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Interm	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
99215	HL:27	99215:HL:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
99215	HL:59	99215:HL:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
99215	HL:95	99215:HL:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 450.99	$ 450.99	$ 450.99
G2212		G2212:	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		Nurse Practitioner	$ 143.93		
G2212	HK	G2212:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93		
G2212	HQ	G2212:HQ	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Nurse Practitioner	$ 31.99		
G2212	HQ:HK	G2212:HQ:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program in Group setting	Nurse Practitioner	$ 31.99		
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
H0034	HK	HO034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
H0034	HQ	H0034:HQ		Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Nurse Practitioner	$ 31.99	$ 31.99	$ 31.99
H0034	HQ:HK	H0034::HQ:HK		Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Nurse Practitioner	$ 31.99	$ 31.99	$ 31.99
99366		99366:	60	Plan Development Codes	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		Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99366	27	99366:27	60	Plan Development Codes	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	Multiple E/M	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99366	27:59	99366:27:59	60	Plan Development Codes	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	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99366	27:59:95	99366:27:59:95	60	Plan Development Codes	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	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99366	27:59:95:HK	99366:27:59:95:HK	60	Plan Development Codes	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	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99366	59	99366:59	60	Plan Development Codes	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	Two Procedures in a Day	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99366	59:95	99366:59:95	60	Plan Development Codes	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	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99366	59:95:HK	99366:59:95:HK	60	Plan Development Codes	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	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99366	95	99366:95	60	Plan Development Codes	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	Telemedicine	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99366	95:HK	99366:95:HK	60	Plan Development Codes	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	Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99366	HK	99366:HK	60	Plan Development Codes	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	Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99368		99368:	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More		Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99368	27	99368:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99368	27:59	99368:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99368	27:59:95	99368:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99368	27:59:95:HK	99368:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99368	59	99368:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73

99368	59:95	99368:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99368	59:95:HK	99368:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99368	95	99368:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99368	95:HK	99368:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99368	HK	99368:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99484		99484	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99484	95	99484:95	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99484	95:HK	99484:95:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
99484	HK	99484:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93	$ 143.93	$ 143.93
H2017		H2017		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Nurse Practitioner	$ 143.94	$ 143.94	$ 143.94
H2017	HK	H2017:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.94	$ 143.94	$ 143.94
H2017	HQ	H2017:HQ		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Nurse Practitioner	$ 31.99	$ 31.99	$ 31.99
H2017	HQ:HK	H2017:HQ:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Nurse Practitioner	$ 31.99	$ 31.99	$ 31.99
90887		90887	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes		Nurse Practitioner	$ 143.93	$ 479.79	$ 479.79
90887	59	90887:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 143.93	$ 479.79	$ 479.79
90887	59:95	90887:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93	$ 479.79	$ 479.79
90887	59:95:HK	90887:59:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93	$ 479.79	$ 479.79
90887	59:HK	90887:59:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 143.93	$ 479.79	$ 479.79
90887	95	90887:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine	Nurse Practitioner	$ 143.93	$ 479.79	$ 479.79
90887	95:HK	90887:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93	$ 479.79	$ 479.79
90887	HK	90887:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93	$ 479.79	$ 479.79
90887	HL	90887:HL	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern	Nurse Practitioner	$ 143.93	$ 479.79	$ 479.79
90887	HL:59	90887:HL:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	$ 143.93	$ 479.79	$ 479.79
90887	HL:95	90887:HL:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern w/Telemedicine	Nurse Practitioner	$ 143.93	$ 479.79	$ 479.79
90887	HL:59:95	90887:HL:95:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93	$ 479.79	$ 479.79
90832		90832:	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient		Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90832	22	90832:22	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Increased procedural services	Nurse Practitioner			$ 289.73
90832	59	90832:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90832	59:95	90832:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90832	59:95:HK	90832:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90832	59:HK	90832:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90832	95	90832:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90832	95:HK	90832:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine in Specialized MH program	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90832	HK	90832:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Specialized MH program	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90833		90833:	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service		Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90833	22	90833:22	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Increased procedural services	Nurse Practitioner			$ 289.73
90833	59	90833:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90833	59:95	90833:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90833	59:95:HK	90833:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86

90833	59:HK	90833:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90833	95	90833:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90833	95:HK	90833:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90833	HK	90833:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Nurse Practitioner	$ 287.86	$ 287.86	$ 287.86
90834		90834:	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient		Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90834	22	90834:22	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Increased procedural services	Nurse Practitioner			$ 433.67
90834	59	90834:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day	Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90834	59:95	90834:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90834	59:95:HK	90834:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90834	59:HK	90834:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90834	95	90834:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine	Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90834	95:HK	90834:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine in Specialized MH program	Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90834	HK	90834:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Specialized MH program	Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90836		90836:	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service		Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90836	22	90836:22	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Increased procedural services	Nurse Practitioner			$ 433.67
90836	59	90836:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90836	59:95	90836:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90836	59:95:HK	90836:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90836	59:HK	90836:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90836	95	90836:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90836	95:HK	90836:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90836	HK	90836:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Nurse Practitioner	$ 431.79	$ 431.79	$ 431.79
90837		90837:	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient		Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90837	22	90837:22	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Increased procedural services	Nurse Practitioner			$ 577.61
90837	59	90837:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90837	59:95	90837:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90837	59:95:HK	90837:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90837	59:HK	90837:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90837	95	90837:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90837	95:HK	90837:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90837	HK	90837:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90838		90838:	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service		Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90838	22	90838:22	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Increased procedural services	Nurse Practitioner			$ 577.59
90838	59	90838:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90838	59:95	90838:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90838	59:95:HK	90838:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90838	59:HK	90838:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90838	95	90838:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90838	95:HK	90838:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90838	HK	90838:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Nurse Practitioner	$ 575.73	$ 575.73	$ 575.73
90847		90847:	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes		Nurse Practitioner	$ 479.77	$ 479.77	$ 479.77
90847	59	90847:59	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 479.77	$ 479.77	$ 479.77
90847	59:95	90847:59:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 479.77	$ 479.77	$ 479.77
90847	59:95:HK	90847:59:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 479.77	$ 479.77	$ 479.77
90847	59:HK	90847:59:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 479.77	$ 479.77	$ 479.77
90847	95	90847:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine	Nurse Practitioner	$ 479.77	$ 479.77	$ 479.77
90847	95:HK	90847:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 479.77	$ 479.77	$ 479.77
90847	HK	90847:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Specialized MH program	Nurse Practitioner	$ 479.77	$ 479.77	$ 479.77
90849		90849:	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes		Nurse Practitioner	$ 31.99	$ 179.12	$ 179.12
90849	59	90849:59	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 31.99	$ 179.12	$ 179.12
90849	59:95	90849:59:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 31.99	$ 179.12	$ 179.12
90849	59:95:HK	90849:59:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 31.99	$ 179.12	$ 179.12
90849	59:HK	90849:59:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 31.99	$ 179.12	$ 179.12
90849	95	90849:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine	Nurse Practitioner	$ 31.99	$ 179.12	$ 179.12

90849	95:HK	90849:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 31.99	$ 179.12	$ 179.12
90849	HK	90849:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 31.99	$ 179.12	$ 179.12
90853		90853:	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes		Nurse Practitioner	$ 31.99	$ 106.62	$ 106.62
90853	59	90853:59	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 31.99	$ 106.62	$ 106.62
90853	59:95	90853:59:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 31.99	$ 106.62	$ 106.62
90853	59:95:HK	90853:59:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 31.99	$ 106.62	$ 106.62
90853	59:HK	90853:59:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 31.99	$ 106.62	$ 106.62
90853	95	90853:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine	Nurse Practitioner	$ 31.99	$ 106.62	$ 106.62
90853	95:HK	90853:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 31.99	$ 106.62	$ 106.62
90853	HK	90853:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Specialized MH program	Nurse Practitioner	$ 31.99	$ 106.62	$ 106.62
H0031	95	99484:95		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Registered Nurse	$ 117.58	$ 117.58	$ 117.58
H0031	95:HK	99484:95:HK		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Registered Nurse	$ 117.58	$ 117.58	$ 117.58
T1001		T1001	15	Assessment Codes	Nursing assessment/ evaluation, 15 minutes		Registered Nurse			$ 117.58
T2024				Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Registered Nurse		$ 117.58	$ 117.58
96202		96202	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes.		Registered Nurse			$ 470.29
96202	HQ	96202:HQ	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes	Group setting	Registered Nurse			$ 104.51
96203		96203	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes		Registered Nurse			$ 117.57
96203	HQ	96203:HQ	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes	Group setting	Registered Nurse			$ 26.13
97550		97550	23	Collateral	Caregiver Training Face-to-Face; initial 30 minutes		Registered Nurse			$ 180.28
97551		97551	15	Collateral	Caregiver Training Face-to-Face; each additional 15 minutes		Registered Nurse			$ 117.57
97552		97552	45	Collateral	Group Caregiver Training; 45 minutes		Registered Nurse			$ 352.72
97552	HQ	97552:HQ	45	Collateral	Group Caregiver Training; 45 minutes	Group setting	Registered Nurse			$ 78.38
G0323		G0323	60	Treatment Planning	Care Management Services for BH Conditions; at least 30 minutes		Registered Nurse			$ 470.29
G0539		G0539	23	Collateral	Caregiver Training in behavior mgmt/mod; at least 30 minutes		Registered Nurse			$ 180.28
G0540		G0540	15	Collateral	Caregiver Training in behavior mgmt/mod; each additional 15 minutes		Registered Nurse			$ 117.57
G0541		G0541	23	Collateral	Caregiver Training in direct care; initial 30 minutes		Registered Nurse			$ 180.28
G0542		G0542	15	Collateral	Caregiver Training in direct care; each additional 15 minutes -		Registered Nurse			$ 117.57
G0543		G0543	45	Collateral	Group Caregiver Training in direct care; initial 30 minutes		Registered Nurse			$ 352.72
G0543	HQ	G0543:HQ	45	Collateral	Group Caregiver Training in direct care; each additional 15 minutes	Group setting	Registered Nurse			$ 78.38
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Registered Nurse	$ 117.58	$ 117.58	$ 117.58
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Registered Nurse	$ 117.58	$ 117.58	$ 117.58
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Registered Nurse	$ 117.58	$ 117.58	$ 117.58
96372		96372	15	Medication Support Codes	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.		Registered Nurse	$ 117.58	$ 117.58	$ 117.58
96372	59	96372:59	15	Medication Support Codes	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.	Two Procedures in a Day	Registered Nurse	$ 117.58	$ 117.58	$ 117.58
G2212	HQ	G2212:HQ		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Registered Nurse	$ 26.13		
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Registered Nurse	$ 117.58	$ 117.58	$ 117.58
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Registered Nurse	$ 117.58	$ 117.58	$ 117.58
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Registered Nurse	$ 117.58	$ 117.58	$ 117.58
H0034	HK	HO034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Registered Nurse	$ 117.58	$ 117.58	$ 117.58
H0034	HQ	HO034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Registered Nurse	$ 26.13	$ 26.13	$ 26.13
H0034	HQ:HK	HO034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Registered Nurse	$ 26.13	$ 26.13	$ 26.13
99366		99366:		Plan Development Codes	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		Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99366	27	99366:27		Plan Development Codes	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	Multiple E/M	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99366	27:59	99366:27:59		Plan Development Codes	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	Multiple E/M and Two Procedures in a Day	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99366	27:59:95	99366:27:59:95		Plan Development Codes	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	Multiple E/M and Two Procedures in a Day w/Telemedicine	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99366	27:59:95:HK	99366:27:59:95:HK		Plan Development Codes	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	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99366	59	99366:59		Plan Development Codes	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	Two Procedures in a Day	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99366	59:95	99366:59:95		Plan Development Codes	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	Two Procedures in a Day w/Telemedicine	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99366	59:95:HK	99366:59:95:HK		Plan Development Codes	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	Two Procedures in a Day w/Telemedicine in Specialized MH program	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99366	95	99366:95		Plan Development Codes	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	Telemedicine	Registered Nurse	$ 470.29	$ 470.29	$ 470.29

99366	95:HK	99366:95:HK		Plan Development Codes	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	Telemedicine in Specialized MH program	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99366	HK	99366:HK		Plan Development Codes	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	Specialized MH program	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99368		99368:		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More		Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99368	27	99368:27		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99368	27:59	99368:27:59		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99368	27:59:95	99368:27:59:95		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99368	27:59:95:HK	99368:27:59:95:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99368	59	99368:59		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99368	59:95	99368:59:95		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99368	59:95:HK	99368:59:95:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99368	95	99368:95		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99368	95:HK	99368:95:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine in Specialized MH program	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99368	HK	99368:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Specialized MH program	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99484		99484:		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99484	95	99484:95		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99484	95:HK	99484:95:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
99484	HK	99484:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Registered Nurse	$ 470.29	$ 470.29	$ 470.29
H0032	HK	99484:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Registered Nurse	$ 117.58	$ 117.58	$ 117.58
H0032	HK	HOO32:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Registered Nurse	$ 117.58	$ 117.58	$ 117.58
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Registered Nurse	$ 117.58	$ 117.58	$ 117.58
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Registered Nurse	$ 117.58	$ 117.58	$ 117.58
H2017		H2017		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Registered Nurse	$ 117.58	$ 117.58	$ 117.58
H2017	HK	H2017:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Registered Nurse	$ 117.58	$ 117.58	$ 117.58
H2017	HQ	H2017:HQ		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Registered Nurse	$ 26.13	$ 26.13	$ 26.13
H2017	HQ:HK	H2017:HQ:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Registered Nurse	$ 26.13	$ 26.13	$ 26.13
H0031		H0031		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
H0031	HK	H0031:HK		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
96202		96202	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes.		Licensed Vocational Nurse			$ 247.05
96202	HQ	96202:HQ	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes	Group setting	Licensed Vocational Nurse			$ 54.90
96203		96203	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes		Licensed Vocational Nurse			$ 61.76
96203	HQ	96203:HQ	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes	Group setting	Licensed Vocational Nurse			$ 13.72
97550		97550	23	Collateral	Caregiver Training Face-to-Face; initial 30 minutes		Licensed Vocational Nurse			$ 94.70
97551		97551	15	Collateral	Caregiver Training Face-to-Face; each additional 15 minutes		Licensed Vocational Nurse			$ 61.76
97552		97552	45	Collateral	Group Caregiver Training; 45 minutes		Licensed Vocational Nurse			$ 185.29
97552	HQ	97552:HQ	45	Collateral	Group Caregiver Training; 45 minutes	Group setting	Licensed Vocational Nurse			$ 41.17
G0323		G0323	60	Treatment Planning	Care Management Services for BH Conditions; at least 30 minutes		Licensed Vocational Nurse			$ 247.05
G0539		G0539	23	Collateral	Caregiver Training in behavior mgmt/mod; at least 30 minutes		Licensed Vocational Nurse			$ 94.70
G0540		G0540	15	Collateral	Caregiver Training in behavior mgmt/mod; each additional 15 minutes		Licensed Vocational Nurse			$ 61.76
G0541		G0541	23	Collateral	Caregiver Training in direct care; initial 30 minutes		Licensed Vocational Nurse			$ 94.70
G0542		G0542	15	Collateral	Caregiver Training in direct care; each additional 15 minutes		Licensed Vocational Nurse			$ 61.76
G0543		G0543	45	Collateral	Group Caregiver Training in direct care; initial 30 minutes		Licensed Vocational Nurse			$ 185.29
G0543	HQ	G0543:HQ	45	Collateral	Group Caregiver Training in direct care; each additional 15 minutes	Group setting	Licensed Vocational Nurse			$ 41.17
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
96365		96365	46	Medication Support	Initial Intravenous infusion, for therapy, prophylaxis, or diagnosis; up to 1 hour		Licensed Vocational Nurse			$ 189.41
96366		96366	45	Medication Support	Add-on, Intravenous infusion, for therapy, prophylaxis, or diagnosis; each additional hour		Licensed Vocational Nurse			$ 185.29
96367		96367	31	Medication Support	Intravenous infusion, additional sequential infusion, for therapy, prophylaxis, or diagnosis, of a new drug/ substance, up to 1 hour		Licensed Vocational Nurse			$ 127.64
96368		96368	15	Medication Support	Intravenous infusion, concurrent infusion, for therapy, prophylaxis, or diagnosis; 15 minutes		Licensed Vocational Nurse			$ 61.76

96369		96369	38	Medication Support	Initial Subcutaneous infusion for therapy or prophylaxis, including pump set-up and establishment of subcutaneous infusion site(s); 16-60 minutes (For infusions of 15 minutes or less, use 96372)		Licensed Vocational Nurse			$ 156.47
96370		96370	45	Medication Support	Add-on, Subcutaneous infusion for therapy or prophylaxis, including pump set-up and establishment or subcutaneous infusion site(s); each additional hour		Licensed Vocational Nurse			$ 185.29
96371		96371	15	Medication Support	Subcutaneous infusion for therapy or prophylaxis, additional pump set-up with establishment of new subcutaneous infusion site(s); 15 minutes		Licensed Vocational Nurse			$ 61.76
96372		96372	15	Medication Support	Subcutaneous or Intramuscular Therapeutic, prophylactic, or diagnostic injection; 1 - 15 minutes		Licensed Vocational Nurse			$ 61.76
96373		96373	15	Medication Support	Intra-arterial Therapeutic, prophylactic, or diagnostic injection; 1 - 15 minutes		Licensed Vocational Nurse			$ 61.76
96374		96374	15	Medication Support	Intravenous push Therapeutic, prophylactic, or diagnostic injection, single or initial substance/drug; 15 minutes -		Licensed Vocational Nurse			$ 61.76
96375		96375	15	Medication Support	Add-on, each additional sequential intravenous push, Therapeutic, prophylactic, or diagnostic injection, of a new substance/drug, 15 minutes		Licensed Vocational Nurse			$ 61.76
96376		96376	15	Medication Support	Therapeutic, prophylactic, or diagnostic injection; each additional sequential intravenous push of the same substance/drug provided in a facility; 15 minutes; has to be more than 30 minutes after a reported push of the same drug		Licensed Vocational Nurse			$ 61.76
96377		96377	15	Medication Support	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection; 1 - 15 minutes		Licensed Vocational Nurse			$ 61.76
G2212		G2212		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		Licensed Vocational Nurse	$ 61.76		
G2212	HK	G2212:HK		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program	Licensed Vocational Nurse	$ 61.76		
G2212	HQ	G2212:HQ		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Licensed Vocational Nurse	$ 13.73		
G2212	HQ:HK	G2212:HQ:HK		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program in Group setting	Licensed Vocational Nurse	$ 13.73		
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
H0034	HK	HO034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
H0034	HQ	HO034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Licensed Vocational Nurse	$ 13.73	$ 13.73	$ 13.73
H0034	HQ:HK	HO034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Licensed Vocational Nurse	$ 13.73	$ 13.73	$ 13.73
99484		99484:		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Licensed Vocational Nurse	$ 247.06	$ 247.06	$ 247.06
99484	95	99484:95		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Licensed Vocational Nurse	$ 247.06	$ 247.06	$ 247.06
99484	95:HK	99484:95:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Licensed Vocational Nurse	$ 247.06	$ 247.06	$ 247.06
99484	HK	99484:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Licensed Vocational Nurse	$ 247.06	$ 247.06	$ 247.06
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
H0032	HK	HO032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
H2017		H2017		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
H2017	HK	H2017:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Licensed Vocational Nurse	$ 61.76	$ 61.76	$ 61.76
H2017	HQ	H2017:HQ		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Licensed Vocational Nurse	$ 13.73	$ 13.73	$ 13.73
H2017	HQ:HK	H2017:HQ:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Licensed Vocational Nurse	$ 13.73	$ 13.73	$ 13.73
H0031		H0031		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
H0031	HK	H0031:HK		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
96202		96202	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes.		Licensed Psychiatric Technician			$ 211.79
96202	HQ	96202:HQ	60	Collateral	Multi-family group behavior mgmt/mod training; initial 60 minutes	Group setting	Licensed Psychiatric Technician			$ 47.07
96203		96203	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes		Licensed Psychiatric Technician			$ 52.95
96203	HQ	96203:HQ	15	Collateral	Multi-family group behavior mgmt/mod training; each additional 15 minutes	Group setting	Licensed Psychiatric Technician			$ 11.77
97550		97550	23	Collateral	Caregiver Training Face-to-Face; initial 30 minutes		Licensed Psychiatric Technician			$ 81.19
97551		97551	15	Collateral	Caregiver Training Face-to-Face; each additional 15 minutes		Licensed Psychiatric Technician			$ 52.95
97552		97552	45	Collateral	Group Caregiver Training; 45 minutes		Licensed Psychiatric Technician			$ 158.84
97552	HQ	97552:HQ	45	Collateral	Group Caregiver Training; 45 minutes	Group setting	Licensed Psychiatric Technician			$ 35.30
G0323		G0323	60	Treatment Planning	Care Management Services for BH Conditions; at least 30 minutes		Licensed Psychiatric Technician			$ 211.79
G0539		G0539	23	Collateral	Caregiver Training in behavior mgmt/mod; at least 30 minutes		Licensed Psychiatric Technician			$ 81.19
G0540		G0540	15	Collateral	Caregiver Training in behavior mgmt/mod; each additional 15 minutes		Licensed Psychiatric Technician			$ 52.95
G0541		G0541	23	Collateral	Caregiver Training in direct care; initial 30 minutes		Licensed Psychiatric Technician			$ 81.19
G0542		G0542	15	Collateral	Caregiver Training in direct care; each additional 15 minutes		Licensed Psychiatric Technician			$ 52.95
G0543		G0543	45	Collateral	Group Caregiver Training in direct care; initial 30 minutes		Licensed Psychiatric Technician			$ 158.84
G0543	HQ	G0543:HQ	45	Collateral	Group Caregiver Training in direct care; each additional 15 minutes	Group setting	Licensed Psychiatric Technician			$ 35.30
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
96365		96365	46	Medication Support Codes	Initial Intravenous infusion, for therapy, prophylaxis, or diagnosis; up to 1 hour		Licensed Psychiatric Technician			$ 162.38
96366		96366	45	Medication Support Codes	Add-on, Intravenous infusion, for therapy, prophylaxis, or diagnosis; each additional hour		Licensed Psychiatric Technician			$ 158.84
96367		96367	31	Medication Support Codes	Intravenous infusion, additional sequential infusion, for therapy, prophylaxis, or diagnosis, of a new drug/ substance, up to 1 hour		Licensed Psychiatric Technician			$ 109.43
96368		96368	15	Medication Support Codes	Intravenous infusion, concurrent infusion, for therapy, prophylaxis, or diagnosis; 15 minutes		Licensed Psychiatric Technician			$ 52.95

96369		96369	38	Medication Support Codes	Initial Subcutaneous infusion for therapy or prophylaxis, including pump set-up and establishment of subcutaneous infusion site(s); 16-60 minutes (For infusions of 15 minutes or less, use 96372)		Licensed Psychiatric Technician			$ 134.14
96370		96370	45	Medication Support Codes	Add-on, Subcutaneous infusion for therapy or prophylaxis, including pump set-up and establishment or subcutaneous infusion site(s); each additional hour		Licensed Psychiatric Technician			$ 158.84
96371		96371	15	Medication Support Codes	Subcutaneous infusion for therapy or prophylaxis, additional pump set-up with establishment of new subcutaneous infusion site(s); 15 minutes		Licensed Psychiatric Technician			$ 52.95
96372		96372	15	Medication Support Codes	Subcutaneous or Intramuscular Therapeutic, prophylactic, or diagnostic injection; 1 - 15 minutes		Licensed Psychiatric Technician			$ 52.95
96373		96373	15	Medication Support Codes	Intra-arterial Therapeutic, prophylactic, or diagnostic injection; 1 - 15 minutes		Licensed Psychiatric Technician			$ 52.95
96374		96374	15	Medication Support Codes	Intravenous push Therapeutic, prophylactic, or diagnostic injection, single or initial substance/drug; 15 minutes -		Licensed Psychiatric Technician			$ 52.95
96375		96375	15	Medication Support Codes	Add-on, each additional sequential intravenous push, Therapeutic, prophylactic, or diagnostic injection, of a new substance/drug, 15 minutes		Licensed Psychiatric Technician			$ 52.95
96376		96376	15	Medication Support Codes	Therapeutic, prophylactic, or diagnostic injection; each additional sequential intravenous push of the same substance/drug provided in a facility; 15 minutes; has to be more than 30 minutes after a reported push of the same drug		Licensed Psychiatric Technician			$ 52.95
96377		96377	15	Medication Support Codes	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection; 1 - 15 minutes		Licensed Psychiatric Technician			$ 52.95
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
H0034	HK	HOO34:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
H0034	HQ	HOO34:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Licensed Psychiatric Technician	$ 11.77	$ 11.77	$ 11.77
H0034	HQ:HK	HOO34:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Licensed Psychiatric Technician	$ 11.77	$ 11.77	$ 11.77
99484		99484:		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Licensed Psychiatric Technician	$ 211.80	$ 211.80	$ 211.80
99484	95	99484:95		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Licensed Psychiatric Technician	$ 211.80	$ 211.80	$ 211.80
99484	95:HK	99484:95:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Licensed Psychiatric Technician	$ 211.80	$ 211.80	$ 211.80
99484	HK	99484:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Licensed Psychiatric Technician	$ 211.80	$ 211.80	$ 211.80
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
H2017		H2017		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
H2017	HK	H2017:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	$ 52.95	$ 52.95	$ 52.95
H2017	HQ	H2017:HQ		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Licensed Psychiatric Technician	$ 11.77	$ 11.77	$ 11.77
H2017	HQ:HK	H2017:HQ:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Licensed Psychiatric Technician	$ 11.77	$ 11.77	$ 11.77

Exhibit C

California Counties
Fiscal Year 2025-26
A1 Residential and Specialty Mental Health Services

.

Psynergy Programs ("CONTRACTOR") utilizes a braided funding approach to maximize local resources when serving consumers in residential settings. We co-locate our licensed residential facilities adjacent or close to our outpatient clinics. These modified therapeutic communities allow for client-centered treatment in healing environments.

BILLING AND MAILING ADDRESS:

Psynergy Programs, Inc.
2433 Mariner Square Loop, Suite 208
Alameda, California 94501

Residential Services & Supports

Supplemental and Bundled MH Services Rates for Augmented/Enhanced Board and Care Programs, ARF/RCFE. For individuals with legal restrictions, LPS / SB43 Conservatorship, CARE Act, AOT, MH Diversion, Complex and Co-occurring disorders, SUD & Addiction disorders.

General community services and supports for individuals living in a residential setting diagnosed with SPMI (Severe Persistent Mental Illness) Dual Diagnosis Substance Use, or Co-Morbid Illnesses.

Day Rate for Complexity Level I	*$183.83 per client day.*
Day Rate for Bundled Services Level 1	*$339.83 per client day.*
Day Rate for Complexity Level II	*$153.39 per client day.*
Day Rate for Bundled Services Level II	*$309.39 per client day.*
Day Rate for Intensive Support Services	*$304.27 per client day.*
Day Rate for Bundled Intensive Support Svcs	*$502.27 per client day.*

All Inclusive Program Rates for Vista Esperanza RCFE

Supplemental Day Rate Patch for clients with benefits:

Day Rate for Inclusive Whole Person Care	*$258.48 per client day.*
Day Rate for Bundled Inclusive Whole Person Care	*$414.48 per client day.*

Clients Without SSI, Medi-Cal, or Medicare Benefits

If a client does not yet receive Medi-Cal or Medicare benefits, they may be placed at Psynergy only under a Bundled Rate (see rates above), in addition to the SSI Board and Care rate.

Additionally, if a client's SSI benefits have been reduced due to back payments owed to other entities or do not reflect standard residential care rates, the County will cover the delinquent amount and/or the difference.

- **The current monthly residential board and care rate is $1,420.07, which is updated annually on January 1st.**
- **The County will also provide $3.00 per day for the client's personal needs.**
- **The client's conservator is responsible for reimbursing the County for any funds paid on the client's behalf.**

The County will notify the contractor of any changes in the client's payee or representative payee.

🚨 **This provision must be included in all FY 25/26 contracts. Clients without benefits cannot be accepted unless this requirement is part of the contract.**

Rates for Tres Vista, Supported Accommodations / Independent Living

General community services and supports for individuals living in an unlicensed, independent setting experiencing mental distress, substance abuse and co-occurring medical diagnoses. All meals, groups and recreational activities are included. Application and Program Agreements must be reviewed with COUNTY prior to admission.

Day Rate for Individuals with Benefits	*$58.32 per client day.*
Day Rate Bundled Individuals w/Benefits	*$214.32 per client day.*

Bed Hold

Requests for bed holds will be made on an individual basis by COUNTY with a maximum hold of five (5) days, unless prior arrangements are discussed. The Bed Hold rate will be at the client level of service, or all-inclusive rate, when they left for the Bed Hold, Level I, Level II,

ISS, or RCFE level of care. Bed Hold Agreement must be signed by County and Conservator, see attachment.

Transportation

Admission, Conservatorship Hearings, Discharge to Lower Level of Care Transportation.

When possible, with available staffing, CONTRACTOR will pick-up new admissions from placements upon request from COUNTY. From the residence, to the destination, and return in a Psynergy Program insured car and driver rate is $57.00 per hour plus mileage. Beginning on January 1, 2025, the standard mileage rates for the use of a car, van, pickup or panel truck will be: .70 cents per mile for business miles driven, and is subject to change as the IRS updates annually.

In the event the client is being transported to a higher level of care, when safe and appropriate, additional staff will be charged the same rate of $57.00 per hour. If the roundtrip mileage is 200+ there may be additional costs incurred, hotel for staff, meals, additional staff to avoid driver fatigue.

Driver will ensure the safety and supervision of individuals, ensure admission paperwork and medications are in order, meal provided, hydration, cigarette breaks if so required.

Post 30 Day Eviction Notice

COUNTY will pay to accommodate clients, who are assigned to their County System of Care (SOC), that have been served a 30-day eviction, an enhanced $350/day rate, to be charged to COUNTY for every day a client remains at a Psynergy Programs residential community beginning on day 31 after a 30-day notice is issued and has expired.

Enhanced Support and Supervision

CONTRACTOR will provide individual support and supervision with prior authorization from COUNTY. If authorization is not approved the county will immediately support the resident in kind, or move the client to a higher level of care for needed care.

The rate for Enhanced Support and Supervision is $60 per hour in 15 minute increments.

Examples of individual support and supervision, but not exhaustive, are:

Stand by assistance for dialysis treatment, including bedside support during treatment and transport to and from treatment. Stand by assistance for chemotherapy treatment, including bedside support during treatment, and transport to and from treatment.

Individual support (1:1) for clients diagnosed with SPMI and Intellectual Disabilities that without this individual support are placing their housing at risk with the escalation of symptoms and behaviors. Extra support for hygiene and ADL's if required.

For the safety of residents and staff, standby support on an individual basis for a client that is to be moved to a higher level of support but is awaiting the transfer or bed opening.

Bereavement support for individuals attending funeral or memorial of a loved one, including the transportation.

Isolation Support Services

If a resident has been ordered to stay in their room due to COVID, or other transmissible disease or diagnosis, precautions, or exposure we will be charging a rate of $103.50 per diem for room support, bed side support, medication delivery, 1:1 support as needed. This allows the facility to bring in temporary and on-call staff for support and supervision.

LPS Assessments and Declarations

In consideration of CalAIMS and billing changes Psynergy needs to know which way you would like to compensate Psynergy Programs for LPS assessments:

1) Flat Rate 1st doctor assessment 90 minutes $1,275.00 + 2nd opinion assessment 45 minutes $637.50 total $1,912.50. This amount could be less and is an approximation.
2) County will provide CPT code to bill County Behavioral Health Department
3) County can have LPS declarations and assessment completed by an in-county psychiatrist provide assessment. Psynergy will support the appointments through telehealth.

RECITALS TO BE ADDED TO FY25/26 CONTRACT YEAR

WHEREAS, Psynergy seeks to amend the Agreement to modify and clarify certain of its and County's obligations.

ACCORDINGLY, County and Contractor agree as follows:

1. **Term of Agreement.** In the event the Agreement had expired or terminated by its own terms at any time that Psynergy provided services to clients referred by County, and Psynergy provided such services acting on the good-faith belief that County would make payment for such services, the Agreement shall be deemed to have been amended and restated as of the date of such expiration or termination with the same terms and conditions in effect prior to such expiration or termination.

2. **Rate & Terms of Payment.** County agrees to make payment at the current rate set forth in this Agreement, as amended, even if County's billing and transactional system has not yet been updated to reflect changes in such rate of payment. When County makes any publicly-available updates to its rates of payment for any services contemplated by this Agreement, the parties shall amend the Agreement to reflect such rate change no later than thirty (30) days after the updates take effect, and such amendment shall have retroactive effect. In order for Psynergy to be paid at the new rate of payment on a retroactive basis, if Psynergy already invoiced County for such services prior to entering

into an amendment, Psynergy shall be entitled to bill for any difference in the rate of payment for a service that was billed before the date of any such amendment, and County shall be obligated to make payment on such invoice within thirty (30) days of its receipt.

3. **Explanation of Benefits.** County agrees to provide a detailed explanation of benefits ("EOB") with each payment. The EOB will identify each patient, date of service, and particular service for which payment is being made.

4. **Delay in Payment.**

(i) With respect to all invoices for fiscal year 2025/2026, and all subsequent invoices, County shall make payment to Psynergy on such invoices within thirty (30) days of receipt.

(ii) Notwithstanding anything in the Agreement to the contrary, if County fails to make payment on any invoice issued by Psynergy for sixty (60) days or more, Psynergy shall be entitled to bill, and County shall be obligated to pay, for all such services provided by Psynergy per day on a bundled basis, where the rate of payment is (see rates above) per day per patient (the "Bundled Rate"). Such payment shall be made within thirty (30) days after Psynergy provides County with notice of its obligations under this paragraph 3.

5. **Unusual Coverage Situations.** Notwithstanding anything in the Agreement to the contrary, at the time County makes a referral to Psynergy for a new patient, County shall be obligated to disclose all sources of coverage for such patient. In the event (i) County omits material information regarding such patient's coverage sources, or (ii) the patient lacks coverage because he or she is undocumented or uninsured, County shall be financially responsible for all services furnished to such patient by Psynergy and make payment at the rates and upon the terms and conditions set forth in this Agreement as if such patient, at all relevant times, were a Medi-Cal beneficiary with no other source of coverage. If a new patient referred to Psynergy by County has any form of third-party insurance, County shall pay for all services provided to such patient per day on a bundled basis at the Bundled Rate.

6. **Survival of Payment Obligation.** County's payment obligations under the Agreement shall survive termination of the Agreement for any reason.

7. **Defined Terms**. All defined terms used in this [First] Amendment shall have the same meaning as in the Agreement, except as otherwise defined herein.

8. **Effect**. Except as otherwise amended by this [First] Amendment, the Agreement, as amended, shall remain in full force and effect in accordance with its terms.

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: Psynergy Programs

Contract Description: For the purpose of long term-care for adults with serious mental illness

APPROVED AS TO FORM:



Date: 09/10/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND PSYNERGY PROGRAMS, INC.

This agreement is entered into between the County of Tehama, through its Health Services Agency, ("County") and Psynergy Programs, Inc. a California corporation ("Contractor") to provide long-term care for adults with serious mental illness in need of institution for mental disease/mental health rehabilitation center services and Lanterman Petris Short (LPS) declarations.

1. RESPONSIBILITIES OF CONTRACTOR

During the term of this agreement, Contractor shall provide services as described in Exhibit D, Scope of Work, attached hereto and incorporated by reference.

Contractor shall provide only those services for which a written authorization from the County has been received. Services provided without prior written authorization from the County will be the responsibility of the Contractor and will not be reimbursed by the County.

ADMISSION POLICY AND ADMITTING CRITERIA

County shall complete documentation as requested for each client admitted by Contractor under this agreement. At a minimum, this documentation shall contain a client identification, admission date, legal status, financial information, and County approval of the admission.

a. Contractor shall admit patients with a DSM diagnosis. Individuals in need of 24-hour nursing services within the scope of facility services, patients who have histories of or are currently displaying behavioral symptoms (such as combativeness, elopement risk, suicide risk, and excessive verbal abusiveness) which preclude them from being admitted into a lower level of care facility shall be considered for admission.

   The frequency, scope, and severity of these behaviors are determining factors for admission, which are negotiated between County and Contractor for each client admission. The County may grant individual exception to the admission criteria.

b. If the Contractor denies an admission, the County's Mental Health Director, or designee, shall be notified immediately and informed of the reasons for the denial. As appropriate, and with agreement, the County and Contractor may hold a "case conference" to discuss the reasons for the denial and the options available in meeting the client's mental health treatment needs. However, the final decision on admission to the facility shall be the responsibility and fall within the authority of the Contractor.

c. It is agreed by the County and Contractor that individuals whose mental illness is deemed appropriate for acute care, as well as individuals suffering exclusively from developmentally disability, mental retardation, or physical illnesses (without a psychiatric component) shall not be considered for admission.

County Mental Health Director, or designee, shall provide Contractor with authorization prior to each client admission and shall, at least quarterly review the care of each client admitted under this agreement. When necessity criteria for continued services are met, County Mental Health Director, or designee, may authorize services for an additional period not to exceed ninety (90) days. County shall take no action to change a client's county of residence for Medi-Cal purposes to the Contractor's County at any time during client's stay at Contractor's facility. It is acknowledged by County and Contractor that individual referred under this agreement may retain various civil rights as determined by the court having jurisdiction and that County may not have the legal capacity to determine residency for Medi-Cal purposes in every instance.

COUNTY LIAISON, PATIENT DISCHARGE PLANNING

a. County shall designate the Mental Health Director, or designee, as Facility Liaison who shall be responsible for ongoing contact and consultation with County patients and Contractor's staff.

b. Contractor shall designate the individual listed on Exhibit D, or designee, to keep County Liaison fully informed of each County patient's progress and shall collaborate in pre-discharge and discharge planning.

c. County Facility Liaison shall be responsible for arranging community supports deemed necessary for each County patient to be discharged.

2. RESPONSIBILITIES OF THE COUNTY

County shall compensate Contractor for said services pursuant to Section 3 and 4 of this agreement.

3. COMPENSATION

Contractor shall be paid in accordance with the rates set forth in the Rate Schedule, attached hereto as Exhibits B & C, after satisfactorily completing the duties described in this Agreement. The total compensation payable under this agreement shall not exceed $450,000.00 during any fiscal year further defined as July 1, 2024, through June 30, 2025, and July 1, 2025, through June 30, 2026. The Maximum Compensation shall not exceed $900,000.00. Contractor shall not be

entitled to payment or reimbursement for any tasks or services performed except as specified herein. Contractor shall have no claim against County for payment of any compensation or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Contractor shall not be paid any amount in excess of the Maximum Compensation amount set forth above, and Contractor agrees that County has no obligation, whatsoever, to compensate or reimburse Contractor for any expenses, direct or indirect costs, expenditures, or charges of any nature by Contractor that exceed the Maximum Compensation amount set forth above. Should Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. This provision shall survive the expiration or other termination of this Agreement.

4. BILLING AND PAYMENT

On or before the 15th of each month, Contractor shall submit to County an itemized invoice for all services rendered during the preceding calendar month. County shall make payment of all undisputed amounts within 30 days of receipt of Contractor's invoice. County shall be obligated to pay only for services properly invoiced in accordance with this section.

Board and care shall not be the responsibility of Tehama County under this agreement and shall not be billed under this agreement.

5. TERM OF AGREEMENT

This agreement shall commence on July 1, 2024, and shall terminate June 30, 2026, unless terminated in accordance with section 6 below.

6. TERMINATION OF AGREEMENT

If Contractor fails to perform his/her duties to the satisfaction of the County, or if Contractor fails to fulfill in a timely and professional manner his/her obligations under this agreement, or if Contractor violates any of the terms or provisions of this agreement, then the County shall have the right to terminate this agreement effective immediately upon the County giving written notice thereof to the Contractor. Either party may terminate this agreement on 30 days' written notice. County shall pay contractor for all work satisfactorily completed as of the date of notice. County may terminate this agreement immediately upon oral notice should funding cease or be

materially decreased or should the Tehama County Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year.

The County's right to terminate this agreement may be exercised by the Health Services Agency's Executive Director.

7. ENTIRE AGREEMENT; MODIFICATION

This agreement for the services specified herein supersedes all previous agreements for these services and constitutes the entire understanding between the parties hereto. Contractor shall be entitled to no other benefits other than those specified herein. No changes, amendments or alterations shall be effective unless in writing and signed by both parties. Contractor specifically acknowledges that in entering into and executing this agreement, Contractor relies solely upon the provisions contained in this agreement and no other oral or written representation.

8. NONASSIGNMENT OF AGREEMENT

Inasmuch as this agreement is intended to secure the specialized services of Contractor, Contractor may not assign, transfer, delegate or sublet any interest herein without the prior written consent of the County.

9. EMPLOYMENT STATUS

Contractor shall, during the entire term of this agreement, be construed to be an independent contractor and nothing in this agreement is intended nor shall be construed to create an employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which Contractor performs the services which are the subject matter of this agreement; provided always, however, that the services to be provided by Contractor shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the County is to ensure that the services shall be rendered and performed in a competent, efficient, and satisfactory manner. Contractor shall be fully responsible for payment of all taxes due to the State of California or the Federal government, which would be withheld from compensation of Contractor, if Contractor were a County employee. County shall not be liable for deductions for any amount for any purpose from Contractor's compensation. Contractor shall not be eligible for coverage under County's

Workers Compensation Insurance Plan nor shall Contractor be eligible for any other County benefit.

10. INDEMNIFICATION

Contractor shall defend, hold harmless, and indemnify Tehama County, its elected officials, officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees of County), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of County) being damaged, arising out of contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, whether by negligence or otherwise. Contractor shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Contractor shall also defend and indemnify County against any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency against the County with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security or income tax withholding payments, or any other legally mandated payment.

11. INSURANCE

Contractor shall procure and maintain insurance pursuant to Exhibit A, "Insurance Requirements For Contractor," attached hereto and incorporated by reference.

12. PREVAILING WAGE

Contractor certifies that it is aware of the requirements of California Labor Code Sections 1720 et seq. and 1770 et seq., as well as California Code of Regulations, Title 8, Section 16000 et seq. ("Prevailing Wage Laws"), which require the payment of prevailing wage rates and the performance of other requirements on certain "public works" and "maintenance" projects. If the Services hereunder are being performed as part of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, and if the total compensation is $1,000 or more, Contractor agrees to fully comply with and to require its subcontractors to fully comply with such Prevailing Wage Laws, to the extent that such laws apply. If applicable, County will maintain the general prevailing rate of per diem wages and other information set forth in Labor Code section 1773 at its principal office and will make this information available to any interested party upon request. Contractor shall defend, indemnify, and hold the County,

its elected officials, officers, employees and agents free and harmless from any claims, liabilities, costs, penalties, or interest arising out of any failure or alleged failure of the Contractor or its subcontractors to comply with the Prevailing Wage Laws. Without limiting the generality of the foregoing, Contractor specifically acknowledges that County has not affirmatively represented to contractor in writing, in the call for bids, or otherwise, that the work to be covered by the bid or contract was not a "public work." To the fullest extent permitted by law, Contractor hereby specifically waives and agrees not to assert, in any manner, any past, present, or future claim for indemnification under Labor Code section 1781.

Contractor acknowledges the requirements of Labor Code sections 1725.5 and 1771.1 which provide that no contractor or subcontractor may be listed on a bid proposal or be awarded a contract for a public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5, with exceptions from this requirement specified under Labor Code sections 1725.5(f), 1771.1(a) and 1771.1(n).

If the services are being performed as part of the applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

13. NON-DISCRIMINATION

Contractor shall not employ discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

14. GREEN PROCUREMENT POLICY

Through Tehama County Resolution No. 2021-140, the County adopted the Recovered Organic Waste Product Procurement Policy (available upon request) to (1) protect and conserve natural resources, water and energy; (2) minimize the jurisdiction's contribution to pollution and solid waste disposal; (3) comply with state requirements as contained in 14 CCR Division 7, Chapter 12, Article 12 (SB 1383); (4) support recycling and waste reduction; and (5) promote the purchase of products made with recycled materials, in compliance with the California Integrated Waste Management Act of 1989 (AB 939) and SB1382 when product fitness and quality are

equal and they are available at the same or lesser cost of non-recycled products. Contractor shall adhere to this policy as required therein and is otherwise encouraged to conform to this policy.

15. COMPLIANCE WITH LAWS AND REGULATIONS

All services to be performed by Contractor under to this Agreement shall be performed in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. Any change in status, licensure, or ability to perform activities, as set forth herein, must be reported to the County immediately.

16. LAW AND VENUE

This agreement shall be deemed to be made in and shall be governed by and construed in accordance with the laws of the State of California (excepting any conflict of laws provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

17. AUTHORITY

Each party executing this Agreement and each person executing this Agreement in any representative capacity, hereby fully and completely warrants to all other parties that he or she has full and complete authority to bind the person or entity on whose behalf the signing party is purposing to act.

18. NOTICES

Any notice required to be given pursuant to the terms and provisions of this agreement shall be in writing and shall be sent first class mail to the following addresses:

If to County:
Tehama County Health Services Agency
Attn: Executive Director
P.O. Box 400
Red Bluff, CA 96080
(530) 527-8491

If to Contractor:
Psynergy Programs, Inc.
ATTN: CEO
18225 Hale Avenue
Morgan Hill, CA 95037
PH: (408) 465-8280

Notice shall be deemed to be effective two days after mailing.

19. NON-EXCLUSIVE AGREEMENT

Contractor understands that this is not an exclusive agreement, and that County shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Contractor, or to perform such services with County's own forces, as County desires.

20. STANDARDS OF THE PROFESSION

Contractor agrees to perform its duties and responsibilities pursuant to the terms and conditions of this agreement in accordance with the standards of the profession for which Contractor has been properly licensed to practice.

21. LICENSING OR ACCREDITATION

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

22. RESOLUTION OF AMBIGUITIES

If an ambiguity exists in this Agreement, or in a specific provision hereof, neither the Agreement nor the provision shall be construed against the party who drafted the Agreement or provision.

23. NO THIRD-PARTY BENEFICIARIES

Neither party intends that any person shall have a cause of action against either of them as a third-party beneficiary under this Agreement. The parties expressly acknowledge that is not their intent to create any rights or obligations in any third person or entity under this Agreement. The parties agree that this Agreement does not create, by implication or otherwise, any specific, direct or indirect obligation, duty, promise, benefit and/or special right to any person, other than the parties hereto, their successors and permitted assigns, and legal or equitable rights, remedy, or claim under or in respect to this Agreement or provisions herein.

24. HAZARDOUS MATERIALS

Contractor shall provide to County all Safety Data Sheets covering all Hazardous Materials to be furnished, used, applied, or stored by Contractor, or any of its Subcontractors, in connection with the services on County property. Contractor shall provide County with copies of any such Safety

Data Sheets prior to entry to County property or with a document certifying that no Hazardous Materials will be brought onto County property by Contractor, or any of its Subcontractors, during the performance of the services. County shall provide Safety Data Sheets for any Hazardous Materials that Contractor may be exposed to while on County property.

25. HARASSMENT

Contractor agrees to make itself aware of and comply with the County's Harassment Policy, TCPR §8102: Harassment, which is available upon request. The County will not tolerate or condone harassment, discrimination, retaliation, or any other abusive behavior. Violations of this policy may cause termination of this agreement.

26. EXHIBITS

Contractor shall comply with all provisions of Exhibits A through F, attached hereto and incorporated by reference. In the event of a conflict between the provisions of the main body of this Agreement and any attached Exhibit(s), the main body of the Agreement shall take precedence.

27. AUDITS

Scope: County may audit Contractor billing for, and provision of, services under this agreement at any time with fourteen (14) business days advance written notice. County audits shall be conducted in accordance with generally accepted audit standards and limited to a verification that services billed by Contractor were actually provided to County. Contractor shall provide County with on-site access to all documents, records, and other supporting information for billing and services under this agreement.

Findings: Where problems are identified in the course of an audit which resulted in an overpayment to Contractor, County must conduct an exit conference with Contractor at the close of the audit and provide a written report and demand letter within thirty (30) days of audit completion.

Repayment: Contractor must repay County for any overpayment identified in the course of an audit within ninety (90) days of receipt of County’s written report and demand letter. Contractor

may utilize County's appeal procedure to appeal County's decision prior to repayment of the alleged overpayment. At Contractor's discretion, repayment may be scheduled for direct submission to County or an offset of a future bill for services under this agreement. If Contractor fails to submit appropriate repayment within designated time frame once any appeal is settled, County may offset future bills for services under this agreement.

28. FINANCIAL RELATIONSHIPS

Contractor shall maintain statistical records in the manner provided by the State Health and Welfare Agency and make such records available to County as required by the Mental Health Director and the State Department of Health Care Services.

Contractor shall maintain accurate accounting records of its costs and operating expenses. Such records of costs and expenditures shall be maintained for at least ten (10) years, or until audit findings are resolved, and shall be open to inspection by the Health Services Agency Director, or designee, the State Controller, and the State Director of Health Care Services or designees. Contractor shall also be subject to the examination and audit of the Auditor General for a period of three years after final payment under the contract (Government Code, Section 8546.7).

29. DOCUMENTS AND RECORDS

A. Upon written request, Contractor agrees to permit County, State, and/or Federal agencies authorized by the Director, to inspect, review, and copy all records, notes, and writing of any kind in connection with the services provided by Contractor under this agreement. All such inspections and copying shall occur during normal business hours.

B. If the California Department of Health Care Services, Center for Medicare and Medicaid Services (CMS), or Office of the Inspector General of the US Department of Health and Human Services determines there is a reasonable possibility of fraud or similar risk, the State, SMC or HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.

C. Contractor shall preserve all records relating to the services provided pursuant to this agreement until at least ten years from the final date of the contract period or ten years from the date of completion of any audit, whichever is later.

D. At the end of the period required for record retention, Contractor shall destroy all records made pursuant to this agreement in accordance with the California Code of Regulations, the California Welfare and Institutions Code, and Contractor's State licensing requirements.

E. Contractor shall document compliance with all contractual requirements. Such documentation shall be provided to County upon request.

30. CLINICAL RECORDS

Contractor shall maintain adequate records. Patient records must comply with all appropriate State and Federal requirements. Individual records shall contain intake information, interviews, and progress notes. Program records shall contain detail adequate for the evaluation of the service. Contractor agrees that its inability to produce records adequate for evaluation of the service shall constitute ground for audit exception and denial of Contractor's claim for payment for those services. Contractor shall provide monthly reports to the Director in conformance with the Client and Service Information (CSI) System as prescribed by the State Department of Health Care Services.

If Contractor maintains an Electronic Health Record (EHR) with Protected Health Information (PHI), and an individual request a copy of such information in an electronic format, Contractor shall provide such information in an electronic format to enable the County to fulfill its obligations under the HITECH Act, including but not limited to, 42 U.S.C. Section 17935(e) and the HIPAA regulations.

31. MONITORING

Contractor agrees to extend to the Mental Health Director or designees, the right to review and monitor Contractor's facilities, program, or procedures at any reasonable time.

32. REPORTS

Contractor agrees to provide County with reports that may be required by State or Federal agencies for compliance with this Agreement. Contractor agrees to permit County, State, and/or Federal agencies authorized by the Director, to inspect, review, and copy all records, notes, and writing of any kind in connection with the services provided by Contractor under this agreement. All such inspections and copying shall occur during normal business hours.

Occurrences such as epidemic outbreaks, poisoning, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety, or health of patients, personnel or visitors, shall be reported by the facility within twenty-four (24) hours either by telephone (and confirmed in writing) or by telegraph or fax to the local health officer, the State Department of Health Services, and the Executive Director, Tehama County Health Services Agency, or in their absence, the Mental Health Director. An incident report shall be retained on file by the facility for one (1) year. The facility shall furnish such other pertinent information related to such occurrences as the local health officer or the State Department of Health Services may require. Every fire or explosion which occurs in or on the premises shall be reported within twenty-four (24) hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshall (Title 22, Section 72541).

33. PATIENTS' RIGHTS

Patients' rights shall be observed by Contractor as provided in Welfare and Institutions Code, Section 5325 and title 9 of the California Code of Regulations. County Patients' Rights Advocates will be given access to clients, clients' records, and facility personnel to monitor the Contractor's compliance with said statutes and regulations.

34. PERSONNEL

Contractor shall furnish such qualified professional personnel as prescribed in Title 9 of the California Code of Regulations required for the type of services described in Section 1.

All Contractor's personnel (including independent contractors) shall have the appropriate current State licensure required for their given profession.

35. CODE OF CONDUCT

Contractor shall comply with Code of Conduct. Tehama County Health Services Agency (TCHSA) maintains high ethical standards and is committed to complying with all applicable statutes, regulations, and guidelines. The TCHSA and each of its employees and contractors shall follow an established Code of Conduct.

PURPOSE: The purpose of the TCHSA Code of Conduct is to ensure that all TCHSA employees and contractors are committed to conducting their activities in accordance with the highest levels of ethics and in compliance with all applicable State and Federal statutes,

regulations, and guidelines. The Code of Conduct also serves to demonstrate TCHSA's dedication to providing quality care to its patients.

CODE OF CONDUCT – General Statement

- The Code of Conduct is intended to provide TCHSA employees and contractors with general guidelines to enable them to conduct the business of TCHSA in an ethical and legal manner;
- Every TCHSA employee and contractor is expected to uphold the Code of Conduct;
- Failure to comply with the Code of Conduct or failure to report non-compliance may subject the TCHSA employee or contractor to disciplinary action, up to or including termination of employment or contracted status.
- Shall perform their duties in good faith and to the best of their ability.
- Shall comply with all statutes, regulations, and guidelines applicable to Federal health care programs, and with TCHSA's own policies and procedures.
- Shall refrain from any illegal conduct. When an employee or contractor is uncertain of the meaning or application of a statute, regulation, or guideline, or the legality of a certain practice or activity, he or she shall seek guidance from his or her immediate Supervisor, Division Director, the Quality Assurance Manager, the Compliance Auditor, the Assistant Executive Director-Programs, or the Assistant Executive Director-Administration.
- Shall not obtain any improper personal benefit by virtue of their employment or contractual relationship with TCHSA;
- Shall notify their Supervisor, Division Director, Assistant Executive Director-Administration, the Assistant Executive Director-Programs, or Agency Executive Director immediately upon receipt (at work or at home) of any inquiry, subpoena, or other agency or governmental request for information regarding TCHSA;
- Shall not destroy or alter TCHSA information or documents in anticipation of, or in response to, a request for documents by any applicable governmental agency or from a court of competent jurisdiction;
- Shall not engage in any practice intended to unlawfully obtain favorable treatment or business from any entity, physician, patient, resident, vendor, or any other person or entity in a position to provide such treatment or business;
- Shall not accept any gift of more than nominal value or any hospitality or entertainment, which because of its source or value, might influence the employee's or contractor's independent judgment in transactions involving TCHSA;
- Shall disclose to their Division Director any financial interest, official position, ownership interest, or any other relationship that they (or a member of their immediate family) has with TCHSA vendors or contractors;
- Shall not participate in any false billing of patients, governmental entities, or any other party;
- Shall not participate in preparation of any false cost report or other type of report submitted to the government;
- Shall not pay or arrange for TCHSA to pay any person or entity for the referral of patients to TCHSA, and shall not accept any payment or arrangement for TCHSA to accept any payment for referrals from TCHSA:

- Shall not use confidential TCHSA information for their own personal benefit or for the benefit of any other person or entity while employed at or under contract to TCHSA, or at any time thereafter;
- Shall not disclose confidential medical information pertaining to TCHSA's patients or clients without the express written consent of the patients or clients or pursuant to court order and in accordance with the applicable law and TCHSA applicable policies and procedures;
- Shall promptly report to the Quality Assurance Manager any and all violations or suspected violations of the Code of Conduct;
- Shall promptly report to the Quality Assurance Manager any and all violations or suspected violations of any statute, regulation, or guideline applicable to Federal health care programs or violations of TCHSA's own policies and procedures;
- Shall not engage in or tolerate retaliation against employees or contractors who report or suspect wrongdoing.

36. <u>CULTURAL COMPETENCY.</u>

Contractor shall insure that services delivered under the terms of this agreement reflect a comprehensive range of age appropriate, cost-effective, high quality intervention strategies directed so as to promote wellness, avert crises, and maintain beneficiaries within their own communities. Contractor shall make every effort to deliver services which are culturally sensitive and culturally competent and which operationalize the following values:

a. Services should be delivered in the client's primary language or language of choice since language is the primary "carrier of culture,"

b. Services should encourage the active participation of individuals in their own care, protect their confidentiality at all times, and recognize the rights of all individuals regardless of race, ethnicity, cultural background, disability or personal characteristics,

c. Service delivery staff should reflect the racial, ethnic, and cultural diversity of the population being served,

d. Certain culturally sanctioned behaviors, values, or attitudes of individuals legitimately may conflict with "mainstream values" without indicating psychopathology or moral deviance,

e. Service delivery systems should reflect cultural diversity in methods of service delivery as well as policy,

f. The organization should instill values in staff which encourage them to confront racially or culturally biased behavior in themselves and others and which encourage them to increase their sensitivity and acceptance of culturally based differences.

g. Contractor's staff shall receive cultural competency training and Contractor shall provide evidence of such training to County upon request.

37. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Contractor acknowledges that it is a "health care provider" for purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations. The Contractor further acknowledges that it may not be a "covered entity" for purposes of HIPAA. However, when performing its duties under this contract, or when otherwise acting in relation to this contract, or when storing, using, or disclosing information generated or obtained by Contractor as a result of this contract, Contractor shall abide by all provisions of the HIPAA Privacy Rule and HIPAA Security Rule as if Contractor were a covered entity. The Contractor agrees to use individually identifiable healthcare information obtained from the County only for purposes of providing diagnostic or treatment services to patients.

Contractor agrees to report to County any security incident or any use or disclosure of PHI (in any form) not provided for by this Agreement. Security incidents include attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. Contractor shall make this report by the next business day following discovery of the use, disclosure, or security incident.

38. CONFIDENTIALITY OF PATIENT INFORMATION.

All information and records obtained in the course of providing services under this agreement shall be confidential and Contractor shall comply with State and Federal requirements regarding confidentiality of patient information (including but not limited to section 5328 of the Welfare and Institutions Code, and Title 45, Code of Federal Regulations, section 205.50 for MediCal-eligible patients) including all applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). All applicable regulations and statutes relating to patients' rights shall be adhered to. This provision shall survive the termination, expiration, or cancellation of this agreement.

39. COMPLIANCE AND PROGRAM INTEGRITY:

Contractor shall comply with all contractual provisions pursuant to Exhibit F, "COMPLIANCE AND PROGRAM INTEGRITY," attached hereto and incorporated by reference.

40. TELECOMMUNICATION FOR ASSESSMENTS OF CLIENTS:

Contractor will utilize "VSee" software platform tool or other platform or software approved by County at the request of the County to facilitate assessments of clients.

41. COUNTERPARTS, ELECTRONIC SIGNATURES – BINDING

This agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ((“CUETA”) Cal. Civil Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of “electronic signature” as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

42. TRAFFICKING VICTIMS PROTECTION ACT OF 2000

Contractor and its Subcontractors that provide services covered by this Contract shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 as amended (22 U.S.C. 7104).”

43. BYRD ANTI-LOBBYING AMENDMENT (31 USC 1352)

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

44. HATCH ACT

County agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart F.,

Chapter 73, Subchapter III), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

Date: 6-12-24

COUNTY OF TEHAMA

Jayme S. Bottke, Executive Director

Date: 06/07/24

PSYNERGY PROGRAMS, INC. a California corporation

Arturo Uribe (Jun 7, 2024 12:04 PDT)

Arturo Uribe, LCSW, President/CEO

122962
Vendor Number

Budget Account Number

Standard Form of Agreement – Services adopted 12/08/22

Exhibit A

INSURANCE REQUIREMENTS FOR CONTRACTOR

Contractor shall procure and maintain, for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work described herein and the results of that work by Contractor, his/her agents, representatives, employees, or subcontractors. At a minimum, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

Commercial General Liability (including operations, products and completed operations) $1,000,000 per occurrence for bodily injury, personal injury, and property damage. If coverage is subject to an aggregate limit, that aggregate limit will be twice the occurrence limit, or the general aggregate limit shall apply separately to this project/location.

Automobile Liability

Automobile liability insurance is required with minimum limits of $1,000,000 per accident for bodily injury and property damage, including owned and non-owned and hired automobile coverage, as applicable to the scope of services defined under this agreement.

Workers' Compensation

If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation insurance to cover Contractor and Contractor's employees and volunteers, as required by the State of California, as well as Employer's Liability insurance in the minimum amount of $1,000,000 per accident for bodily injury or disease.

Professional Liability (Contractor/Professional services standard agreement only)

If Contractor is a state-licensed architect, engineer, contractor, counselor, attorney, accountant, medical provider, and/or other professional licensed by the State of California to practice a profession, Contractor shall provide and maintain in full force and effect while providing services pursuant to this contract a professional liability policy (also known as Errors and Omissions or Malpractice liability insurance) with single limits of liability not less than $1,000,000 per claim and $2,000,000 aggregate on a claims made basis. However, if

coverage is written on a claims-made basis, the policy shall be endorsed to provide coverage for at least three years from termination of agreement.

If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor.

All such insurance coverage, except professional liability insurance, shall be provided on an "occurrence" basis, rather than a "claims made" basis.

Endorsements: Additional Insureds

The Commercial General Liability and Automobile Liability policies shall include, or be endorsed to include "Tehama County, its elected officials, officers, employees and volunteers" as an additional insured.

The certificate holder shall be "County of Tehama."

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions of $25,000 or more must be declared to, and approved by, the County. The deductible and/or self-insured retentions will not limit or apply to Contractor's liability to County and will be the sole responsibility of Contractor.

Primary Insurance Coverage

For any claims related to this project, Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractor's insurance and shall not contribute with it.

Coverage Cancellation

Each insurance policy required herein shall be endorsed to state that "coverage shall not be reduced or canceled without 30 days' prior written notice certain to the County."

Acceptability of Insurers

Contractor's insurance shall be placed with an insurance carrier holding a current A.M. Best & Company's rating of not less than A:VII unless otherwise acceptable to the County. The County reserves the right to require rating verification. Contractor shall ensure that the insurance carrier shall be authorized to transact business in the State of California.

Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance that meets all the requirements stated herein.

Material Breach

If for any reason, Contractor fails to maintain insurance coverage or to provide evidence of renewal, the same shall be deemed a material breach of contract. County, in its sole option, may terminate the contract and obtain damages from Contractor resulting from breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

Verification of Coverage

Contractor shall furnish County with original certificates and endorsements effecting coverage required herein. All certificates and endorsements shall be received and approved by the County prior to County signing the agreement and before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

Exhibit B

Contract Exhibit - Rates
Provider: Psynergy Programs, Inc

Code	Modifier	Format	Time Associated with Code (Mins) for Purposes of Rate	Type of Serivce	Service Description	Modifier Description	Provider Type	Rate FY 23-24	
90791		90791	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	LPHA
90791	59	90791:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90791	59,95	90791:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90791	59,95,HK	90791:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90791	59,HK	90791:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Distinct Procedural Service in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90791	95	90791:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90791	95,HK	90791:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90791	HK	90791:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90791	HL	90791:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90791	HL,59	90791:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90791	HL,59,95	90791:HL:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90791	HL,95	90791:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90885		90885	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90885	59	90885:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90885	59,95	90885:59:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90885	59,95,HK	90885:59:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90885	59,HK	90885:59:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90885	95	90885:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90885	95,HK	90885:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90885	HK	90885:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90885	HL	90885:HL	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Intern	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90885	HL,59	90885:HL:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Intern and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
H0031		H0031	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33	
90839		90839:	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 261.15	
90839	59	90839:59	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 261.15	
90840		90840:	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 150.66	

90840	59	90840:59	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 150.66
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
H0033		H0033	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
99366		99366:	60	Plan Development Codes	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		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99366	27	99366:27	60	Plan Development Codes	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	Multiple E/M	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99366	27:59	99366:27:59	60	Plan Development Codes	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	Multiple E/M and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99366	27:59:95	99366:27:59:95	60	Plan Development Codes	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	Multiple E/M and Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99366	27:59:95:HK	99366:27:59:95:HK	60	Plan Development Codes	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	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99366	59	99366:59	60	Plan Development Codes	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	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99366	59:95	99366:59:95	60	Plan Development Codes	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	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99366	59:95:HK	99366:59:95:HK	60	Plan Development Codes	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	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99366	95	99366:95	60	Plan Development Codes	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	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99366	95:HK	99366:95:HK	60	Plan Development Codes	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	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99366	HK	99366:HK	60	Plan Development Codes	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	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99368		99368:	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99368	27	99368:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99368	27:59	99368:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99368	27:59:95	99368:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33

99368	27:59:95:HK	99368:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99368	59	99368:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99368	59:95	99368:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99368	59:95:HK	99368:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99368	95	99368:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99368	95:HK	99368:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99368	HK	99368:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99484		99484:	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99484	95	99484:95	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99484	95:HK	99484:95:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
99484	HK	99484:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
H0032		H0032	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
H2017		H2017	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
H2017	HQ	H2017:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
H2017	HK	H2017:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
H2017	HK:HQ	H2017:HK:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90887		90887:	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
90887	59	90887:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
90887	59:95	90887:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
90887	59:95:HK	90887:59:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
90887	59:HK	90887:59:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
90887	95	90887:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33

90887	95:HK	90887:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
90887	HK	90887:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
90887	HL	90887:HL	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
90887	HL:59	90887:HL:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
90887	HL:95	90887:HL:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
90887	HL:59:95	90887:HL:95:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 75.33
90832		90832:	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 150.67
90832	59	90832:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 150.67
90832	59:95	90832:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 150.67
90832	59:95:HK	90832:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 150.67
90832	59:HK	90832:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 150.67
90832	95	90832:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 150.67
90832	95:HK	90832:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 150.67
90832	HK	90832:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 150.67
90834		90834:	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 226.00
90834	59	90834:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 226.00
90834	59:95	90834:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 226.00
90834	59:95:HK	90834:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 226.00
90834	59:HK	90834:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 226.00
90834	95	90834:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 226.00
90834	95:HK	90834:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 226.00
90834	HK	90834:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 226.00
90837		90837:	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
90837	59	90837:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
90837	59:95	90837:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
90837	59:95:HK	90837:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
90837	59:HK	90837:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
90837	95	90837:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
90837	95:HK	90837:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
90837	HK	90837:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 301.33
90847		90847:	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 251.11
90847	59	90847:59	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 251.11
90847	59:95	90847:59:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 251.11
90847	59:95:HK	90847:59:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 251.11
90847	59:HK	90847:59:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 251.11
90847	95	90847:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 251.11
90847	95:HK	90847:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 251.11
90847	HK	90847:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 251.11
90849		90849:	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90849	59	90849:59	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90849	59:95	90849:59:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90849	59:95:HK	90849:59:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90849	59:HK	90849:59:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90849	95	90849:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90849	95:HK	90849:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90849	HK	90849:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90853		90853:	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes		LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74

90853	59	90853:59	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90853	59:95	90853:59:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90853	59:95:HK	90853:59:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90853	59:HK	90853:59:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90853	95	90853:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90853	95:HK	90853:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine in Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
90853	HK	90853:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Specialized MH program	LCSW / MFT / LPCC (Licensed, Waivered, or Registere	$ 16.74
G2212		G2212	15	Therapy Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		LCSW / LMFT / LPCC (Licensed, Waivered, or Register	$ 75.33
G2212	HQ	G2212:HQ	15	Therapy Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	LCSW / LMFT / LPCC (Licensed, Waivered, or Register	$ 16.74
H0031		H0031:		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.68
H0031	HK	H0031:HK		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.68
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.68
H0032	HK	HOO32:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.68
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.68
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.68
H0034		H0034	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.68
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Mental Health Rehabilitation Specialist	$ 12.59
H0034	HK	H0034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.68
H0034	HQ:HK	H0034:HQ:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Mental Health Rehabilitation Specialist	$ 12.59
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.68
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Mental Health Rehabilitation Specialist	$ 56.68
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Mental Health Rehabilitation Specialist	$ 56.68
H2017		H2017	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.68
H2017	HK	H2017:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.68
H2017	HQ	H2017:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Mental Health Rehabilitation Specialist	$ 12.59
H2017	HQ:HK	H2017:HQ:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Mental Health Rehabilitation Specialist	$ 12.59
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Mental Health Rehabilitation Specialist	$ 56.68
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Mental Health Rehabilitation Specialist	$ 56.68
H0031		H0031	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Other Qualified Practitioner	$ 56.68
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.68
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Other Qualified Practitioner	$ 56.68
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Other Qualified Practitioner	$ 56.68
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Other Qualified Practitioner	$ 56.68
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Other Qualified Practitioner	$ 56.68
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.68
H0034		H0034	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Other Qualified Practitioner	$ 12.59
H0034	HQ	H0034:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Other Qualified Practitioner	$ 12.59
H0034	HK	H0034:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 12.59
H0034	HQ:HK	H0034:HQ:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Other Qualified Practitioner	$ 12.59
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Other Qualified Practitioner	$ 56.68
H0032	HK	HOO32:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.68
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Other Qualified Practitioner	$ 56.68
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.68
H2017		H2017	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Other Qualified Practitioner	$ 56.68

H2017	HK	H2017:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Other Qualified Practitioner	$ 56.68
H2017	HQ	H2017:HQ	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Other Qualified Practitioner	$ 12.59
H2017	HQ:HK	H2017:HQ:HK	15	Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Other Qualified Practitioner	$ 12.59
90791		90791	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes		Licensed Physician	$ 270.78
90791	59	90791:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.78
90791	59,95	90791:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78
90791	59,95,HK	90791:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.78
90791	59,HK	90791:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Distinct Procedural Service in Specialized MH program	Licensed Physician	$ 270.78
90791	95	90791:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine	Licensed Physician	$ 270.78
90791	95,HK	90791:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.78
90791	HK	90791:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78
90791	HL	90791:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern	Licensed Physician	$ 270.78
90791	HL,59	90791:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	$ 270.78
90791	HL,95	90791:HL:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78
90791	HL,95,59	90791:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern w/Telemedicine	Licensed Physician	$ 270.78
90792		90792:	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes		Licensed Physician	$ 270.78
90792	59	90792:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.78
90792	59,95	90792:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78
90792	59,95,HK	90792:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.78
90792	59,HK	90792:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Distinct Procedural Service in Specialized MH program	Licensed Physician	$ 270.78
90792	95	90792:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine	Licensed Physician	$ 270.78
90792	95,HK	90792:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.78
90792	HK	90792:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78
90792	HL	90792:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern	Licensed Physician	$ 270.78
90792	HL,59	90792:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	$ 270.78
90792	HL,95	90792:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern w/Telemedicine	Licensed Physician	$ 270.78
90792	HL,95,59	90792:HL:95:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78
90832		90832:	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient		Licensed Physician	$ 541.56
90832	59	90832:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day	Licensed Physician	$ 541.56
90832	59:95	90832:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 541.56
90832	59:95:HK	90832:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 541.56
90832	59:HK	90832:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 541.56
90832	95	90832:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine	Licensed Physician	$ 541.56
90832	95:HK	90832:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine in Specialized MH program	Licensed Physician	$ 541.56
90832	HK	90832:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Specialized MH program	Licensed Physician	$ 541.56
90833		90833:	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service		Licensed Physician	$ 541.56
90833	59	90833:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Licensed Physician	$ 541.56
90833	59:95	90833:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 541.56
90833	59:95:HK	90833:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 541.56
90833	59:HK	90833:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 541.56
90833	95	90833:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Licensed Physician	$ 541.56
90833	95:HK	90833:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Licensed Physician	$ 541.56

90833	HK	90833:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Licensed Physician	$ 541.56
90834		90834:	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient		Licensed Physician	$ 812.33
90834	59	90834:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day	Licensed Physician	$ 812.33
90834	59:95	90834:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 812.33
90834	59:95:HK	90834:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 812.33
90834	59:HK	90834:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 812.33
90834	95	90834:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine	Licensed Physician	$ 812.33
90834	95:HK	90834:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine in Specialized MH program	Licensed Physician	$ 812.33
90834	HK	90834:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Specialized MH program	Licensed Physician	$ 812.33
90836		90836:	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service		Licensed Physician	$ 812.33
90836	59	90836:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Licensed Physician	$ 812.33
90836	59:95	90836:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 812.33
90836	59:95:HK	90836:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 812.33
90836	59:HK	90836:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 812.33
90836	95	90836:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Licensed Physician	$ 812.33
90836	95:HK	90836:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Licensed Physician	$ 812.33
90836	HK	90836:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Licensed Physician	$ 812.33
90837		90837:	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient		Licensed Physician	$1,083.11
90837	59	90837:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day	Licensed Physician	$1,083.11
90837	59:95	90837:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Licensed Physician	$1,083.11
90837	59:95:HK	90837:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$1,083.11
90837	59:HK	90837:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Licensed Physician	$1,083.11
90837	95	90837:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine	Licensed Physician	$1,083.11
90837	95:HK	90837:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine in Specialized MH program	Licensed Physician	$1,083.11
90837	HK	90837:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Specialized MH program	Licensed Physician	$1,083.11
90838		90838:	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service		Licensed Physician	$1,083.11
90838	59	90838:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Licensed Physician	$1,083.11
90838	59:95	90838:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Licensed Physician	$1,083.11
90838	59:95:HK	90838:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$1,083.11
90838	59:HK	90838:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Licensed Physician	$1,083.11
90838	95	90838:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Licensed Physician	$1,083.11
90838	95:HK	90838:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Licensed Physician	$1,083.11
90838	HK	90838:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Licensed Physician	$1,083.11
90839		90839:	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes		Licensed Physician	$ 938.70
90839	59	90839:59	52	Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes	Two Procedures in a Day	Licensed Physician	$ 938.70

90840		90840:	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes		Licensed Physician	$ 541.56
90840	59	90840:59	30	Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes	Two Procedures in a Day	Licensed Physician	$ 541.56
90847		90847:	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes		Licensed Physician	$ 902.59
90847	59	90847:59	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day	Licensed Physician	$ 902.59
90847	59:95	90847:59:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 902.59
90847	59:95:HK	90847:59:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 902.59
90847	59:HK	90847:59:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 902.59
90847	95	90847:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine	Licensed Physician	$ 902.59
90847	95:HK	90847:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 902.59
90847	HK	90847:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Specialized MH program	Licensed Physician	$ 902.59
90849		90849:	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes		Licensed Physician	$ 60.17
90849	59	90849:59	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 60.17
90849	59:95	90849:59:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 60.17
90849	59:95:HK	90849:59:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 60.17
90849	59:HK	90849:59:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 60.17
90849	95	90849:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine	Licensed Physician	$ 60.17
90849	95:HK	90849:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 60.17
90849	HK	90849:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Specialized MH program	Licensed Physician	$ 60.17
90853		90853:	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes		Licensed Physician	$ 60.17
90853	59	90853:59	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 60.17
90853	59:95	90853:59:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 60.17
90853	59:95:HK	90853:59:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 60.17
90853	59:HK	90853:59:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 60.17
90853	95	90853:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine	Licensed Physician	$ 60.17
90853	95:HK	90853:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 60.17
90853	HK	90853:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Specialized MH program	Licensed Physician	$ 60.17
90885		90885	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes		Licensed Physician	$ 270.78
90885	59	90885:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.78
90885	59,95	90885:59:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78
90885	59,95,HK	90885:59:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.78
90885	59,HK	90885:59:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.78
90885	95	90885:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Telemedicine	Licensed Physician	$ 270.78

90885	95,HK	90885:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.78
90885	HK	90885:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78
90885	HL	90885:HL	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Intern	Licensed Physician	$ 270.78
90885	HL,59	90885:HL:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	$ 270.78
90887		90887:	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes		Licensed Physician	$ 270.78
90887	59	90887:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.78
90887	59:95	90887:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78
90887	59:95:HK	90887:59:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.78
90887	59:HK	90887:59:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day in Specialized MH program	Licensed Physician	$ 270.78
90887	95	90887:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine	Licensed Physician	$ 270.78
90887	95:HK	90887:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.78
90887	HK	90887:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78
90887	HL	90887:HL	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern	Licensed Physician	$ 270.78
90887	HL:59	90887:HL:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day	Licensed Physician	$ 270.78
90887	HL:95	90887:HL:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern w/Telemedicine	Licensed Physician	$ 270.78
90887	HL:59:95	90887:HL:95:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78
96372		96372	15	Medication Support Codes	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.		Licensed Physician	$ 270.78
96372	59	96372:59	15	Medication Support Codes	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.	Two Procedures in a Day	Licensed Physician	$ 270.78
99202		99202:	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes		Licensed Physician	$ 397.14
99202	27	99202:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M	Licensed Physician	$ 397.14
99202	27:59:00	99202:27:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 397.14

99202	27:59:95	99202:27:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 397.14
99202	27:59:95HK	99202:27:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 397.14
99202	27:95	99202:27:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 397.14
99202	59	99202:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day	Licensed Physician	$ 397.14
99202	59:95	99202:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 397.14
99202	59:95:HK	99202:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 397.14
99202	95	99202:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine	Licensed Physician	$ 397.14
99202	95:HK	99202:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 397.14
99202	HK	99202:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Specialized MH program	Licensed Physician	$ 397.14
99202	HL	99202:HL	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Interm	Licensed Physician	$ 397.14
99202	HL:27	99202:HL:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Multiple E/M	Licensed Physician	$ 397.14
99202	HL:59	99202:HL:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 397.14
99202	HL:95	99202:HL:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern w/Telemedicne	Licensed Physician	$ 397.14
99203		99203:	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes		Licensed Physician	$ 667.92
99203	27	99203:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M	Licensed Physician	$ 667.92
99203	27:59	99203:27:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 667.92
99203	27:59:95	99203:27:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 667.92
99203	27:59:95HK	99203:27:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 667.92
99203	27:95	99203:27:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 667.92
99203	59	99203:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day	Licensed Physician	$ 667.92
99203	59:95	99203:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 667.92
99203	59:95:HK	99203:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 667.92
99203	95	99203:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine	Licensed Physician	$ 667.92
99203	95:HK	99203:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 667.92
99203	HK	99203:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Specialized MH program	Licensed Physician	$ 667.92
99203	HL	99203:HL	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Interm	Licensed Physician	$ 667.92
99203	HL:27	99203:HL:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Multiple E/M	Licensed Physician	$ 667.92
99203	HL:59	99203:HL:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 667.92
99203	HL:95	99203:HL:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern w/Telemedicne	Licensed Physician	$ 667.92
99204		99204:	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes		Licensed Physician	$ 938.70
99204	27	99204:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M	Licensed Physician	$ 938.70
99204	27:59:00	99204:27:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 938.70
99204	27:59:95	99204:27:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 938.70
99204	27:59:95HK	99204:27:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 938.70

99204	27:95	99204:27:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 938.70
99204	59	99204:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day	Licensed Physician	$ 938.70
99204	59:95	99204:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 938.70
99204	59:95:HK	99204:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 938.70
99204	95	99204:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine	Licensed Physician	$ 938.70
99204	95:HK	99204:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 938.70
99204	HK	99204:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Specialized MH program	Licensed Physician	$ 938.70
99204	HL	99204:HL	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Interm	Licensed Physician	$ 938.70
99204	HL:27	99204:HL:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Multiple E/M	Licensed Physician	$ 938.70
99204	HL:59	99204:HL:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 938.70
99204	HL:95	99204:HL:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern w/Telemedicne	Licensed Physician	$ 938.70
99205		99205:	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes		Licensed Physician	$1,209.48
99205	27	99205:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M	Licensed Physician	$1,209.48
99205	27:59:00	99205:27:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$1,209.48
99205	27:59:95	99205:27:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$1,209.48
99205	27:59:95HK	99205:27:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$1,209.48
99205	27:95	99205:27:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$1,209.48
99205	59	99205:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day	Licensed Physician	$1,209.48
99205	59:95	99205:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$1,209.48
99205	59:95:HK	99205:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$1,209.48
99205	95	99205:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine	Licensed Physician	$1,209.48
99205	95:HK	99205:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$1,209.48
99205	HK	99205:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Specialized MH program	Licensed Physician	$1,209.48
99205	HL	99205:HL	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Interm	Licensed Physician	$1,209.48
99205	HL:27	99205:HL:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Multiple E/M	Licensed Physician	$1,209.48
99205	HL:59	99205:HL:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$1,209.48
99205	HL:95	99205:HL:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern w/Telemedicne	Licensed Physician	$1,209.48
99212		99212:	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes		Licensed Physician	$ 270.78
99212	27	99212:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M	Licensed Physician	$ 270.78
99212	27:59:00	99212:27:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 270.78
99212	27:59:95	99212:27:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78
99212	27:59:95HK	99212:27:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.78
99212	27:95	99212:27:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 270.78
99212	59	99212:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day	Licensed Physician	$ 270.78

99212	59:95	99212:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 270.78
99212	59:95:HK	99212:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 270.78
99212	95	99212:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Telemedicine	Licensed Physician	$ 270.78
99212	95:HK	99212:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 270.78
99212	HK	99212:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Specialized MH program	Licensed Physician	$ 270.78
99212	HL	99212:HL	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Interm	Licensed Physician	$ 270.78
99212	HL:27	99212:HL:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern with Multiple E/M	Licensed Physician	$ 270.78
99212	HL:59	99212:HL:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 270.78
99212	HL:95	99212:HL:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern w/Telemedicne	Licensed Physician	$ 270.78
99213		99213:	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes		Licensed Physician	$ 451.30
99213	27	99213:27	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M	Licensed Physician	$ 451.30
99213	27:59:00	99213:27:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 451.30
99213	27:59:95	99213:27:59:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 451.30
99213	27:59:95HK	99213:27:59:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 451.30
99213	27:95	99213:27:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 451.30
99213	59	99213:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day	Licensed Physician	$ 451.30
99213	59:95	99213:59:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 451.30
99213	59:95:HK	99213:59:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 451.30
99213	95	99213:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Telemedicine	Licensed Physician	$ 451.30
99213	95:HK	99213:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 451.30
99213	HK	99213:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Specialized MH program	Licensed Physician	$ 451.30
99213	HL	99213:HL	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Interm	Licensed Physician	$ 451.30
99213	HL:27	99213:HL:27	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern with Multiple E/M	Licensed Physician	$ 451.30
99213	HL:59	99213:HL:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 451.30
99213	HL:95	99213:HL:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern w/Telemedicne	Licensed Physician	$ 451.30
99214		99214:	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes		Licensed Physician	$ 631.82
99214	27	99214:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M	Licensed Physician	$ 631.82
99214	27:59:00	99214:27:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 631.82
99214	27:59:95	99214:27:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 631.82
99214	27:59:95HK	99214:27:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 631.82
99214	27:95	99214:27:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 631.82
99214	59	99214:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day	Licensed Physician	$ 631.82
99214	59:95	99214:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 631.82
99214	59:95:HK	99214:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 631.82

99214	95	99214:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine	Licensed Physician	$ 631.82
99214	95:HK	99214:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 631.82
99214	HK	99214:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Specialized MH program	Licensed Physician	$ 631.82
99214	HL	99214:HL	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Interm	Licensed Physician	$ 631.82
99214	HL:27	99214:HL:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Multiple E/M	Licensed Physician	$ 631.82
99214	HL:59	99214:HL:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 631.82
99214	HL:95	99214:HL:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern w/Telemedicne	Licensed Physician	$ 631.82
99215		99215:	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes		Licensed Physician	$ 848.44
99215	27	99215:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M	Licensed Physician	$ 848.44
99215	27:59:00	99215:27:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 848.44
99215	27:59:95	99215:27:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 848.44
99215	27:59:95HK	99215:27:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 848.44
99215	27:95	99215:27:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M w/Telemedicine	Licensed Physician	$ 848.44
99215	59	99215:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day	Licensed Physician	$ 848.44
99215	59:95	99215:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 848.44
99215	59:95:HK	99215:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 848.44
99215	95	99215:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine	Licensed Physician	$ 848.44
99215	95:HK	99215:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 848.44
99215	HK	99215:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Specialized MH program	Licensed Physician	$ 848.44
99215	HL	99215:HL	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Interm	Licensed Physician	$ 848.44
99215	HL:27	99215:HL:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Multiple E/M	Licensed Physician	$ 848.44
99215	HL:59	99215:HL:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Two Procedures in a Day	Licensed Physician	$ 848.44
99215	HL:95	99215:HL:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern w/Telemedicne	Licensed Physician	$ 848.44
99367		99367:	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by		Licensed Physician	$1,083.11
99367	27	99367:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M	Licensed Physician	$1,083.11
99367	27:59	99367:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M and Two Procedures in a Day	Licensed Physician	$1,083.11
99367	27:59:95	99367:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$1,083.11
99367	27:59:95:HK	99367:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$1,083.11
99367	59	99367:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Two Procedures in a Day	Licensed Physician	$1,083.11
99367	59:95	99367:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Two Procedures in a Day w/Telemedicine	Licensed Physician	$1,083.11
99367	59:95:HK	99367:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$1,083.11
99367	95	99367:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Telemedicine	Licensed Physician	$1,083.11
99367	95:HK	99367:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Telemedicine in Specialized MH program	Licensed Physician	$1,083.11
99367	HK	99367:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by	Specialized MH program	Licensed Physician	$1,083.11

99441	93	99441:93	8	Assessment Codes	Telephone Evaluation and Management Service, 5-10 Minutes	Telephone only	Licensed Physician	$ 144.42
99442	93	99442:93	16	Assessment Codes	Telephone Evaluation and Management Service, 11-20 Minutes	Telephone only	Licensed Physician	$ 288.83
99443	93	99443:93	26	Assessment Codes	Telephone Evaluation and Management Service, 21-30 Minutes	Telephone only	Licensed Physician	$ 469.35
99451		99451:	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes		Licensed Physician	$ 306.88
99451	27	99451:27	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M	Licensed Physician	$ 306.88
99451	27:59	99451:27:59	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M and Two Procedures in a Day	Licensed Physician	$ 306.88
99451	27:59:95	99451:27:59:95	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 306.88
99451	27:59:95:HK	99451:27:59:95:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 306.88
99451	59	99451:59	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Two Procedures in a Day	Licensed Physician	$ 306.88
99451	59:95	99451:59:95	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Two Procedures in a Day w/Telemedicine	Licensed Physician	$ 306.88
99451	59:95:HK	99451:59:95:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Licensed Physician	$ 306.88
99451	95	99451:95	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Telemedicine	Licensed Physician	$ 306.88
99451	95:HK	99451:95:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Telemedicine in Specialized MH program	Licensed Physician	$ 306.88
99451	HK	99451:HK	17	Referral Codes	Inter-Professional Telephone/Internet/ Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Minutes	Specialized MH program	Licensed Physician	$ 306.88
99484		99484:	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Licensed Physician	$1,083.11
99484	95	99484:95	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Licensed Physician	$1,083.11
99484	95:HK	99484:95:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Licensed Physician	$1,083.11
99484	HK	99484:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Licensed Physician	$1,083.11
G2212		G2212	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		Licensed Physician	$ 270.78
G2212	HK	G2212:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78
G2212	HQ	G2212:HQ	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Licensed Physician	$ 60.17
G2212	HQ:HK	G2212:HQ:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program in Group setting	Licensed Physician	$ 60.17
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Licensed Physician	$ 270.78
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Licensed Physician	$ 270.78
H0034	HK	HOO34:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78

H0034	HQ	HOO34:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Licensed Physician	$ 60.17
H0034	HQ:HK	H0034::HQ:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Licensed Physician	$ 60.17
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Licensed Physician	$ 270.78
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Licensed Physician	$ 270.78
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Licensed Physician	$ 270.78
H2017		H2017		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Licensed Physician	$ 270.78
H2017	HK	H2017:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78
H2017	HQ	H2017:HQ		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Licensed Physician	$ 60.17
H2017	HQ:HK	H2017:HQ:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Licensed Physician	$ 60.17
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Licensed Physician	$ 270.78
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Licensed Physician	$ 270.78
90791		90791	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes		Nurse Practitioner	$ 143.93
90791	59	90791:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 143.93
90791	59,95	90791:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93
90791	59,95,HK	90791:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93
90791	59,HK	90791:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Distinct Procedural Service in Specialized MH program	Nurse Practitioner	$ 143.93
90791	95	90791:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine	Nurse Practitioner	$ 143.93
90791	95,HK	90791:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93
90791	HK	90791:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93
90791	HL	90791:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern	Nurse Practitioner	$ 143.93
90791	HL,59	90791:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	$ 143.93
90791	HL,95	90791:HL:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93
90791	HL,95,59	90791:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation, 15 Minutes	Intern w/Telemedicine	Nurse Practitioner	$ 143.93
90792		90792:	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes		Nurse Practitioner	$ 143.93
90792	59	90792:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 143.93
90792	59,95	90792:59:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93
90792	59,95,HK	90792:59:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93
90792	59,HK	90792:59:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 143.93
90792	95	90792:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine	Nurse Practitioner	$ 143.93
90792	95,HK	90792:95:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93
90792	HK	90792:HK	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93
90792	HL	90792:HL	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern	Nurse Practitioner	$ 143.93
90792	HL,59	90792:HL:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	$ 143.93
90792	HL,95	90792:HL:95	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern w/Telemedicine	Nurse Practitioner	$ 143.93
90792	HL,95,59	90792:HL:95:59	15	Assessment Codes	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93
90832		90832:	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient		Nurse Practitioner	$ 287.86
90832	59	90832:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day	Nurse Practitioner	$ 287.86
90832	59:95	90832:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 287.86
90832	59:95:HK	90832:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 287.86
90832	59:HK	90832:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 287.86
90832	95	90832:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine	Nurse Practitioner	$ 287.86
90832	95:HK	90832:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Telemedicine in Specialized MH program	Nurse Practitioner	$ 287.86
90832	HK	90832:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient	Specialized MH program	Nurse Practitioner	$ 287.86
90833		90833:	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service		Nurse Practitioner	$ 287.86
90833	59	90833:59	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Nurse Practitioner	$ 287.86
90833	59:95	90833:59:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 287.86
90833	59:95:HK	90833:59:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 287.86

90833	59:HK	90833:59:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 287.86
90833	95	90833:95	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Nurse Practitioner	$ 287.86
90833	95:HK	90833:95:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Nurse Practitioner	$ 287.86
90833	HK	90833:HK	30	Therapy Codes	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Nurse Practitioner	$ 287.86
90834		90834:	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient		Nurse Practitioner	$ 431.79
90834	59	90834:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day	Nurse Practitioner	$ 431.79
90834	59:95	90834:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 431.79
90834	59:95:HK	90834:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 431.79
90834	59:HK	90834:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 431.79
90834	95	90834:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine	Nurse Practitioner	$ 431.79
90834	95:HK	90834:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Telemedicine in Specialized MH program	Nurse Practitioner	$ 431.79
90834	HK	90834:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient	Specialized MH program	Nurse Practitioner	$ 431.79
90836		90836:	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service		Nurse Practitioner	$ 431.79
90836	59	90836:59	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Nurse Practitioner	$ 431.79
90836	59:95	90836:59:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 431.79
90836	59:95:HK	90836:59:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 431.79
90836	59:HK	90836:59:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 431.79
90836	95	90836:95	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Nurse Practitioner	$ 431.79
90836	95:HK	90836:95:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Nurse Practitioner	$ 431.79
90836	HK	90836:HK	45	Therapy Codes	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Nurse Practitioner	$ 431.79
90837		90837:	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient		Nurse Practitioner	$ 575.73
90837	59	90837:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day	Nurse Practitioner	$ 575.73
90837	59:95	90837:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 575.73
90837	59:95:HK	90837:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73
90837	59:HK	90837:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 575.73
90837	95	90837:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine	Nurse Practitioner	$ 575.73
90837	95:HK	90837:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73
90837	HK	90837:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient	Specialized MH program	Nurse Practitioner	$ 575.73
90838		90838:	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service		Nurse Practitioner	$ 575.73
90838	59	90838:59	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day	Nurse Practitioner	$ 575.73
90838	59:95	90838:59:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 575.73
90838	59:95:HK	90838:59:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73
90838	59:HK	90838:59:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 575.73

90838	95	90838:95	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine	Nurse Practitioner	$ 575.73
90838	95:HK	90838:95:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73
90838	HK	90838:HK	60	Therapy Codes	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	Specialized MH program	Nurse Practitioner	$ 575.73
90839		90839:		Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes		Nurse Practitioner	$ 498.96
90839	59	90839:59		Crisis Intervention Codes	Psychotherapy for Crisis, First 30-74 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 498.96
90840		90840:		Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes		Nurse Practitioner	$ 287.86
90840	59	90840:59		Crisis Intervention Codes	Psychotherapy for Crisis, Each Additional 30 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 287.86
90847		90847:	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes		Nurse Practitioner	$ 479.77
90847	59	90847:59	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 479.77
90847	59:95	90847:59:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 479.77
90847	59:95:HK	90847:59:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 479.77
90847	59:HK	90847:59:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 479.77
90847	95	90847:95	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine	Nurse Practitioner	$ 479.77
90847	95:HK	90847:95:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 479.77
90847	HK	90847:HK	50	Therapy Codes	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	Specialized MH program	Nurse Practitioner	$ 479.77
90849		90849:	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes		Nurse Practitioner	$ 31.99
90849	59	90849:59	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 31.99
90849	59:95	90849:59:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 31.99
90849	59:95:HK	90849:59:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 31.99
90849	59:HK	90849:59:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 31.99
90849	95	90849:95	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine	Nurse Practitioner	$ 31.99
90849	95:HK	90849:95:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 31.99
90849	HK	90849:HK	15	Therapy Codes	Multiple-Family Group Psychotherapy, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 31.99
90853		90853:	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes		Nurse Practitioner	$ 31.99
90853	59	90853:59	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 31.99
90853	59:95	90853:59:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 31.99
90853	59:95:HK	90853:59:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 31.99
90853	59:HK	90853:59:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 31.99
90853	95	90853:95	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine	Nurse Practitioner	$ 31.99
90853	95:HK	90853:95:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 31.99
90853	HK	90853:HK	15	Therapy Codes	Group Psychotherapy (Other Than of a Multiple Family Group), 15 Minutes	Specialized MH program	Nurse Practitioner	$ 31.99
90885		90885	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes		Nurse Practitioner	$ 143.93
90885	59	90885:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 143.93
90885	59,95	90885:59:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93
90885	59,95,HK	90885:59:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93

90885	59,HK	90885:59:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 143.93
90885	95	90885:95	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Telemedicine	Nurse Practitioner	$ 143.93
90885	95,HK	90885:95:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93
90885	HK	90885:HK	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93
90885	HL	90885:HL	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Intern	Nurse Practitioner	$ 143.93
90885	HL,59	90885:HL:59	15	Assessment Codes	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	$ 143.93
90887		90887:	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes		Nurse Practitioner	$ 143.93
90887	59	90887:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 143.93
90887	59:95	90887:59:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93
90887	59:95:HK	90887:59:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93
90887	59:HK	90887:59:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Two Procedures in a Day in Specialized MH program	Nurse Practitioner	$ 143.93
90887	95	90887:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine	Nurse Practitioner	$ 143.93
90887	95:HK	90887:95:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93
90887	HK	90887:HK	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93
90887	HL	90887:HL	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern	Nurse Practitioner	$ 143.93
90887	HL:59	90887:HL:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day	Nurse Practitioner	$ 143.93
90887	HL:95	90887:HL:95	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern w/Telemedicine	Nurse Practitioner	$ 143.93
90887	HL:59:95	90887:HL:95:59	15	Supplemental Services Codes	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	Intern and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93
96372		96372	15	Medication Support Codes	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.		Nurse Practitioner	$ 143.93

96372	59	96372:59	15	Medication Support Codes	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.	Two Procedures in a Day	Nurse Practitioner	$ 143.93
99202		99202:	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes		Nurse Practitioner	$ 211.10
99202	27	99202:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M	Nurse Practitioner	$ 211.10
99202	27:59	99202:27:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 211.10
99202	27:59:95	99202:27:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 211.10
99202	27:59:95HK	99202:27:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 211.10
99202	27:95	99202:27:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 211.10
99202	59	99202:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 211.10
99202	59:95	99202:59:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 211.10
99202	59:95:HK	99202:59:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 211.10
99202	95	99202:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine	Nurse Practitioner	$ 211.10
99202	95:HK	99202:95:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 211.10
99202	HK	99202:HK	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Specialized MH program	Nurse Practitioner	$ 211.10
99202	HL	99202:HL	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Interm	Nurse Practitioner	$ 211.10
99202	HL:27	99202:HL:27	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 211.10
99202	HL:59	99202:HL:59	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 211.10
99202	HL:95	99202:HL:95	22	Medication Support Codes	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 211.10
99203		99203:	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes		Nurse Practitioner	$ 355.03
99203	27	99203:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M	Nurse Practitioner	$ 355.03
99203	27:59	99203:27:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 355.03
99203	27:59:95	99203:27:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 355.03
99203	27:59:95HK	99203:27:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 355.03
99203	27:95	99203:27:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 355.03
99203	59	99203:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 355.03
99203	59:95	99203:59:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 355.03
99203	59:95:HK	99203:59:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 355.03
99203	95	99203:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine	Nurse Practitioner	$ 355.03
99203	95:HK	99203:95:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 355.03
99203	HK	99203:HK	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Specialized MH program	Nurse Practitioner	$ 355.03
99203	HL	99203:HL	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Interm	Nurse Practitioner	$ 355.03
99203	HL:27	99203:HL:27	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 355.03
99203	HL:59	99203:HL:59	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 355.03

99203	HL:95	99203:HL:95	37	Medication Support Codes	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 355.03
99204		99204:	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes		Nurse Practitioner	$ 498.96
99204	27	99204:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M	Nurse Practitioner	$ 498.96
99204	27:59	99204:27:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 498.96
99204	27:59:95	99204:27:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 498.96
99204	27:59:95HK	99204:27:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 498.96
99204	27:95	99204:27:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 498.96
99204	59	99204:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 498.96
99204	59:95	99204:59:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 498.96
99204	59:95:HK	99204:59:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 498.96
99204	95	99204:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine	Nurse Practitioner	$ 498.96
99204	95:HK	99204:95:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 498.96
99204	HK	99204:HK	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Specialized MH program	Nurse Practitioner	$ 498.96
99204	HL	99204:HL	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Interm	Nurse Practitioner	$ 498.96
99204	HL:27	99204:HL:27	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 498.96
99204	HL:59	99204:HL:59	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 498.96
99204	HL:95	99204:HL:95	52	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 498.96
99205		99205:	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes		Nurse Practitioner	$ 642.89
99205	27	99205:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M	Nurse Practitioner	$ 642.89
99205	27:95	99205:27:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 642.89
99205	27:59:95	99205:27:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 642.89
99205	27:59:95HK	99205:27:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 642.89
99205	27:95	99205:27:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 642.89
99205	59	99205:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 642.89
99205	59:95	99205:59:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 642.89
99205	59:95:HK	99205:59:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 642.89
99205	95	99205:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine	Nurse Practitioner	$ 642.89
99205	95:HK	99205:95:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 642.89
99205	HK	99205:HK	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Specialized MH program	Nurse Practitioner	$ 642.89
99205	HL	99205:HL	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Interm	Nurse Practitioner	$ 642.89
99205	HL:27	99205:HL:27	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 642.89
99205	HL:59	99205:HL:59	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 642.89
99205	HL:95	99205:HL:95	67	Medication Support Codes	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 642.89
99212		99212:	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes		Nurse Practitioner	$ 143.93

99212	27	99212:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M	Nurse Practitioner	$ 143.93
99212	27:95	99212:27:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 143.93
99212	27:59:95	99212:27:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93
99212	27:59:95HK	99212:27:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93
99212	27:95	99212:27:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 143.93
99212	59	99212:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 143.93
99212	59:95	99212:59:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 143.93
99212	59:95:HK	99212:59:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93
99212	95	99212:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Telemedicine	Nurse Practitioner	$ 143.93
99212	95:HK	99212:95:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 143.93
99212	HK	99212:HK	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93
99212	HL	99212:HL	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Interm	Nurse Practitioner	$ 143.93
99212	HL:27	99212:HL:27	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 143.93
99212	HL:59	99212:HL:59	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 143.93
99212	HL:95	99212:HL:95	15	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 143.93
99213		99213:	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes		Nurse Practitioner	$ 239.89
99213	27	99213:27	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M	Nurse Practitioner	$ 239.89
99213	27:95	99213:27:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 239.89
99213	27:59:95	99213:27:59:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 239.89
99213	27:59:95HK	99213:27:59:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 239.89
99213	27:95	99213:27:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 239.89
99213	59	99213:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 239.89
99213	59:95	99213:59:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 239.89
99213	59:95:HK	99213:59:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 239.89
99213	95	99213:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Telemedicine	Nurse Practitioner	$ 239.89
99213	95:HK	99213:95:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 239.89
99213	HK	99213:HK	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Specialized MH program	Nurse Practitioner	$ 239.89
99213	HL	99213:HL	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Interm	Nurse Practitioner	$ 239.89
99213	HL:27	99213:HL:27	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 239.89
99213	HL:59	99213:HL:59	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 239.89
99213	HL:95	99213:HL:95	25	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 239.89
99214		99214:	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes		Nurse Practitioner	$ 335.84
99214	27	99214:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M	Nurse Practitioner	$ 335.84
99214	27:95	99214:27:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 335.84

99214	27:59:95	99214:27:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 335.84
99214	27:59:95HK	99214:27:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 335.84
99214	27:95	99214:27:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 335.84
99214	59	99214:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 335.84
99214	59:95	99214:59:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 335.84
99214	59:95:HK	99214:59:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 335.84
99214	95	99214:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine	Nurse Practitioner	$ 335.84
99214	95:HK	99214:95:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 335.84
99214	HK	99214:HK	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Specialized MH program	Nurse Practitioner	$ 335.84
99214	HL	99214:HL	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Interm	Nurse Practitioner	$ 335.84
99214	HL:27	99214:HL:27	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 335.84
99214	HL:59	99214:HL:59	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 335.84
99214	HL:95	99214:HL:95	35	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 335.84
99215		99215:	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes		Nurse Practitioner	$ 450.99
99215	27	99215:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M	Nurse Practitioner	$ 450.99
99215	27:95	99215:27:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 450.99
99215	27:59:95	99215:27:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 450.99
99215	27:59:95HK	99215:27:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 450.99
99215	27:95	99215:27:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Multiple E/M w/Telemedicine	Nurse Practitioner	$ 450.99
99215	59	99215:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day	Nurse Practitioner	$ 450.99
99215	59:95	99215:59:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 450.99
99215	59:95:HK	99215:59:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 450.99
99215	95	99215:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine	Nurse Practitioner	$ 450.99
99215	95:HK	99215:95:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Telemedicine in Specialized MH program	Nurse Practitioner	$ 450.99
99215	HK	99215:HK	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Specialized MH program	Nurse Practitioner	$ 450.99
99215	HL	99215:HL	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Interm	Nurse Practitioner	$ 450.99
99215	HL:27	99215:HL:27	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Multiple E/M	Nurse Practitioner	$ 450.99
99215	HL:59	99215:HL:59	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern with Two Procedures in a Day	Nurse Practitioner	$ 450.99
99215	HL:95	99215:HL:95	47	Medication Support Codes	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	Intern w/Telemedicne	Nurse Practitioner	$ 450.99
99366		99366:	60	Plan Development Codes	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		Nurse Practitioner	$ 575.73
99366	27	99366:27	60	Plan Development Codes	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	Multiple E/M	Nurse Practitioner	$ 575.73

99366	27:59	99366:27:59	60	Plan Development Codes	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	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 575.73
99366	27:59:95	99366:27:59:95	60	Plan Development Codes	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	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 575.73
99366	27:59:95:HK	99366:27:59:95:HK	60	Plan Development Codes	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	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73
99366	59	99366:59	60	Plan Development Codes	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	Two Procedures in a Day	Nurse Practitioner	$ 575.73
99366	59:95	99366:59:95	60	Plan Development Codes	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	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 575.73
99366	59:95:HK	99366:59:95:HK	60	Plan Development Codes	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	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73
99366	95	99366:95	60	Plan Development Codes	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	Telemedicine	Nurse Practitioner	$ 575.73
99366	95:HK	99366:95:HK	60	Plan Development Codes	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	Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73
99366	HK	99366:HK	60	Plan Development Codes	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	Specialized MH program	Nurse Practitioner	$ 575.73
99368		99368:	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More		Nurse Practitioner	$ 575.73
99368	27	99368:27	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M	Nurse Practitioner	$ 575.73
99368	27:59	99368:27:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	Nurse Practitioner	$ 575.73
99368	27:59:95	99368:27:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 575.73
99368	27:59:95:HK	99368:27:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73
99368	59	99368:59	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day	Nurse Practitioner	$ 575.73
99368	59:95	99368:59:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	Nurse Practitioner	$ 575.73
99368	59:95:HK	99368:59:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73

99368	95	99368:95	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine	Nurse Practitioner	$ 575.73
99368	95:HK	99368:95:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73
99368	HK	99368:HK	60	Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Specialized MH program	Nurse Practitioner	$ 575.73
99441	93	99441:93	8	Assessment Codes	Telephone Evaluation and Management Service, 5-10 Minutes	Telephone only	Nurse Practitioner	$ 76.76
99442	93	99442:93	16	Assessment Codes	Telephone Evaluation and Management Service, 11-20 Minutes	Telephone only	Nurse Practitioner	$ 153.53
99443	93	99443:93	26	Assessment Codes	Telephone Evaluation and Management Service, 21-30 Minutes	Telephone only	Nurse Practitioner	$ 249.48
99484		99484:	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Nurse Practitioner	$ 575.73
99484	95	99484:95	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Nurse Practitioner	$ 575.73
99484	95:HK	99484:95:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Nurse Practitioner	$ 575.73
99484	HK	99484:HK	60	Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Nurse Practitioner	$ 575.73
G2212		G2212	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		Nurse Practitioner	$ 143.93
G2212	HK	G2212:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93
G2212	HQ	G2212:HQ	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Nurse Practitioner	$ 31.99
G2212	HQ:HK	G2212:HQ:HK	15	Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program in Group setting	Nurse Practitioner	$ 31.99
H0031		H0031	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Nurse Practitioner	$ 143.93
H0031	HK	H0031:HK	15	Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Nurse Practitioner	$ 143.93
H0032	HK	HOO32:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Nurse Practitioner	$ 143.93
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Nurse Practitioner	$ 143.93
H0034	HK	HOO34:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93
H0034	HQ	HOO34:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Nurse Practitioner	$ 31.99
H0034	HQ	HOO34:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Nurse Practitioner	$ 31.99
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Nurse Practitioner	$ 143.94
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Nurse Practitioner	$ 143.94
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Nurse Practitioner	$ 143.94
H2017		H2017		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Nurse Practitioner	$ 143.94
H2017	HK	H2017:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.94
H2017	HQ	H2017:HQ		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Nurse Practitioner	$ 31.99
H2017	HQ:HK	H2017:HQ:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Nurse Practitioner	$ 31.99
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Nurse Practitioner	$ 143.93
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Nurse Practitioner	$ 143.93

96372		96372	15	Medication Support Codes	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.		Registered Nurse	$ 117.58
96372	59	96372:59	15	Medication Support Codes	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.	Two Procedures in a Day	Registered Nurse	$ 117.58
99366		99366:		Plan Development Codes	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		Registered Nurse	$ 470.29
99366	27	99366:27		Plan Development Codes	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	Multiple E/M	Registered Nurse	$ 470.29
99366	27:59	99366:27:59		Plan Development Codes	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	Multiple E/M and Two Procedures in a Day	Registered Nurse	$ 470.29
99366	27:59:95	99366:27:59:95		Plan Development Codes	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	Multiple E/M and Two Procedures in a Day w/Telemedicine	Registered Nurse	$ 470.29
99366	27:59:95:HK	99366:27:59:95:HK		Plan Development Codes	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	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Registered Nurse	$ 470.29
99366	59	99366:59		Plan Development Codes	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	Two Procedures in a Day	Registered Nurse	$ 470.29
99366	59:95	99366:59:95		Plan Development Codes	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	Two Procedures in a Day w/Telemedicine	Registered Nurse	$ 470.29
99366	59:95:HK	99366:59:95:HK		Plan Development Codes	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	Two Procedures in a Day w/Telemedicine in Specialized MH program	Registered Nurse	$ 470.29
99366	95	99366:95		Plan Development Codes	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	Telemedicine	Registered Nurse	$ 470.29
99366	95:HK	99366:95:HK		Plan Development Codes	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	Telemedicine in Specialized MH program	Registered Nurse	$ 470.29
99366	HK	99366:HK		Plan Development Codes	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	Specialized MH program	Registered Nurse	$ 470.29
99368		99368:		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More		Registered Nurse	$ 470.29
99368	27	99368:27		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M	Registered Nurse	$ 470.29
99368	27:59	99368:27:59		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day	Registered Nurse	$ 470.29

99368	27:59:95	99368:27:59:95		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine	Registered Nurse	$ 470.29
99368	27:59:95:HK	99368:27:59:95:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Multiple E/M and Two Procedures in a Day w/Telemedicine in Specialized MH program	Registered Nurse	$ 470.29
99368	59	99368:59		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day	Registered Nurse	$ 470.29
99368	59:95	99368:59:95		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine	Registered Nurse	$ 470.29
99368	59:95:HK	99368:59:95:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Two Procedures in a Day w/Telemedicine in Specialized MH program	Registered Nurse	$ 470.29
99368	95	99368:95		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine	Registered Nurse	$ 470.29
99368	95:HK	99368:95:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Telemedicine in Specialized MH program	Registered Nurse	$ 470.29
99368	HK	99368:HK		Plan Development Codes	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non Physician. Patient and/or Family Not Present. 30 Minutes or More	Specialized MH program	Registered Nurse	$ 470.29
99484		99484:		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Registered Nurse	$ 470.29
99484	95	99484:95		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Registered Nurse	$ 470.29
99484	95:HK	99484:95:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Registered Nurse	$ 470.29
99484	HK	99484:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Registered Nurse	$ 470.29
G2212	HQ	G2212:HQ		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Registered Nurse	$ 26.13
H0031	95	99484:95		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Registered Nurse	$ 117.58
H0031	95:HK	99484:95:HK		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Registered Nurse	$ 117.58
H0032	HK	99484:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Registered Nurse	$ 117.58
H0032	HK	HOO32:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Registered Nurse	$ 117.58
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Registered Nurse	$ 117.58
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Registered Nurse	$ 117.58
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Registered Nurse	$ 117.58
H0034	HK	HOO34:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Registered Nurse	$ 117.58
H0034	HQ	HOO34:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Registered Nurse	$ 26.13
H0034	HQ	HOO34:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Registered Nurse	$ 26.13
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Registered Nurse	$ 117.58
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Registered Nurse	$ 117.58
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Registered Nurse	$ 117.58
H2017		H2017		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Registered Nurse	$ 117.58
H2017	HK	H2017:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Registered Nurse	$ 117.58
H2017	HQ	H2017:HQ		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Registered Nurse	$ 26.13

H2017	HQ:HK	H2017:HQ:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Registered Nurse	$ 26.13
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Registered Nurse	$ 117.58
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Registered Nurse	$ 117.58
99484		99484:		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Licensed Vocational Nurse	$ 247.06
99484	95	99484:95		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Licensed Vocational Nurse	$ 247.06
99484	95:HK	99484:95:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Licensed Vocational Nurse	$ 247.06
99484	HK	99484:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Licensed Vocational Nurse	$ 247.06
G2212		G2212		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes		Licensed Vocational Nurse	$ 61.76
G2212	HK	G2212:HK		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program	Licensed Vocational Nurse	$ 61.76
G2212	HQ	G2212:HQ		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Group setting	Licensed Vocational Nurse	$ 13.73
G2212	HQ:HK	G2212:HQ:HK		Medication Support Codes	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	Specialized MH program in Group setting	Licensed Vocational Nurse	$ 13.73
H0031		H0031		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Licensed Vocational Nurse	$ 61.76
H0031	HK	H0031:HK		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Licensed Vocational Nurse	$ 61.76
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Licensed Vocational Nurse	$ 61.76
H0032	HK	HOO32:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Licensed Vocational Nurse	$ 61.76
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Licensed Vocational Nurse	$ 61.76
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Licensed Vocational Nurse	$ 61.76
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Licensed Vocational Nurse	$ 61.76
H0034	HK	HOO34:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Licensed Vocational Nurse	$ 61.76
H0034	HQ	HOO34:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Licensed Vocational Nurse	$ 13.73
H0034	HQ	HOO34:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Licensed Vocational Nurse	$ 13.73
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Licensed Vocational Nurse	$ 61.76
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Licensed Vocational Nurse	$ 61.76
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Licensed Vocational Nurse	$ 61.76
H2017		H2017		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Licensed Vocational Nurse	$ 61.76
H2017	HK	H2017:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Licensed Vocational Nurse	$ 61.76
H2017	HQ	H2017:HQ		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Licensed Vocational Nurse	$ 13.73
H2017	HQ:HK	H2017:HQ:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Licensed Vocational Nurse	$ 13.73
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Licensed Vocational Nurse	$ 61.76
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Licensed Vocational Nurse	$ 61.76
99484		99484:		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***		Licensed Psychiatric Technician	$ 211.80
99484	95	99484:95		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine	Licensed Psychiatric Technician	$ 211.80
99484	95:HK	99484:95:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Telemedicine in Specialized MH program	Licensed Psychiatric Technician	$ 211.80
99484	HK	99484:HK		Plan Development Codes	Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes***	Specialized MH program	Licensed Psychiatric Technician	$ 211.80
H0031		H0031		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes		Licensed Psychiatric Technician	$ 52.95

H0031	HK	H0031:HK		Assessment Codes	Mental Health Assessment by Non Physician, 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	$ 52.95
H0032		H0032:	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes		Licensed Psychiatric Technician	$ 52.95
H0032	HK	H0032:HK	15	Plan Development Codes	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	$ 52.95
H0033		H0033:	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes		Licensed Psychiatric Technician	$ 52.95
H0033	HK	H0033:HK	15	Medication Support Codes	Oral Medication Administration, Direct Observation, 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	$ 52.95
H0034		H0034:	15	Medication Support Codes	Medication Training and Support, per 15 Minutes		Licensed Psychiatric Technician	$ 52.95
H0034	HK	HOO34:HK	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	$ 52.95
H0034	HQ	HOO34:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Group setting	Licensed Psychiatric Technician	$ 11.77
H0034	HQ	HOO34:HQ	15	Medication Support Codes	Medication Training and Support, per 15 Minutes	Specialized MH program in a Group setting	Licensed Psychiatric Technician	$ 11.77
H2011		H2011	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes		Licensed Psychiatric Technician	$ 52.95
H2011	GT	H2011:GT	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telemedicine	Licensed Psychiatric Technician	$ 52.95
H2011	SC	H2011:SC	15	Crisis Intervention Codes	Crisis Intervention Service, per 15 Minutes	Telephone only	Licensed Psychiatric Technician	$ 52.95
H2017		H2017		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes		Licensed Psychiatric Technician	$ 52.95
H2017	HK	H2017:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	$ 52.95
H2017	HQ	H2017:HQ		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Group setting	Licensed Psychiatric Technician	$ 11.77
H2017	HQ:HK	H2017:HQ:HK		Rehabilitation Codes	Psychosocial Rehabilitation, per 15 Minutes	Specialized MH program in a Group setting	Licensed Psychiatric Technician	$ 11.77
T1017		T1017	15	Referral Codes	Targeted Case Management, Each 15 Minutes		Licensed Psychiatric Technician	$ 52.95
T1017	HK	T1017:HK	15	Referral Codes	Targeted Case Management, Each 15 Minutes	Specialized MH program	Licensed Psychiatric Technician	$ 52.95

Exhibit C

Short Doyle MediCal County Contract Rates – California Counties
Fiscal Year 2024-25 / 25-26 / 26-27
Residential and Specialty Mental Health Services

.

Psynergy Programs ("CONTRACTOR") utilizes a braided funding approach to maximize local resources when serving consumers in residential settings. We co-locate our licensed residential facilities adjacent or close to our outpatient clinics. These modified therapeutic communities allow for client-centered treatment in healing environments.

Rate for Outpatient Mental Health Services (Specialty Mental Health Services Rates)

COUNTY will pay Contractor for Medi-Cal allowable services provided to client as appropriate for the required level of care.

PROVIDER TYPES TO BE INCLUDED IN CONTRACT		
Licensed Physician	Physician's Assistant	MFT/LPCC (Licensed, Waivered or Registered)
Clinical Nurse Specialist	Licensed Vocational Nurse (LVN)	Licensed Psychiatric Technician (LPT)
Mental Health Rehab Specialist	Psychologist/Pre-licensed Psychologist	LCSW (Licensed, Waivered or Registered)
Occupational Therapist	Peer Recovery Specialist	Other Qualified Providers - Other Designated MH staff that bill medical
Registered Nurse	Nurse Practitioner	

Residential Services & Supports

Supplemental Rates Augmented/Enhanced Board and Care Programs, ARF/RCFE.

General community services and supports for individuals living in a residential setting diagnosed with SPMI (Severe Persistent Mental Illness) Dual Diagnosis Substance Use, or Co-Morbid Illnesses.

Day Rate for Complexity Level I	*$177.61 per client day.*
Day Rate for Complexity Level II	*$148.21 per client day.*
Day Rate for Intensive Support Services	*$293.98 per client day.*

All Inclusive Program Rates for Vista Esperanza RCFE

Supplemental Day Rate Patch for clients with benefits:

Day Rate for Inclusive Whole Person Care *$249.74 per client day.*

Unbenefited Clients without SSI.

If the client does not yet receive SSI or SSI/SSA benefits, or those benefits have been diminished due to back payments owed to other entities, or do not reflect standard residential care rates, COUNTY will provide payment to cover the delinquent and/or amount owed. monthly residential board and care rate is currently $1,398.07 per month and is updated and increased every January 1st annually. **Additionally, the COUNTY will pay $3.00 per day for Personal Needs for the client**. It is the responsibility of the client's conservator to reimburse the county funds paid for on behalf of the client.

COUNTY will advise contractor if there is a change in payee or representative payee. **MUST BE INCLUDED IN FY 24/25 CONTRACTS.**

Rates for Tres Vista, Supported Accommodations / Independent Living

General community services and supports for individuals living in an unlicensed, independent setting experiencing mental distress, substance abuse and co-occurring medical diagnoses. All meals, groups and recreational activities are included. Application and Program Agreements must be reviewed with COUNTY prior to admission.

Day Rate for Individuals with Benefits *$56.35 per client day.*

Bed Hold

Requests for bed holds will be made on an individual basis by COUNTY with a maximum hold of five (5) days, unless prior arrangements are discussed. The Bed Hold rate will be at the client level of service, or all-inclusive rate, when they left for the Bed Hold, Level I, Level II, or ISS.

Transportation

Admission, Conservatorship Hearings, Discharge to Lower Level of Care Transportation

When possible, with available staffing, CONTRACTOR will pick-up new admissions from placements upon request from COUNTY. From the residence, to the destination, and return in a Psynergy Program insured car and driver rate is $55.00 per hour plus mileage. Beginning on January 1, 2024, the standard mileage rates for the use of a car, van, pickup or panel truck will be: 65.5 cents per mile for business miles driven, and is subject to change as the IRS updates annually.

In the event the client is being transported to a higher level of care, when safe and appropriate, additional staff will be charged the same rate of $55.00 per hour. If the roundtrip mileage is 200+ there may be additional costs incurred, hotel for staff, meals, additional staff to avoid driver fatigue.

Driver will ensure the safety and supervision of individuals, ensure admission paperwork and medications are in order, meal provided, hydration, cigarette breaks if so required.

Enhanced Support and Supervision

CONTRACTOR will provide individual support and supervision with prior authorization from COUNTY.

The rate for Enhanced Support and Supervision is $45 per hour in 15 minute increments.

Examples of individual support and supervision, but not exhaustive, are:

Stand by assistance for dialysis treatment, including bedside support during treatment and transport to and from treatment. Stand by assistance for

chemotherapy treatment, including bedside support during treatment, and transport to and from treatment.

Individual support (1:1) for clients diagnosed with SPMI and Intellectual Disabilities that without this individual support are placing their housing at risk with the escalation of symptoms and behaviors. Extra support for hygiene and ADL's if required.

For the safety of residents and staff, standby support on an individual basis for a client that is to be moved to a higher level of support but is awaiting the transfer or bed opening.

Bereavement support for individuals attending funeral or memorial of a loved one, including the transportation.

Isolation Support Services

If a resident has been ordered to stay in their room due to COVID, or other transmissible disease or diagnosis, precautions, or exposure we will be charging a rate of $100.00 per diem for room support, bed side support, medication delivery, 1:1 support as needed. This allows the facility to bring in temporary and on-call staff for support and supervision.

Conservatorship LPS Declarations and Evaluations:

In consideration of CalAIM and billing changes, County will compensate Psynergy Programs for LPS assessments as follows:

1) Flat Rate 1st doctor assessment 90 minutes $1,275.00 + 2nd opinion assessment 45 minutes $637.50 total $1,912.50. This amount could be less and is an approximation.

Exhibit D

Scope of Services

Fiscal Year 2024/25 to 2026/27

I. Program/Project Overview:

Organization/Program Name: Psynergy Programs, Inc.
Contact Person & Information:

Name: Arturo Uribe, LCSW, President / CEO, Head of Service
Address: 18225 Hale Avenue, Morgan Hill, CA 95037
Phone: 408-497-9186
Fax: 408-762-7396
Email: auribe@psynergy.org

Name: Lynda Kaufmann, Director of Govt. and Public Affairs, Contract Manager
Address: 18225 Hale Avenue, Morgan Hill CA 95037
Phone: 408-833-5115
Fax: 408-762-7395
Email: lkaufmann@psynergy.org

Psynergy Residential Programs:
Nueva Vista Adult Residential Facility (72 beds)
18225 Hale Avenue, Morgan Hill CA 95037

Nueva Vista Sacramento (60 beds)
4604 Roosevelt Avenue, Sacramento CA 95820

Cielo Vista Adult Residential Facility (40 beds)
806 Elm Avenue, Greenfield CA 93927

Vista Esperanza RCFE (Residential Care Facility for the Elderly – 54 beds)
5240 Jackson Street, North Highlands CA 95660

Vista de Robles, Adult Residential Facility (80 beds)
9847 Folsom Blvd., Sacramento CA 95827

Vista de Robles, Intensive Support Services (12 beds)
9847 Folsom Blvd., Sacramento CA 95827

Tres Vista Apartments (6 beds)
18217 Apts # (200, 210, 220 and 230)
Hale Avenue, Morgan Hill CA 95037

Tres Vista Cottages I (5 Females) NEW
4612 Roosevelt Avenue
Sacramento, CA 95820

Tres Vista Cottages II (5 Males) NEW
4616 Roosevelt Avenue
Sacramento, CA 95820

PROGRAM INTENT AND GOALS AND DESCRIPTION OF SERVICES AND TREATMENT METHODS:

A. Program Intent and Goals:

The CONTRACTOR will provide services to individuals diagnosed with Serious Mental Illness (SMI) and Serious Persistent Mental Illness (SPMI) whose level of functioning, symptoms, and psychiatric history necessitate service intervention to maintain the individual in community settings. The goal is to assist individuals in Institution for Mental Disease (IMD) levels of care to step-down and transition back into the community with the support that has been demonstrated to be the most effective, using the Modified Therapeutic Community and Wellness and Recovery models.

General Program Description:

Overview:

The need to provide stable housing and effective clinical services for adults with severe mental illness remains a challenge for many COUNTY agencies. Psynergy Programs offers Adult Residential Facilities (ARF), Residential Care Facilities for the Elderly (RCFE) and outpatient mental health clinics in close proximity. CONTRACTOR has demonstrated that providing reliable adult residential home care in combination with intensive outpatient mental health services can help individuals with mental illness avoid the unnecessary expense and emotional trauma often associated with incarceration and hospitalization. CONTRACTOR provides both residential services and mental health services to people with serious mental illnesses ages 18 and above. The program utilizes tenets of the Wellness and Recovery, Integrated Dual Diagnosis Treatment and Modified Therapeutic Community (MTC) treatment models, (Phase One, Two and Four). CONTRACTOR'S programs are an alternative to locked settings such as a State Hospital, Psychiatric Hospital, an IMD, a Psychiatric Health Facility (PHF) and Jail. The intent and goal of CONTRACTOR'S services is to improve everyone's quality of life, to help individuals gain the skills and ability necessary to stay out of locked hospital settings and to move into a less restrictive living arrangement in the community.

A.1

RESIDENTIAL SERVICES TO BE PROVIDED BY CONTRACTOR

CONTRACTOR provides Client Development Services to clientele residing in locked hospital settings. Prior to enrollment in Psynergy Programs, our Client Development Specialists work in partnership with clients, counties, hospitals and IMDs to help individuals become motivated and prepared to move into our programs. Motivational interviewing techniques are utilized to engage clients and to foster a treatment alliance that can be further developed in the therapeutic community. This multifaceted process facilitates community re-integration.

Residential Services – Upon Admission

CONTRACTOR provides Residential Services currently at six (6) sites, which are used in a step-down manner from locked settings, with a high level of support and services offered at all sites, Nueva Vista Morgan Hill, Nueva Vista Sacramento, Vista de Robles, Vista Esperanza, and Cielo Vista Greenfield. Counties initiate referrals to CONTRACTOR for clientele residing in state hospitals (Napa & Metro), Institutes for Mental Disease (IMD), Psychiatric Health Facilities (PHF), County Jails, or sub-acute crisis programs. CONTRACTOR also receives referrals from local community psychiatric hospitals, board and care homes or private parties in the community with the aim of providing stabilization from acute episodes of mental illness and helping individuals reintegrate into the community. CONTRACTOR provides an array of services that ensure client safety and that help individuals meet their basic needs in the least restrictive home-like setting possible. We foster community reintegration for many individuals that have previously resided in locked mental health facilities for extended periods of time.

Room and Board: Clients are provided with clean, comfortable, functional, and non-institutional living quarters, as well as attractive living areas, which contribute to the improvement of their mental and physical health and functioning.

Basic Services: The facility's Administrators and staff are actively involved in developing opportunities for residents to learn and practice independent living skills and responsibilities. This includes group activities and classes, "Leisure" and "Recreational", as well as opportunities to learn vocational skills. The primary goal is to assist residents to obtain skills needed to move to a less restrictive, more independent setting.

Specifically, our residential programs include the following:

- Orientation by staff and/or peers will be provided to each resident within three days of arrival.
- Attractive, clean and comfortable lodging.
- Three (3) nutritious and well-balanced meals and three (3) snacks daily.
- Weekly, and as needed, cleaning of the resident's room and bathroom by onsite housekeeping staff. Daily cleaning is provided for all incontinent individuals.
- Recreational, leisure and social activities.
- Bed linens and towels.
- A conveniently located phone available for resident's incoming personal and outgoing local personal calls.
- Limited individual storage space consisting of a closet and small dresser in resident's room for resident's own private use.
- Help with planning and arranging for transportation to local functions, churches and educational classes within a nearby radius.
- Observance of resident's general health.
- Updating of resident's Needs and Services Plan as frequently to ensure the Plan's accuracy and to document significant occurrences that result in changes in the resident's physical, mental, emotional and/or social needs.
- Consultation as needed with the resident's doctors about resident's general mental and physical health.
- Assistance as needed with obtaining linkage to medical care.
- Assistance as needed with taking prescribed medications in accordance with doctor's instructions unless prohibited by law or regulation.
- At the request of a majority of residents, assistance to residents in establishing and maintaining a resident-oriented facility council.

- CONTRACTOR provides all personal hygiene needs from dental floss to shampoo. When recommended by our Dental Hygienist electric toothbrushes are provided at no cost.
- CONTRACTOR provides Over the Counter (OTC) to all residents, at no cost to the individual or COUNTY. The following are provided by Psynergy: Headache - acetaminophen, aspirin, Motrin. Constipation - acetaminophen, ibuprofen, ASA. Diarrhea - Pepto Bismol, Imodium. Nausea and Upset Stomach - Tums, Maalox, Pepto Bismol

Care and Supervision: Adequate and highly competent, caring, and compassionate staffing will be provided 24/7 in order to help prevent crisis situations or other disruptions in client's lives that could lead to acute hospitalization or loss of housing. Our goal is to keep clients on track toward mental and physical health improvement. Night supervisory staff shall be awake in compliance to Regulation 85065.6(d).

Daily Activities Program: Our Daily Activities Program is designed to help clients improve their well-being and functioning. Program activities occur seven (7) days a week, featuring recreational and leisure activities. Program activities promote the development of personal interests and help residents to practice healthy lifestyles, social skills, positive coping strategies, accessing community resources and money management. The daily schedule of activities is developed and implemented by the facility's Program Manager. The facility Administrator, residential counselors, and clients will assist with some of the planned activities at times for all-facility engagement.

Recreational and Leisure Activities: Recreation is a vital aspect of maintaining a stable and healthy lifestyle. Families are invited and encouraged to join the residence at holiday events and residential celebrations. Recreational opportunities are offered on a daily basis. As our clients recover and benefit from our programs, we encourage them to access some of the community resources available to them in Morgan Hill, Greenfield and Sacramento. We promote participation in daily outings in the community, including walks in the surrounding neighborhoods, bike rides, visits to local festivals, visits to the library and outings to local restaurants with the aim of enhancing self-esteem, building social skills and instilling optimism about the future.

Holistic Health: The philosophy of our program is that sound nutrition and other measures to achieve good overall health help to facilitate recovery and stability. This program element provides weekly activities led by Psynergy staff members and topic experts, including:

- Nutrition - how to plan, procure and prepare nutritious meals that contribute to overall health
- Smoking Cessation
- Medication education
- Safe Sex and prevention of sexually transmitted diseases (STD's), including decision making and negotiating to achieve protected sex.
- Diabetes Awareness and management skills
- Healthy Habits, such as personal hygiene, use of sunscreen, good eating habits, weather-appropriate dressing

For diabetic clients and other clients whose health can be enhanced by following special diets, they will be assisted in special meal procurement and preparation. In addition, snacks will be available to meet their dietary needs. The facility is prepared and capable of offering vegetarian and allergy sensitive options.

Physical Fitness Program: Exercise contributes to the alleviation of stress, anxiety and depression, reduces the risks associated with cardiovascular disease and metabolic abnormalities, creates weight loss and promotes a healthy lifestyle. Psynergy staff members and residents provide daily exercise groups. Psynergy Adult Residential facilities provide residents with a local gym membership. Counselors help residents gain access to the gym and provide supervision and training to promote physical fitness.

Vocational Readiness: A sense of purpose can contribute to stabilization and recovery. This program allows clients to attain paid employment or meaningful volunteer work. A variety of vocational opportunities are provided to clients as part of the Daily Activities Program. The types of job opportunities offered include administrative work (i.e., constructing and making copies of fliers and distributing them), janitorial work, assisting in landscape maintenance and meal service. Residents are given a detailed description of the job and the skills it requires they apply and go through an interview to be awarded the job. They are given a stipend once they complete the job (in the form of gift cards so benefits are not jeopardized.) They are then shown the correlation between the task they performed and jobs in the real world. This helps them develop skills in an informal way and helps them develop a resume of marketable skills.

Peer and Family Support: Peer counseling and Leadership allows individuals to take a proactive role within the facility as well as in the lives of each other. This aspect of the program develops a sense of empowerment and leadership skills within the individual. A resident council is established to allow the residents as a whole to give voice to their opinions and ideas of the program and their needs. A volunteer sign up is established for those willing to provide assistance with leading groups, assist individuals to access community resources or to provide assistance to those clients with a lower functioning capability.

Psynergy recognizes the importance of supportive family connections to our client's recovery. Our programs provide family support and education to help family members develop their own coping and communication skills in order for them to better support their client/family member. Education and support are provided through recreational activities, family support groups, and facilitating linkages with NAMI. Visiting hours for friends and family are seven (7) days a week.

Linkage to Community Resources: Linkage to community resources is provided to help individuals who have just been discharged from locked settings integrate into the community. Linkage is also provided to those individuals that have progressed further in the recovery process and that are working toward more independence. Because the ultimate goal for each individual is to move into least restrictive living situation, it is important that the individual learn to access and utilize non-mental health services within the community. Referrals include schools, colleges, and other institutions for education; vocational programs, public transit, medical and dental services; cultural organizations, churches and places of worship; financial institutions, and government agencies.

LEVELS OF TREATMENT COMPLEXITY

A supplemental services patch rate will be determined and based on an individual's level of treatment complexity. Rates will be compatible with these terms reflected in Exhibit B & C.

CONTRACTOR will work in collaboration with the COUNTY case manager to determine Level I or Level II rate for each referred client. CONTRACTOR will utilize our Psynergy Programs Complex Care Level of Service Evaluation as an assessment tool prior to admission. COUNTY staff and Psynergy staff both will provide input to determine the client's complexity level prior to admission to Psynergy Programs.

The client's complexity level will be reassessed every six months after admission using the Psynergy Programs Complex Care Level of Service Evaluation as an assessment tool. If there is a significant change in the level of functioning before the six-month period is over, CONTRACTOR and COUNTY case manager will establish a new benchmark assessment, using the Psynergy Programs Complex Care Level of Service Evaluation as an assessment tool and adjust the daily patch rate accordingly.

Examples of some Level I and Level II complex care coincide with the specialized needs, reporting, and treatment requirements of the following client populations:

1) Individuals who have severe psychiatric conditions that require additional temporary assistance in monitoring medical issues or that need continued support and education to manage chronic medical conditions such as diabetes and chronic obstructive pulmonary disease (COPD).

2) Individuals with co-occurring disorders such as substance abuse, developmental delays or physical impairments that require linkage to specialized community resources or that may need various behavioral supports, including specialized health care, frequent one-to-one supervision and prompting to maintain a community placement.

3) Individuals requiring Restricted Health Care Plans, incontinent care (urinary and fecal), Diabetes and Insulin management, Colostomy care, Vitals, Oncology treatment and support, etc. significant medication management, crushed medication orders, medication adherence precautions, treatment supports, multiple medications, and supporting refusals with medication room staff interventions.

4) Individuals released from jail requiring additional support and reporting. Mental Health Diversion, PC1001.36, Registered Sex Offenders, Court Ordered Treatment (Assisted Outpatient Treatment (AOT), Laura's Law), CARE Act, Arsonists, Electronic monitoring devices, and Probation.

Intensive Support Services (ISS) Program.

5) ISS provides a higher level of care to transitional clients, including but not limited to, higher levels of supervision, separate smaller residential wing, more intensive clinical and medication management leading to symptom stabilization, and supervised integration with other facility residents.

   Program intended for COUNTY clients who are discharged to CONTRACTOR from Psychiatric Health Facilities, Psychiatric Hospitals, State Hospitals, Crisis Stabilization Units, and Behavioral Health Units. Program may also be beneficial to COUNTY clients

who are not thriving, relapsing or decompensating while admitted to CONTRACTOR residential programs.

Older Adult Program – Residential Care Facility for Elderly (RCFE)

Vista Esperanza is an all-inclusive full service, whole person care, program providing services to adults 60+ years, or younger if determined as needed, who have a serious and persistent mental illness with a co-occurring physical disorder that are risk of losing their community placement due to an ongoing chronic co-existing physical impairment.

Anticipated Outpatient Specialty Mental Health services will be eight to ten hours a month provided onsite from Psynergy Sacramento Clinic.

These older adults have had extensive histories of institutionalization or at high risk for a higher level of care, hospitalizations, unplanned emergency services and at high risk for skilled nursing care. Vista Esperanza provides 24-hour residential care, 24-hour nursing, full activities of daily living (ADL) support for stable yet medically fragile older adults as well as adults.

Clients will benefit from intensive case management preventing further deterioration of their condition and enhancing their capacity to remain in the least restrictive environment. The services are designed to maximize their participation in their recovery and enhance their quality of life while living in their community. If appropriate, Vista Esperanza will provide the setting for hospice care and end-of-life services in a dignified, safe, and supportive environment.

Comprehensive Whole Health Management

Providing medical and health support services not covered under traditional models, yet essential for persons to thrive in community settings.

1) 24 Hour nursing giving clients ability to move into an open community setting
2) Onsite Geriatric Nurse Practitioner
3) Services for medically fragile individuals
4) Individual therapy
5) Full ADL support
6) Comprehensive psychiatric services
7) Fulltime Occupational Therapist

Vista Esperanza may accept or retain persons with the following allowable health conditions provided all requirements in Title 22, Article 8 are met. The facility will make an assessment of its ability to comply with each specific requirement prior to accepting or retaining a client:

1) Individuals diagnosed with diabetes and requiring regular insulin-injections.
2) Individuals with stage 1 or 2 dermal ulcers.

3) Individuals with respiratory disorders requiring inhalers and other inhalation-assistive devices including C-PAP and BiPAP machines, humidifiers, dehumidifiers and nebulizers.
4) Individuals requiring Colostomy / ileostomy care.
5) Individuals with fecal impaction requiring digital removal, enemas, or suppositories.
6) Individuals with indwelling urinary catheter and requiring outpatient level catheter care.
7) Individuals with wounds that are unhealed, surgically closed and expected to heal.
8) Individuals with bowel and bladder incontinence
9) Limited beds for non-ambulatory clients

AGREEMENTS PROVIDED BY COUNTY PERSONNEL:

Admissions:

1) Copies of all benefit and insurance information prior to admission. See Exhibit B & C for persons without benefits and prevailing rates.
2) Individuals will arrive with two weeks of medication, Psynergy Physicians Report, Tuberculosis (TB) test within six (6) months.
3) Individuals will be transported by COUNTY personnel unless prior arrangements are made, (see Exhibit C for transportation rates.)
4) COUNTY will provide initial assessment and most recent assessment, with supporting documentation to the best of their ability.

Discharge

1) Two weeks' notice is required for discharge from Psynergy Programs to ensure all supporting documentation is prepared in a timely manner with a safe medical, psychiatric, and therapeutic transition plan.
2) Clients are discharged or transferred from CONTRACTOR'S Facilities when: the Client has successfully completed a treatment plan and no longer needs this level of residential care, the Client or their conservator requests a transfer or discharge, or the Client needs a higher level of medical or psychiatric care.

1.) Discharge Criteria

A.) The Client has demonstrated that they meet one or more of the following criteria listed below:

1) Client has met the criteria for discharge listed in their treatment plan.
2) Client has alleviated all crisis and/or other symptoms; or
3) Client has demonstrated ability to function in a less-restrictive environment.

(OR)

B.) The Client meets one or more of the following criteria listed below:

1) Client has demonstrated need for a higher level of medical or psychiatric care;
2) Client has demonstrated an uncooperative attitude toward treatment and is actively engaged in counter-productive behavior;
3) Client has demonstrated threats and/or other dangerous behavior to other residents or staff;
4) Client has engaged in property damage or theft;
5) Client has brought contraband articles or material into CONTRACTOR'S Facilities and/or onto the CONTRACTOR'S property;
6) Client has engaged in drinking alcohol or using illicit drugs while residing at CONTRACTOR'S Facilities; or
7) Client has expired.

Residents that the county and/or conservator whose plan is to drop LPS Conservatorship, against the CONTRACTOR opinion or advise, must be moved to an in-county placement prior to the termination of LPS. This allows the county partners to support the client and be present if the client begins to destabilize.

A.2

DESCRIPTION OF PSYNERGY PROGRAMS OUTPATIENT MENTAL HEALTH CLINICAL SERVICES

Organization/Program Name: Psynergy Programs, Inc.
Contact Person & Information:

Name: Arturo Uribe, LCSW, President and Chief Executive Officer
Address: 18225 Hale Avenue, Morgan Hill, CA 95037
Phone: 408-497-9186
Fax: 408-762-7396
Email: auribe@psynergy.org

Head of Service and License Type:
Arturo Uribe, LCSW

Contracts Manager:
Name: Lynda Kaufmann, Director of Government and Public Affairs
Address: 18225 Hale Avenue, Morgan Hill, CA 95037
Phone: 408-833-5115
Fax: 408-762-7395
Email: lkaufmann@psynergy.org

Physical Address of Medi-Cal Certified Sites:

Psynergy Morgan Hill
18217 Hale Avenue
Morgan Hill, CA 95037

Psynergy Greenfield
215 Huerta Avenue
Greenfield, CA 93927

Psynergy Roosevelt – Portable/Trailer
4604 Roosevelt Avenue,
Sacramento, CA 95820

Psynergy Folsom Sacramento
9343 Tech Center Drive
Suite 110
Sacramento, CA 95827

General Description

Overview:

Each of CONTRACTOR Outpatient Mental Health clinics will be Medi-Cal certified by each individual contracting COUNTY to ensure their specific conditions are met. Psynergy Programs Outpatient Mental Health Clinics will maintain its Medicare Certification and is responsible for updating its Medicare re-certification as require by Noridian. CONTRACTOR will collaborate with counties in regard to Medicare billing for Medi-Medi clients. This includes counties in Northern California, Central and Southern California.

Psynergy Programs Outpatient Mental Health Clinics Intent and Goals:

The overall goal of Psynergy Program Outpatient Mental Health Clinics is to provide Intensive Outpatient Specialty Mental Health Services, including medication support, individual therapy, group therapy, family therapy, rehabilitation, group rehabilitation, and targeted case management services. Psynergy ensures that individuals living in an adult residential facilities or independent/supportive accommodation successfully maintain their community placement by avoiding inpatient and high utilization of psychiatric hospitalizations. The clinical staff support successful transition back to their county of origin, a board and care home, independent living situation, or back to their family's home when appropriate. providing intensive Specialty Mental Health Services, we allow individuals the ability to:

- Cope effectively with life challenges and attain greater autonomy in community living.
- Experience a growing sense of trust, self-confidence and autonomy in their lives and relationships.
- Develop innate capabilities and practical skills necessary to create and sustain a healthy lifestyle.
- Utilize capabilities and skills to move in a positive direction in life and to satisfy basic needs.

Success at each clinical site is measured by the number of days that individuals remain in their residences and out of locked settings, as well as helping individuals successfully transition back to their home counties. Success is also measured by ability and responsibility of attending their own psychiatric and individual therapy appointments. Other objectives we measure and track as part of our level system include:

- Reduction in intensity and frequency of psychiatric symptoms.
- Improvement in functioning in various life domains, including health, daily activities, social relationships, and living arrangement
- Total days of abstinence and reduction in frequency of substance use as observed and reported by residential staff to clinical staff and indicated by toxicology reports.

INTEGRATED DUAL RECOVERY TREATMENT

CONTRACTOR'S outpatient clinics mental health, substance abuse and physical health treatments are integrated within one comprehensive program that is designed to enable individuals to actively participate in their recovery process by developing the skills and capabilities necessary to maintain a healthy lifestyle. In CONTRACTOR'S integrated dual recovery model, mental illness, substance abuse, and physical illnesses are not regarded as separate problems, but rather are holistically viewed as the primary focus. Each participant is encouraged to engage in meaningful work, education, recreation and leisure activities and to develop a capacity for independent living.

B. Comprehensive Clinical Services
C. CONTRACTOR'S comprehensive clinical services are aimed at helping participants to overcome the physical, emotional, cognitive and social challenges imposed by mental illness, substance abuse, and physical illnesses. CONTRACTOR'S integrated dual recovery program includes the following services:

1. Assertive Community Treatment
2. Coping Skills Training
3. Healthy Lifestyle Training
4. Social Skills Training
5. Supported Employment
6. Specialty Mental Health Services

Practice Evidence Based Treatment Approaches.

a) Cognitive Behavioral Therapy (CBT) – focuses on strengthening the understanding between thoughts, emotions and behaviors, while reducing maladaptive thinking patterns that impede desirable goals.
b) Dialectical Behavioral Therapy (DBT) – focuses on similar goals as CBT and adapted for those with strong emotions. DBT assists in increasing acceptance and balancing change-oriented thinking
c) Motivational Interviewing (MI)—uses empathic listening to explore intrinsic motivation and to build on strengths.
d) Modified Therapeutic Community—use of peers and counselors as positive role models. Focuses on building self-awareness, social skills and social support.
e) BehavioralTherapy/Contingency Management—uses positive rewards/incentives. Focuses on establishing goals and rewarding small steps toward achieving goals.
f) Psychopharmacology—use of medication to stabilize symptoms.
g) Case Management—focuses on helping individuals gain and maintain linkage basic needs and community resources.
h) Matrix Model —integrates mutual self-help, CBT and Motivational therapy. Focuses on fostering strong therapeutic relationships, coping skills, social skills, abstinence from substance use and relapse prevention.

General goals of Dual Recovery Treatment

1. Help individuals achieve abstinence/self-control.
2. Foster behavioral changes that support abstinence/self-control, including harm reduction techniques
3. Improve problem solving and coping skills.
4. Identify and address a wide range psychosocial problems (housing, employment, education, social/family relationships).
5. Develop a positive family/social support network.
6. Facilitate active participation in mutual self-help, 12-step programs.

Recovery Path

In addition to the goals of Dual Recovery Treatment, Psynergy provides a comprehensive and integrated plan in addressing active substance use by individuals residing at Psynergy Programs, called the Recovery Path. The Recovery Path includes the below interventions for 6-8 weeks to address acute substance use during an individual's stay:

a) Intensified staff support within residential care,
b) Intensified frequency of clinical treatment, including individuals and medication appointments,
c) Enrollment in specific group therapy and rehabilitation services to address the individual's current stage of change,
d) Additional consultation with collateral support systems, and
e) Linkage to additional resources to assist the individual's recovery journey.

Specialty Mental Health Services:

CONTRACTOR provides intensive outpatient mental health service in accordance with Short-Doyle Medi-Cal and Medicare services standards and billing practices. Specific services include:

1. **Assessment:** A service activity which may include a clinical analysis of the history and current status of a client's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures. This will be completed within three days..

2. **Plan Development:** Involves the development and approval of client's care plan, problem list, and monitoring of client progress.

3. **Therapy:** Focuses primarily on symptom reduction through therapeutic interventions as a means to improve functional impairments. This service activity may be delivered to an individual or group of clients and may also include family therapy.

4. **Collateral:** Contact with one or more significant support persons in the life of the beneficiary with the intent of improving or maintaining the mental health status of the beneficiary. Collateral services include, but are not limited to, helping significant support persons to understand and accept the beneficiary's condition and involving them in service planning and implementation of the service plan(s).

5. **Rehabilitation:** Service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a resident's functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and /or medication education. Rehabilitation activities are usually face-to-face or by telephone with the resident and may be provided in the office or in the community.

6. **Targeted Case Management:** Services provided to assist a consumer with accessing medical, educational, social, prevocational, or rehabilitative services. The service activities include interagency and intra-agency consultation, communication coordination and referral; monitoring service delivery to ensure client access to services and service delivery system; and monitoring of the client's progress and any plan development regarding referrals and linkage to services.

7. **Crisis Intervention:** Crisis intervention is an immediate emergency response that is intended to help the client cope with a crisis (e.g., potential danger to self or others, potentially life altering event; severe reaction that is above the client's normal baseline).

8. **Medication Support:** Services that include the administering, dispensing, and monitoring of psychiatric medications provided by staff person within the scope of his/her profession; services are necessary to alleviate the symptoms of mental illness.

Tres Vista Apartments
Assertive Community Treatment & Supported Accommodations

Our Assertive Community Treatment (ACT)/Supported Accommodation Program (SAP): Tres Vista Apartments provides the right combination of Services and Supports. We incorporate evidence-based practices as well as draw from therapeutic community and psychosocial rehabilitation models.

Psynergy adopted the Modified Therapeutic Community (MTC) model to specifically address acute psychiatric symptoms, cognitive impairments, and reduced level of functioning of individuals struggling with the debilitating effects of mental illness, dual substance use disorders and co-morbid health conditions. In partnership with the MTC model, Psynergy has adapted an ACT model that reflects individuals being supported in the community, and also by creating community.

Working in partnership with clients, our three program phases help individuals move into community settings and culminate with a "Live Out" re-entry program called Tres Vista Apartments.

MODIFIED THERAPEUTIC COMMUNITY: PSYNERGY'S THREE PROGRAM PHASES

	ONE	TWO	THREE
PHASE	**Admission:** Client Development Services	**Primary Treatment:** Nueva Vista	**Live Out Re-entry:** Tres Vista Apartments
FOCUS	Assessment, Engagement, Orientation	Awareness, Change	Adjustment, Productivity

The Services and Supports provided by our professional staff help individuals learn to meet basic needs, develop new skills, increase social support, become a responsible member of the community and live a healthy and productive lifestyle.

The emphasis of "Living Out" within the community is on experiencing enjoyment and satisfaction in the "here and now," independent problem solving, and taking action to achieve personal goals.

Description of Living Accommodations

Shared Living Unit: Individuals are provided with a completely furnished and equipped apartment in a shared apartment, house, or studio. Amenities include all furnishings, refrigerator, microwave, stove, cable television, kitchenware, cooking utensils, and linens.

Meals and Snacks: Individuals are invited to the community kitchen and given the option to enjoy a nutritious breakfast, lunch, and dinner. Individuals may elect to customize their meal service by preparing certain meals and eating privately in their own living unit if preferred. Tenants are required to attend at least one of the main meal services per day of their own choosing in the main residential facility (lunch or dinner.) This ongoing engagement demonstrates community inclusiveness.

Utilities: the cost of all utilities are included as part of the base rent.

Weekly Housekeeping: Tenants are required to keep their living quarters in a sanitary and orderly condition. Psynergy provides a housekeeper once per week to assist with maintaining the living unit in a clean and sanitary condition.

Laundry Facility: Tenants are required to maintain their clothing in a neat and clean condition. Tenants may use the clothes washer and dryer provided on site free of charge. Tenants must purchase their own laundry detergents and other laundry supplies.

Services and Support: Psynergy staff members are available to conduct "check-ins" with clients on a daily basis to monitor the client's condition and to provide appropriate support to ensure the client's safety and stability.

Description of Clinical Services and Supports

Recreational Activities: Tenants are encouraged to participate in recreational activities occurring on a daily basis within the main residential facility. Activities are designed to promote development of social skills, interest in hobbies and enjoyment of leisure time, while decreasing stigmatization and social isolation. Activities include staff supervised outings to the library, movies, parks, recreational sites and community events.

Psychosocial Rehabilitation Classes: Our psycho-educational classes are wellness and recovery oriented and are designed to promote adoption of a healthy lifestyle through the development of life skills. Areas of focus include

positive coping skills, effective communication, symptom management, relapse prevention, medication management and social skills.

Independent Living Skills Group Training: Tenants are encouraged to participate in independent living skills group training, which occurs daily within the main residential facility. Topics of independent living skills group training include money management, budgeting, shopping, cooking, personal health, nutrition, exercise, personal hygiene, and grooming.

Psychiatric and Medication Services: Psychiatric services are provided at Psynergy' s outpatient clinic, which is located on campus adjacent to the main facility. The regularly scheduled frequency of psychiatric visits is either two times per month or once per month, depending on client need and stage of treatment. Unscheduled emergency visits with the psychiatrist may occur as needed. The duration of each regular psychiatric visit is typically 30 minutes, depending on the nature and purpose of the visit.

End of Exhibit D

Exhibit E

Psynergy Programs
Complex Care Level of Service Client Name:

Diagnosis – *Check all known diagnoses. No points allocated.*

- ☐ Schizophrenia
- ☐ Schizo-Affective
- ☐ Bipolar Disorder
- ☐ Anxiety Disorder
- ☐ ADD/DHD
- ☐ Personality D/O
- ☐ SUD/Poly-Substance
- ☐ Major Depression
- ☐ Disorder Impulse Control
- ☐ Disorder PTSD
- ☐ Intellectual Disabilities
- ☐ Autism Spectrum Other
- ☐ _____

Symptoms *Check all that apply*

- ☐ (1) Psychosomatic
- ☐ (3) Labile
- ☐ (2) Depression
- ☐ (1) Anxiety
- ☐ (2) Perseverating
- ☐ (1) Delusional
- ☐ (3) Hallucinations
- ☐ (2) Psychosis
- ☐ (1) Mania
- ☐ (2) Suicidal Ideation
- ☐ (3) Paranoia
- ☐ (1) Fearfulness
- ☐ (2) Disorganized
- ☐ ( ) Other _____

Total 0

Behavioral Supports – *Check all that apply*

- ☐ (3) Needs excessive prompts/ redirection
- ☐ (2) Intrusive/ Poor boundaries
- ☐ (3) Intermittent Explosiveness
- ☐ (2) Inappropriate Sexual Bx
- ☐ (1) OCD Bxs
- ☐ (2) Threatening Behaviors
- ☐ (2) Impulsive behaviors
- ☐ (2) Assaultive behaviors
- ☐ (3) Labile
- ☐ (3) Verbally Assaultive
- ☐ (1) Victimization
- ☐ (4) Elopement/UAA Bxs
- ☐ (2) Disruptive to Milieu
- ☐ (1) Isolation
- ☐ (2) Aggressive Behaviors
- ☐ (2) Property Destruction
- ☐ (2) Break house rules
- ☐ (2) _____

Total 0

Legal Restrictions

- ☐ (3) On Probation , AOT Referral, CARE Act Referral
- ☐ (2) Registered Sex Offender
- ☐ (3) Arsonist/Fire-Setting with intent to destroy property
- ☐ (3) Electronic Monitoring Device
- ☐ (4) Mental Health Diversion PC1001.36
- ☐ (2) LPS Conservatorship

Total 0

Restricted Health Care Plans

- ☐ (3) Urinary Incontinence, Enuresis
- ☐ (4) Fecal Incontinence
- ☐ (2) Diabetes, BSL Management
- ☐ (2) Inhaler/Asthma/Allergy
- ☐ (2) Hypertension
- ☐ (2) COPD with Inhaler
- ☐ (2) Vitals, Blood Pressure, Temperature, Etc.
- ☐ (2) Pacemaker
- ☐ (3) Colostomy Care ( ) Other_____
- ☐ (1) LAI Support

Total 0

Special Diets

- ☐ (2) Ground/Pureed/Chopped
- ☐ (2) Vegan, Vegetarian, GERD friendly
- ☐ (3) Weight management, shakes, dbl portions, etc
- ☐ (2) Other:

(*must be approved by Food Services Manager prior to admission*)

Total 0

Medication and Medical Management

- ☐ (3) Clozaril
- ☐ (3) Lithium
- ☐ (3) Depakote
- ☐ (4) Insulin
- ☐ (2) 1-6 Oral Medications
- ☐ (3) 7-11 Oral Medications
- ☐ (4) 12-18 Oral Medications
- ☐ (2) 1-2 Treatments
- ☐ (3) 3+ Treatments
- ☐ (3) 2 or more Antipsychotics
- ☐ (3) Crushed Medications Order
- ☐ (3) Medication adherence precautions / Med Refusals

Total 0

Suicidal Attempt & Self Injurious Bx

- ☐ (3) Past 30 Days
- ☐ (2) 30-90 Days
- ☐ (1) 90-180 Days
- ☐ (0) 180+ Days & History of SA/SIB

Total 0

Physical Disabilities

☐ (2) Assistive Device, Walker, Knee Scooter, Etc.
☐ (3) Visual Impaired (ex. Blind)
☐ (3) Hearing Impaired

Total 0

Activities of Daily Living Assistance

☐ (4) Bathing, Grooming, Dressing
☐ ( ) Other:_____

Total 0

Dual Recovery Program Support

(MUST BE DIAGNOSED- INCLUDES ETOH, POLYSUBSTANCE, AND CAFFEINE)

☐ (1) x1 Random Tox Screen per 6 months
☐ (2) x2 Random Tox Screen per 6 months
☐ (3) x3 Random Tox Screen per 6 months
☐ (3) Relapse Prevention Plan – Active

Total 0

Summary of changes since last Assessment

_____
_____
_____

Total Level of Service Score

Level I Management 20+
Level II Management 0-19

Total Points: 0

Prior Score: _____

Current Score:_____

Psynergy Programs Only: CLIENT NAME_____
COUNTY NAME:_____

Completed by Client Development or Facility Administrator:

Signature:

Date:

County Case Manager or Conservator:

Signature:

Date:

This form must be completed prior to initial admission, discharge and when there is a change of condition that leads to the Needs and Services Plan to be reviewed and updated.

End of Exhibit E

Exhibit F

COMPLIANCE AND PROGRAM INTEGRITY

Evidence of Contractual Compliance

Contractor shall document evidence of compliance with all contractual provisions and provide to County upon request.

Exclusions Checks

Consistent with the requirements of 42 Code of Federal Regulations, (C.F.R.) part 455.436, Contractor shall confirm the identify and determine the exclusion status of all providers (employees and subcontractors), as well as any person with an ownership or control interest, or who is an agent or managing employee of Contractor through monthly checks of Federal and State databases. The databases to be included are:

A. The Social Security Administration's Death Master File
B. The National Plan and Provider Enumeration System (NPPES)
C. The Office of Inspector General's List of Excluded Individuals/Entities (LEIE)
D. The System for Award Management (SAM)
E. The California Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List (S & I List)

Contractor shall retain evidence of monthly checks and provide to County upon request. If the Contractor finds a party that is excluded, Contractor shall notify the County within one (1) business day. Contractor shall not permit an excluded provider to render services to a County client.

Ownership Disclosure

Pursuant to the requirements of 42 C.F.R. § 455.104, Contractor must make disclosures regarding any person (individual or corporation) who has an ownership or control interest in the Contractor, whether the person (individual or corporation) is related to another person with an ownership or control interest in the Contractor as a spouse, parent, child, or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the Contractor has a five percent (5%) or more interest is related to another person with ownership or control interest in the Contractor as a spouse, parent, child or sibling.

The term "person with an ownership or control interest" means, with respect to the Contractor, a person who:

A. Has directly or indirectly an ownership of five percent (5%) or more in the Contractor; or
B. Is the owner of a whole or part interest in any mortgage, deed of trust, note, or other obligation secured in whole (or in part) by the Contractor or any property of or assets thereof, which whole or part interest is equal to or exceeds five percent (5%) of the total property and assets or the entity; or
C. Is an officer or director of the Contractor if the Contractor is organized as a corporation; or
D. Is a partner in the Contractor, if the Contractor is organized as a partnership

Contractor will provide County the following disclosures prior to the execution of this contract (and annually thereafter), prior to its extension or renewal (and annually thereafter), and within thirty five (35) days after any change in Contractor ownership:

A. The name and address of any person (individual or corporation) with an ownership or control interest in the Contractor. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
B. Date of birth and Social Security Number (in the case of an individual);
C. Other tax identification number [in the case of a corporation with an ownership or control interest in the Contractor or in any subcontractor in which the Contractor has a five percent (5%) or more interest];
D. Whether the person (individual or corporation) with an ownership or control interest in the Contractor is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the Contractor has a five percent (5%) or more interest is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling;
E. The name of any other disclosing entity in which the Contractor has an ownership or control interest. Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:
    (1) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);
    (2) Any Medicare intermediary or carrier; and
    (3) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.
    (4) The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.

Business Transactions Disclosure

Contractor must submit disclosures and updated disclosures to County regarding certain business transactions within thirty five (35) days, upon request. The following must be disclosed:

A. The ownership of any subcontractor with whom Contractor had business transactions totaling more than $25,000 during the 12-month period ending on the date of request; and
B. Any significant business transactions between Contractor and any wholly owned supplier, or between Contractor and any subcontractor, during the 5-year period ending on the date of request.

Persons Convicted of Crimes Disclosure

Contractor shall submit the following disclosures to County regarding Contractor's management prior to execution of this contract and at any time upon County request:

(A) The identity of any person who is a managing employee of Contractor who has been convicted of a crime related to federal health care programs. [42 C.F.R. § 455.106(a)(1), (2).]

(B) The identity of any person who is an agent of Contractor who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a)(1), (2).) For this purpose, the word "agent" has the meaning described in 42 C.F.R. § 455.101.

Criminal Background Checks

Contractor must require providers (employees and contracted) to consent to criminal background checks including livescans pursuant to 42 C.F.R. 455.434(a). Upon DHCS' determination that Contractor or a person with a five percent (5%) or more direct or indirect ownership interest in Contractor meets DHCS' criteria for criminal background checks as a high risk to the Medicaid program, Contractor's providers (employees and contracted) must submit livescans pursuant to 42 C.F.R. 455.434(b)(1).

End of Exhibit F

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: Psynergy Programs

Contract Description: For the purpose of providing long-term care for adults with serious mental illness

APPROVED AS TO FORM: Date: 06/12/2024



Office of the Tehama County Counsel
Margaret E. Long, County Counsel

727 Oak Street, Red
Bluff, CA 96080
(530) 527-4655
http://www.co.tehama.ca.us

Tehama County

Minutes Certification

File Number: 24-915 **Enactment Number: MISC. AGR 2024-202**

HEALTH SERVICES AGENCY / MENTAL HEALTH

a) AGREEMENT - Approval and authorization for the Executive Director to sign the Agreement with Psynergy Programs Inc. for the purpose of providing long-term care for adults with serious mental illness in need of high-level placements, in the amount not to exceed $450,000 during any fiscal year, with a total maximum compensation not to exceed $900,000, effective 7/1/24 and shall terminate 6/30/26.
Enactment No: MISC. AGR 2024-202

RESULT:	APPROVED THE CONSENT AGENDA
MOVER:	Matt Hansen
SECONDER:	William Moule
AYES:	Supervisor Moule, Supervisor Carlson, Supervisor Nolen, Vice Chair Hansen, and Chairperson Leach

I, JENNIFER VISE, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of an order adopted by said Board of Supervisors on 6/25/2024.

Attest: Jennifer Vise **July 02, 2024**
Date Certified

Tehama County

Agenda Request Form

File #: 25-1793 **Agenda Date:** 10/21/2025 **Agenda #:** 18.

HEALTH SERVICES AGENCY / MENTAL HEALTH

Requested Action(s)
a) OTHER THAN "A" STEP - Request approval to appoint the applicant as an Office Assistant II, Range 12, Step B, effective 11/2/25, or upon successful completion of all pre-employment requirements

Financial Impact:
The funds for this position are in the FY 2025-26 Budget Unit 40131, and the salary for the position at Range 12, Step B is $18.11/hour. There is no impact on the General Fund.

Background Information:
The candidate has over 12 years of experience in office and administrative support. His experience covers a wide range of customer service settings, data collection, data entry, website revisions, managing data bases, as well as helping with various IT issues, which gives him a variety of skills suited for office support. Most recently, the candidate has worked in the field screening consumers from underserved populations for waitlists and placements for housing programs. This experience will be instrumental working in the Health Services Agency.

If the requested action is not approved, the County will lose the opportunity to hire a qualified applicant in this position.

The Personnel Office has reviewed the Other than A Step request and is in agreement with the Range 12, Step B, appointment effective upon completion of all pre-employment requirements.

The Board of Supervisors, on November 13, 1990, asked to receive consistent information from Department Heads who request to hire a new employee at other than "A" step of the classification range. Board policy cites that "A" step is the normal and desired starting point in a classification unless compelling reasons exist to start an individual at a higher step.*

FROM: Health Services Agency/Fiscal Data Division
TO: Board of Supervisors/Personnel
RE: Request to hire in the following classification –
Office Assistant II

Please answer the following questions so that the Board may more objectively assess the request. Send the completed form to Personnel (allowing sufficient time prior to the anticipated hiring date). Requests for "C" step or above will be referred to the Board's Personnel Committee for recommendation to the full Board.

1) Range 12 $ **17.24 /hr** "A" Step Range 12 Request **$ 18.11 /hr** "B" Step

2) Total applications received during the recruitment for this position? 17
Total number of "qualified" applicants? 14

3) Would this individual accept the position at A Step? No

4) Justification for requesting higher than Step A.

a. Candidate has over 12 years of experience in office and administrative support.

b. Candidate's experience covers a wide range of customer service settings, data collection, data entry, website revisions, managing of data bases, as well as helping with various IT issues, which gives him a variety of skills suited for office support.

c. The candidate's most recent position has allowed him to gain experience working in the field screening consumers from underserved populations for waitlists and placements for housing programs. This experience will be instrumental working in the Health Services Agency.

5) How has the Department budgeted for this additional cost?
Funds are budgeted in the Fiscal Year 2025-2026 proposed budget for this position, as well as salary savings.

I hereby certify that to the best of my knowledge, the information provided above is true and accurate representation of all the material facts which should be considered with this request.

Jayme S. Bottke

Jayme S. Bottke, Executive Director

Tehama County

Agenda Request Form

File #: 25-1798 **Agenda Date:** 10/21/2025 **Agenda #:** 19.

HEALTH SERVICES AGENCY / PUBLIC HEALTH

Requested Action(s)
a) AGREEMENT - Request approval and authorization for the Executive Director to sign the FY 25/26 Federal Compliance Requirements of the Immunization Grant No.: 1 NH23IP922690-01-00 with the California Department of Public Health (CDPH), for the purpose of grant funding to provide immunization services to the general public, not to exceed $28,964, effective 7/1/25 to 6/30/26

Financial Impact:
This will be a receivable for the Tehama County Health Services Agency in the total amount of $28,964 funded by the California Department of Public Health Immunization Branch for immunization coordination, education, surveillance, and monitoring over the FY 25/26 period.

Background Information:
On April 25, 2023, the Tehama County Board of Supervisors approved the California Department of Public Health (CDPH) Immunization Program Grant Agreement 22-11087, effective 7/1/22 to 6/30/27. We are in year four (4) of the grant and each year, CDPH requires local health jurisdictions (LHDs) receiving grant funds to attest that they understand and will comply with the Federal Requirements of the Immunization Grant.

The purpose of this program is to assist local health departments in preventing and controlling vaccine-preventable diseases, including COVID-19, in the local health jurisdictions. The program allocates monies to counties to establish and expand immunization education, interventions, registry and collaboration with local groups, school districts, preschool and childcare programs.

If this request is not granted, the Health Services Agency will be unable to utilize these funds to continue to provide vaccinations to Tehama County residents.

510

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
(Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY	
Rec'd By:	

DEPARTMENT	NAME OF CONTACT	PHONE NUMBER	BUDGET UNIT
Public Health	Minnie Sagar	530-527-6824	4012

TITLE OF GRANT: Immunizaton Project

GRANTOR AGENCY: California Department of Pubic Health, Immunization Branch

GRANT OBJECTIVES: Conduct a general immunization program which provides the general public with vaccines recommended by the Advisory Committee on Immunization Practices.

GRANT I.D. NO. _____

Federal Catalog # (if applicable): _____

GRANT PERIOD From: 07/01/25 To: 06/30/26

Applicable Code and/or Legislative Reference: _____

DATE APPLICATION APPROVED BY BOARD: _____

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: _____

IS GRANT RENEWABLE? (Check all applicable)	Yes	No	Annually	Indefinite	Specific No. of Years
	X				1

GRANT FUNDING **Fiscal Year:** 25-26

FEDERAL	$19,221.00	
STATE	$9,743.00	
OTHER		
1. TOTAL GRANT FUNDS	**$28,964.00**	

COUNTY FUNDING

HARD MATCH (dollars)	$0.00	
SOFT MATCH (In-kind)	$0.00	
2. TOTAL COUNTY MATCH	**$0.00**	

USE OF FUNDS

PERSONNEL (attach detail)	$20,670.00	
SERVICES/SUPPLIES	$3,127.00	
EQUIPMENT	$0.00	
OTHER CHARGES	$5,167.00	
TOTAL FUNDS (must also = 1+2 above)	**$28,964.00**	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: N/A

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? Yes: N/A No:

METHOD OF PAYMENT OF GRANT FUNDS: Reimburse: X Advance:

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: Quarterly

EXPENDITURE DEADLINE: 6/30/2024

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? Yes: No: X

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) Yes: No: X

Jayme Bottke

Jayme Bottke, Executive Director

9-29-25

DATE

Form A-135 (Rev 8-21-07)

CDPH
Health and Human Services Agency
California Department of Public Health

Erica Pan, MD, MPH
Director and State Public Health Officer

Gavin Newsom
Governor

DATE: July 30, 2025

TO: Local Health Officers
County Health Executives Association of California (CHEAC) Members
Immunization Coordinators
Local Health Department Fiscal Staff
Receiving Immunization Program Local Assistance Grants

FROM: Maria E. Volk, MPA, Assistant Branch Chief
Immunization Branch

Maria E. Volk

SUBJECT:

1.) Immunization Local Assistance Funding, Fiscal Year 2025-26
2.) Federal Compliance Requirements of the Immunization Grant Fiscal Year 2025-26 Acknowledgement and Subrecipient Information Form
3.) Fiscal Year 2025-26 Immunization Agreement Invoice Submission Deadlines and Budget Modification Guidelines

GRANT AGREEMENT FUNDING ANNOUNCEMENT/RELEASE

The California Department of Public Health (CDPH), Immunization Branch, is pleased to release the Federal Grant subaward notification to Local Health Department (LHD) grantees for FY 2025-26. CDPH has authority to grant funds for the Project under Health and Safety Code, Section 120325-120380, which requires immunizations against childhood diseases prior to school admittance. The purpose of this grant is to assist LHDs in preventing and controlling vaccine-preventable diseases in the local health jurisdiction (LHJ).

RELATED STATUTES

California Health & Safety Code sections:

- 120130 requires the Local Health Officer to properly report to CDPH those diseases listed as reportable, which include vaccine-preventable diseases.

- 120175 requires the Local Health Officer to take measures as may be necessary to prevent the spread or occurrence of additional cases of reportable diseases (which includes reportable vaccine-preventable diseases).
- 120350 requires Local Health Officers to organize and maintain a program to make available the immunizations required for admittance to childcare facilities and schools.

SERVICES TO BE PERFORMED BY THE GRANTEE

The Grantee is to implement activities to:

- Assess and improve coverage levels in the jurisdiction of all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to protect the population.
- Detect, report, and control vaccine-preventable diseases in the jurisdiction.
- For detailed scope of work objectives and activities, please refer to the enclosed revised Scope of Work. The CDPH and award subrecipients will make agreed-upon changes to the Scope of Work on an as-needed basis. These changes will be made in writing but will not require a formal amended agreement.

OVERVIEW, GRANT TERMS, AND FUNDING

The immunization award for fiscal year 2025-26 is reduced from last year. Please read the award information below on the Federal Grant Award. The effective date for this award is July 1, 2025. Similar to prior years, the availability of federal local assistance funding is dependent upon funds received from CDC and, at CDPH's discretion.

IMMUNIZATION FEDERAL AWARD

- Federal Grant Award No.: 1 NH23IP922690-01-00
- Award Issue Date: 07/03/2025
- Catalog of Federal Domestic Assistance (CFDA) Title: Immunization Cooperative Agreements
- Catalog of Federal Domestic Assistance (CFDA) No.: 93.268
- Data Universal Numbering Systems (DUNS) No.: 7991506150000
- Unique Entity Identifier (UEI) No.: KD2JSY6LNMW7
- Total Federal Award to Date: $32,190,571
- Amount Made Available for Local Assistance Subrecipient Awards: $5,917,955
- Year 4 Budget, FY 2025-26: 100% Prevention and Public Health Funds (PPHF)

STATE GENERAL FUND

State General Funds are included in Local Assistance funding for support of your continuing Local Health Department efforts to prevent influenza.

ELIGIBLE FOR LOCAL ASSISTANCE:

The Immunization Branch has determined that the following 60 LHDs and two non-profit organizations are eligible to apply for available funding for their Local Immunization Program, which supports the State's objectives to control vaccine-preventable diseases.

County of Alameda	County of Madera	County of San Joaquin
County of Alpine	County of Marin	County of San Luis Obispo
County of Amador	County of Mariposa	County of San Mateo
City of Berkeley	County of Mendocino	County of Santa Barbara
County of Butte	County of Merced	County of Santa Clara
County of Calaveras	County of Modoc	County of Santa Cruz
County of Colusa	County of Mono	County of Shasta
County of Contra Costa	County of Monterey	County of Sierra
County of Del Norte	County of Napa	County of Siskiyou
County of El Dorado	County of Nevada	County of Solano
County of Fresno	County of Orange	County of Sonoma
County of Glenn	City of Pasadena	County of Stanislaus
County of Humboldt	County of Placer	County of Sutter
County of Imperial	County of Plumas	County of Tehama
County of Inyo	County of Riverside	County of Trinity
County of Kern	County of Sacramento	County of Tulare
County of Kings	County of San Benito	County of Tuolumne
County of Lake	County of San Bernardino	County of Ventura
County of Lassen	County of San Diego	County of Yolo
City of Long Beach	City & County of San Francisco	County of Yuba
CA Immunization Coalition	CA Primary Care Association	

Please complete, sign, and return the following to izb.admin@cdph.ca.gov as soon as possible or no later than August 13, 2025.

- Federal Compliance Requirements of the Immunization Grant No. 1 NH23IP922690-01-00.
- Subrecipient Information Form is being requested to ensure we have the most current information on file.
- Exhibit B – Budget worksheet, please complete and submit the award worksheets for the Vaccine Preventable Disease (VPD) Prevention grant AND the worksheet for the State General Fund (SGF) grant.

FY 2025-26 Immunization Agreement Invoice Submission Deadlines and Budget Modification Guidelines

Invoices are due on a quarterly basis. The final invoice for the fiscal year is due no more than sixty (60) calendar days from June 30.

Quarter	Invoice Service Period	Invoice Due date
Quarter 1	July 1, 2025 – September 30, 2025	11/14/2025
Quarter 2	October 1, 2025 – December 31, 2025	2/13/2026
Quarter 3	January 1, 2026 – March 31, 2026	5/15/2026
Quarter 4	April 1, 2026 – June 30, 2026	8/28/2026

Budget modification requests are required when shifting/moving funds from one budget line-item to another. Budget line-item shifts do not require a formal grant agreement amendment and can be agreed upon between CDPH and the subrecipient. Budget Modification Requests must be submitted and approved prior to submitting the corresponding invoice. (See enclosed Budget Modification Request).

Thank you.

Enclosures: Award-6 NH23IP922612-05-05_GTC_Non-Research
IZB Grant 2025-26 SOW
IZB Grant 2025-26 Required Activities SOW
Federal Compliance & Subrecipient Information Form FY2025-26
FY2025-26_Budget by Grant
Budget Modification Request Form FY2025-26

cc:

State Immunization Branch Field Representatives
Noemi Marin, CDPH, Immunization Branch
Raquel Espinoza, CDPH, Immunization Branch
Roland Rafol, CDPH, Immunization Branch
Rodolfo Ruiz, CDPH, Immunization Branch
Kae Saechao, CDPH, Immunization Branch

FY2025-26 Federal Compliance Requirements of the Immunization Grant No.: 1 NH23IP922690-01-00

This section requires Subrecipient signature to acknowledge that the Subrecipient has reviewed and understand the Federal Compliance Requirements of the Immunization Grant. See enclosed copy of the Award Attachments under which this funding is issued.

Jayme Bottke, Executive Director	Jayme Bottke	9-29-25
Print Name and Title of Person Signing	Signature of Person Signing	Date

CDPH Immunization Branch
Subrecipient Information Form Update
FY 2025-26

Date Form Completed: 08/01/2025

Organization

This is the information that will appear on your grant agreement cover page.

Federal Tax ID #	94-6000543	CDPH Contract/Grant#	22-11087
Unique Entity Identifier (UEI) #	HWMBGUYSF3N5 Is this the County's Department of Public Health UEI? ☐ Yes ☑ No		
Official Organization Name (Based on UEI)	Tehama County Health Services Agency Public Health		
Mailing Address	PO Box 400, Red Bluff, CA 96080		
Street Address (If Different)	1860 Walnut Building C, Red Bluff, CA 96080		
County	Tehama		
Phone	530-527-6824	Fax	530-527-0362
Website	http://tehamacohealthservices.net		

County Personnel Salaries Available on the County Public Website	☒ Yes ☐ No
Click this box if there were no changes from last year.	☐ No changes

County: Tehama
CDPH Grant #: 22-11087

CDPH Immunization Branch
Local Assistance Grant Funds

Exhibit B - Budget

	Budget (*Year 1) 07/01/2022 to 06/30/2023	Budget (**Year 2) 07/01/2023 to 06/30/2024	Budget (**Year 3) 07/01/2024 to 06/30/2025	Budget (**Year 4) 07/01/2025 to 06/30/2026	Budget (**Year 5) 07/01/2026 to 06/30/2027
I. County of Tehama	$ -	$ -	$ -	$ 28,964.00	
II. (Subgrantee, if any)	$ -	$ -	$ -	$ -	$ -
Total	$ -	$ -	$ -	$ 28,964.00	$ -

***CDPH Immunization Program will provide funding source information as it becomes available each fiscal year.*

Total Funding for 5-Year Term:	**$ 28,964.00**

CDPH Immunization Branch
Local Assistance Federal Fund VPD Grant

County: Tehama
CDPH Grant #: 22-11087

Year 4 - Budget Detail
Fiscal Year: 07/01/2025 - 06/30/2026

I. Personnel	**% of time or hours on project**	**Monthly salary range or hourly rate**		**Total**
IZ Coordinator - Dolly Hopper (0.11 FTE, retiring in December)	114.5	$ 50.99	$	5,838.36
LVN II - Nedalyn Bennett (0.06 FTE)	124.8	$ 27.55	$	3,438.24
			$	-
			$	-
			$	-
			$	-
			$	-
			$	-
			$	-
			$	-
			$	-
Total Personnel Expenses			$	9,277.00
II. Fringe Benefits (40% of Personnel)			$	3,710.80
III. Operating Expenses or General Expenses			$	2,986.00
Office/Clinic Supplies			$	1,211.77
Printing			$	-
Health Education			$	-
Other - Datalogger service and refrigerator maintenance			$	1,774.00
IV. Equipment Expenses			$	-
			$	-
V. Travel Expenses			$	-
In-State Travel			$	-
Out-of-State Travel			$	-
(The Grantee shall be reimbursed for the actual claimed and invoiced)				
VI. Subgrantee Expenses (if any)			$	-
_____(Name of Subgrantee)				
VII. Indirect Costs (Approved __% of total Personnel Costs or total Direct Costs)			$	3,247.00
☒ Approved 25 % of total Personnel Costs			$	3,246.95
☐ Approved ___% of total Direct Costs				
VIII. Total Expenses For Main Grant			$	**19,220.80**

CDPH Immunization Branch
Local Assistance State General Fund Grant

County: _Tehama_
CDPH Grant #: 22-11087_

Year 4 - Budget Detail
Fiscal Year: 07/01/2025 - 06/30/2026

I. Personnel	**% of time or hours on project**	**Monthly salary range or hourly rate**		**Total**
LVN II - Nedalyn Bennett (0.04 FTE)	83.2	$ 27.55	$	2,292.16
LVN I - Vacant (0.06 FTE)	124.8	$ 25.60	$	3,194.88
			$	-
			$	-
			$	-
			$	-
			$	-
			$	-
			$	-
			$	-
			$	-
Total Personnel Expenses			$	5,487.00
II. Fringe Benefits (40% of Personnel)			$	2,194.80
III. Operating Expenses or General Expenses			$	141.00
Office/Clinic Supplies			$	141.20
Printing			$	
Health Education			$	-
Other			$	
IV. Equipment Expenses			$	-
			$	-
V. Travel Expenses			$	-
In-State Travel			$	-
Out-of-State Travel			$	-
(The Grantee shall be reimbursed for the actual claimed and invoiced)				
VI. Subgrantee Expenses (if any)			$	-
_____(Name of Subgrantee)				
VII. Indirect Costs (Approved __% of total Personnel Costs or total Direct Costs)			$	1,920.00
☒ Approved 25% of total Personnel Costs			$	1,920.45
☐ Approved ___% of total Direct Costs				
VIII. Total Expenses For Main Grant			$	**9,742.80**

AWARD ATTACHMENTS
California Department of Public Health
Grant Award #: 1 NH23IP922690-01-00
Terms and Conditions

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

General Terms and Conditions for Non-Research Grants and Cooperative Agreements

Incorporation: The U.S. Department of Health and Human Services (HHS) grant recipients must comply with: all terms and conditions outlined in the Notice of Funding Opportunity (NOFO); their Notice of Award (NOA); grants policy contained in applicable HHS Grants Policy Statements; HHS grant administration regulations (e.g., 45 CFR Part 75, 2 CFR 200 (as applicable)); requirements imposed by program statutes and regulations; applicable Executive Orders; HHS Administrative and National Policy Requirements; HHS policies, directives, and guidance; and requirements or limitations in any applicable appropriations acts. The term grant is used throughout these general terms and conditions of award and includes cooperative agreements.

Note: In the event that any requirement in the NOA, the NOFO, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Applicability of 2 CFR 200 Provisions Beginning October 1, 2024
This award is subject to the requirements in 45 CFR Part 75, except as amended by the following provisions of 2 CFR Part 200, which apply to new, continuation, and supplemental awards made on or after October 1, 2024.

- 2 CFR § 200.1. Definitions, "*Modified Total Direct Cost*", "*Equipment*", and "*Supplies*"
- 2 CFR § 200.313(e). Equipment, *Disposition*
- 2 CFR § 200.314(a). Supplies
- 2 CFR § 200.320. Procurement methods
- 2 CFR § 200.333. Fixed amount subawards
- 2 CFR § 200.344. Closeout
- 2 CFR § 200.414(f). Indirect costs, *De Minimis Rate*
- 2 CFR § 200.501. Audit requirements

2 CFR 200 citation	Replaces 45 CFR 75 citation
2 CFR § 200.1. Definitions, *"Modified Total Direct Cost"*	45 CFR § 75.2. Definitions, *"Modified Total Direct Cost"*
2 CFR § 200.1. Definitions, *"Equipment"*	45 CFR § 75.2. Definitions, *"Equipment"*
2 CFR § 200.1. Definitions, *"Supplies"*	45 CFR § 75.2. Definitions, *"Supplies"*
2 CFR § 200.313(e). Equipment, *Disposition*	45 CFR § 75.320(e). Equipment, *Disposition*
2 CFR § 200.314(a). Supplies	45 CFR § 75.321(a). Supplies

2 CFR § 200.320. Procurement methods	45 CFR § 75.329. Procurement procedures
2 CFR § 200.333. Fixed amount subawards	45 CFR § 75.353. Fixed amount subawards
2 CFR § 200.344. Closeout	45 CFR § 75.381. Closeout
2 CFR § 200.414(f). Indirect costs, *De Minimis Rate*	45 CFR § 75.414(f). Indirect (F&A) costs, *De Minimis Rate*
2 CFR § 200.501. Audit requirements	45 CFR § 75.501. Audit requirements

FEDERAL REGULATIONS AND POLICIES

2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Referenced where indicated and applicable.
https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1

45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. https://www.ecfr.gov/cgi-bin/text- idx?node=pt45.1.75&rgn=div5

HHS Administrative and National Policy Requirements
https://www.hhs.gov/sites/default/files/hhs-administrative-national-policy-requirements.pdf

HHS Grants Policy and Regulations
https://www.hhs.gov/grants/grants/grants-policies- regulations/index.html

HHS Grants Policy Statement (effective for new, continuation, and supplemental awards made on or after October 1, 2024)
https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-october-2024.pdf

HHS Grants Policy Statement (January 2007 version applies to awards issued before October 1, 2024)
https://public3.pagefreezer.com/browse/HHS.gov/27-09-2024T06:59/https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf

Federal Funding Accountability and Transparency Act (FFATA). https://sam.gov/fsrs.
Refer to the section below on Reporting Requirements for more details.

Trafficking In Persons: Consistent with 2 CFR 175, awards are subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).
https://www.ecfr.gov/current/title-2/subtitle-A/chapter-I/part-175

FUNDING RESTRICTIONS AND LIMITATIONS

Cost Limitations as stated in Appropriations Acts. Recipients must follow applicable fiscal year appropriations law in effect at the time of award and consistent with the specific funds provided under that award. The general provisions for grants, cooperative agreements and loans funded by the Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations Act is available at: https://www.congress.gov/resources/display/content/Appropriations+and+Budget.

Though Recipients are required to comply with all applicable appropriations restrictions, please

find below specific ones of note. CDC notes that the cited section for each below provision may change annually.

A. Cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS award or order; it merely limits the portion of that salary that may be paid with federal funds. The HHS Grants Policy Statement further explains the application of this salary rate limitation.

B. Gun Control Prohibition (Div. H, Title II, Sec. 210): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

C. Lobbying Restrictions (Div. H, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive- legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

- 503(b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Anti-Lobbying Restrictions for CDC Grantees at https://www.cdc.gov/grants/documents/Anti-Lobbying-Restrictions.pdf.

D. Blocking access to pornography (Div. H, Title V, Sec. 520): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such

network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

E. Needle Exchange (Div. H, Title V, Sec. 526): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

Prohibition on certain telecommunications and video surveillance services or equipment (2 CFR 200.216)**:** For all new, non-competing continuation, renewal or supplemental awards issued on or after August 13, 2020, recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:

1. Procure or obtain,
2. Extend or renew a contract to procure or obtain; or
3. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in 2 CFR 200.216, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
    i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
    ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
    iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under 2 CFR 200.216 until September 30, 2028. During the exemption period, PEPFAR recipients are expected to work toward implementation of 2 CFR 200.216. The exemption may only be applied when there is no available alternative eligible source for these services.

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following: On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted no later than 90 days after the end of the budget period in the Payment Management System.

Additional guidance on submission of Federal Financial Reports can be found at https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf.

If more frequent reporting is required, the Notice of Award terms and conditions will explicitly state the reporting requirement.

Annual Performance Progress and Monitoring Reporting: The Annual Performance Progress and Monitoring Report (PPMR) is due no later than 120 days prior to the end of the budget period and serves as the continuation application for the follow-on budget period. Submission instructions, due date, and format will be included in the guidance from the assigned GMO/GMS via www.grantsolutions.gov.

Any change to the existing information collection noted in the award terms and conditions will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Data Collection and Sharing Under Award: Consistent with strategies and activities expected and anticipated under this award, Recipient, either directly or indirectly, may be expected to collect or generate data for public health purposes. For purposes of this award, data for public health purposes may be administrative data or data commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation, but does not include preliminary analyses, drafts of scientific papers, plans for future research communications with colleagues, or physical objects, such as laboratory notebooks or laboratory specimens unless otherwise specified in the award.

45 C.F.R. 75.322(d) states that the federal government has the right to: 1) obtain, reproduce, publish, or otherwise use the data produced under a federal award; and 2) authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes. In furtherance of various United States Government-wide initiatives and policies, the federal government seeks to make federally funded publications and data underlying them more readily available, and to make public health data more readily accessible within the federal government and to the public. Consistent with grant regulations, CDC may legally obtain a copy of any data collected or generated under this award. Where CDC has determined that data collected or generated under this award must be shared with CDC, such direction will be further addressed in your Notice of Funding Opportunity, your Notice of Grant Award, or other specific grant guidance. Acceptance of funds under this award is an acknowledgement of this regulatory provision and its application to this award.

Data Management Plan: CDC requires recipients for projects that involve the collection or generation of data with federal funds to develop, submit, and comply with a Data Management Plan (DMP) for each collection or generation of public health data undertaken as part of the award. The DMP should take into consideration sharing data with CDC including: 1) the specific data that will be shared under the award, 2) the process and timing planned for such sharing, 3) and any

legal limitations that the Recipient asserts would hinder CDC access to, or use of, the data collected or generated under the award. In addition, the DMP should address broader access to and archiving/long-term preservation of collected or generated data. Additional information on the Data Management and Access requirements can be found at https://www.cdc.gov/grants/additional-requirements/ar-25.html.

Audit Requirement Domestic Organizations *(including US-based organizations implementing projects with foreign components)*: An organization that expends $1,000,000 or more in a fiscal year in federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 2 CFR 200.501. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System Electronic Submission:
https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx

AND

Office of Financial Resources, Office of Risk Management and Internal Controls, Audit Resolution Team (ART), ORMIC.Audit.Resolution@cdc.gov.

Audit Requirement Foreign Organizations: A foreign organization that expends $300,000 or more in a fiscal year on its federal awards must have a single or program-specific audit conducted for that year. The audit period is an organization's fiscal year. The auditor shall be a U.S.-based Certified Public Accountant firm, the foreign government's Supreme Audit Institution or equivalent, or an audit firm endorsed by the U.S. Agency for International Development's Office of Inspector General. The audit must be completed in English and in US dollars and submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to the Office of Financial Resources, Office of Risk Management and Internal Controls, Audit Resolution Team (ART) at ORMIC.Audit.Resolution@cdc.gov. After receipt of the audit report, CDC will resolve findings by issuing Final Management Determination Letters.

Domestic and Foreign organizations: Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: The recipient must ensure that the subrecipients receiving CDC funds also meet these requirements. The recipient must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The recipient may consider whether subrecipient audits necessitate adjustment of the recipient's own accounting records. If a subrecipient is not required to have a program-specific audit, the recipient is still required to perform adequate monitoring of subrecipient activities. The recipient shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The recipient must include this requirement in all subrecipient contracts.

Federal Funding Accountability and Transparency Act (FFATA)
In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation Information, Prime Recipients awarded a federal grant are required to file a FFATA sub-award report

by the end of the month following the month in which the prime recipient awards any sub-grant equal to or greater than $30,000. Refer to 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation Information at eCFR :: 2 CFR Part 170 -- Reporting Subaward and Executive Compensation Information and https://sam.gov/fsrs for reporting requirements and guidance.

Unique Entity Identifier (UEI)
The UEI is the official identifier for doing business with the U.S. Government as of April 4, 2022. The UEI is generated and assigned by the System for Award Management at SAM.gov. In accordance with 2 CFR part 25, Appendix A, a recipient must maintain current information in SAM.gov, through at least annual review, until it submits the final required financial report or receives the final payment, whichever is later.

Required Disclosures for Responsibility and Qualification (R/Q) (SAM.gov): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the assigned GMS/GMO identified in the NOA, and to the HHS OIG by email at grantdisclosures@oig.hhs.gov or by mail to the following address:

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance include suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated Responsibilities and Qualifications (R/Q) accessible through SAM (45 CFR 75.372(b)). CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award (45 CFR 75.373(b)).

1. *General Reporting Requirement*

   If the total value of currently active grants, cooperative agreements, and procurement contracts from all federal awarding agencies exceeds $10,000,000 for any period of time during the period of performance of this federal award, the recipient must maintain the currency of information reported to the System for Award Management (SAM) and made

available in the designated integrity and performance system (currently the Responsibility/Qualification (R/Q) through SAM.gov) about civil, criminal, or administrative proceedings described in section 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for federal procurement contracts, will be publicly available.

2. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the federal government;

b. Reached its final disposition during the most recent five-year period; and

c. If one of the following:

(1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;

(2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of $5,000 or more;

(3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of $5,000 or more or reimbursement, restitution, or damages in excess of $100,000; or

(4) Any other criminal, civil, or administrative proceeding if:

(i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;

(ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and

(iii) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

3. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in section 2 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under federal procurement contracts that you were awarded.

4. Reporting Frequency

During any period of time when you are subject to this requirement in section 1 of this award term and condition, you must report proceedings information through SAM for the most recent five-year period, either to report new information about any proceeding(s) that you

have not reported previously or affirm that there is no new information to report. Recipients that have federal contract, grant, and cooperative agreement awards with a cumulative total value greater than $10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

5. Definitions

For purposes of this award term and condition:

a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (*e.g.*, Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the federal and state level but only in connection with performance of a federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.

b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.

c. Total value of currently active grants, cooperative agreements, and procurement contracts includes—

(1) Only the federal share of the funding under any federal award with a recipient cost share or match;

(2) The value of all expected funding increments under a federal award and options, even if not yet exercised.

GENERAL REQUIREMENTS

You will administer your project in compliance with the HHS Administrative and National Policy Requirements found at https://www.hhs.gov/sites/default/files/hhs-administrative-national-policy-requirements.pdf.

Termination (45 CFR Part 75.372) applies to this award and states, in part, the following:

This award may be terminated in whole or in part:

(1) By the HHS awarding agency or pass-through entity, if a non-Federal entity fails to comply with the terms and conditions of a Federal award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated;

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated.

However, if the Federal awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are allowable when the travel will provide a direct benefit to the project or program. To prevent disallowance of cost, the recipient is responsible for ensuring travel costs are clearly stated in their budget narrative and are applied in accordance with their organization's established travel policies and procedures. The recipient's established travel policies and procedures must also meet the requirements of 45 CFR Part 75.474.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies. See https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html. In addition, costs must be clearly stated in the budget narrative and be consistent with organization approved policies. Recipients must make a determination of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432.

Prior Approval: All requests which require prior approval, must bear the signature (or electronic authorization) of the authorized organization representative. The recipient should submit these requests no later than 120 days prior to the budget period's end date to ensure ample time remains to process and carry-out the request. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests are examples of actions that require prior approval, unless an expanded authority, or conversely a high-risk condition, is explicitly indicated in the NOA.

- Use of unobligated funds from prior budget period (Carryover)
- Lift funding restriction
- Significant redirection of funds (i.e., cumulative changes of 25% of total award)
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Extensions to period of performance

Templates for prior approval requests can be found at: https://www.cdc.gov/grants/already-have-grant/prior-approval-requests.html.

Additional information on the electronic grants administration system CDC non-research awards utilize, GrantSolutions, can be found at: https://www.cdc.gov/grants/grantsolutions/index.html.

Recipient Contractual/Consultant Cost Agreements: In accordance with §2 CFR 200.325, all supporting documentation related to the elements outlined in the Budget Preparation Guidelines must be maintained by the recipient and available upon request. Recipients may submit supporting documentation via GrantSolutions Grants Management Services (GSGMS) Grant Notes to the

assigned Grants Management Specialist.

Key Personnel: In accordance with 45 CFR Part 75.308, CDC recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, authorized organizational representative, business official, financial director, or other key persons specified in the NOFO, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Inventions: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR Part 401.14.

Acknowledgment of Federal Funding: When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as toolkits, resource guides, websites, and presentations (hereafter "statements") --describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
2. the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

> This [**project/publication/program/website, etc**.] [**is/was**] supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **$XX** with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

If the HHS Grant or Cooperative Agreement IS partially funded with other non-governmental sources:

> This [**project/publication/program/website, etc.**] [**is/was**] supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **$XX** with **XX** percentage funded by CDC/HHS and **$XX** amount and **XX** percentage funded by non- government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

Copyright Interests Provision: This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available without any embargo or delay after publication. Also, at the time of submission, Recipient and/or the Recipient's submitting author must also post the manuscript through PubMed Central (PMC) without any embargo or delay after publication. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted article reserve adequate right to fully comply with this provision and the license reserved by CDC.

The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Disclaimer for Conference/Meeting/Seminar Materials: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract, the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

> Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. As a general matter, a non-federal entity is not authorized to use the HHS name or logo. Moreover, the HHS Office of the Inspector General has authority to

impose civil monetary penalties for violations (42 CFR Part 1003). The appropriate use of the HHS logo is subject to review and approval of the HHS Assistant Secretary for Public Affairs (ASPA), and if granted would be governed by a logo license agreement setting forth the terms and conditions of use.

Additionally, the CDC logo cannot be used by the recipient without the express, written consent of CDC, generally in the form of a logo license agreement setting forth the terms and conditions of use. The Program Official/Project Officer identified in the NOA can assist with facilitating such a request. It is the responsibility of the recipient to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the recipient must ensure written consent is received.

Equipment and Products: To the greatest extent practical, all equipment and products purchased with CDC funds should be American made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of $10,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy. The recipient may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC recipients only when recipients collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the recipient retains the original data and intellectual property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a recipient is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA.

For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E- Government Act of 2002 Pub. L. No. 107-347, please review the following website: https://www.govinfo.gov/content/pkg/PLAW-107publ347/pdf/PLAW-107publ347.pdf.

Whistleblower Protections: As a recipient of this award, you must comply with the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, 41 U.S.C. § 4712) "Enhancement of contractor protection from reprisal for disclosure of certain information," and 48 CFR part 3 subpart 3.9, "Whistleblower Protections for Contractor Employees." For more information see:

https://oig.hhs.gov/fraud/whistleblower/.

Cybersecurity Requirements: Recipients shall develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS and CDC systems and data, if the following conditions are met: 1) recipients, subrecipients, or third-party entities have ongoing and consistent access to HHS owned or operated information or operational technology systems and 2) recipients, subrecipients, or third-party entities receive, maintain, transmit, store, access, exchange, process, or utilize personal identifiable information (PII) or personal health information (PHI) obtained from the awarding HHS agency for the purposes of executing the award. Where both conditions exist, recipients must develop cybersecurity plans and procedures modeled after the NIST Cybersecurity framework (https://www.nist.gov/cyberframework) to protect HHS systems and data.

PAYMENT INFORMATION

Fraud Waste or Abuse: The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted online at https://tips.oig.hhs.gov/ or by mail to U.S. Department of Health and Human Services, Office of the Inspector General, Attn: OIG HOTLINE OPERATIONS, P.O. Box 23489 Washington DC 20026. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

For additional information, see: https://oig.hhs.gov/fraud/report-fraud/.

Automatic Drawdown (Direct/Advance Payments): Payments under CDC awards will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS), under automatic drawdown, unless specified otherwise in the NOA. Recipients must comply with requirements imposed by the PMS on-line system. Questions concerning award payments or audit inquiries should be directed to the payment management services office.

PMS Website: https://pms.psc.gov/
PMS Phone Support: +1(877)614-5533
PMS Email Support: PMSSupport@psc.gov

Payment Management System Subaccount: Funds awarded in support of approved activities will be obligated in an established subaccount in the PMS. Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

Exchange Rate: All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will generally not compensate foreign recipients for currency exchange fluctuations through the issuance of supplemental awards.

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from PMS, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of the NOA.

Certification Statement: By drawing down funds, the recipient certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer federal awards and funds drawn down. Recipients must comply with all terms and conditions in the NOFO, outlined in their NOA, grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable, as well as any regulations or limitations in any applicable appropriations acts.

CLOSEOUT REQUIREMENTS

In accordance with 2 CFR 200.344, recipients must submit all closeout reports identified in this section within 120 days of the period of performance end date. The reporting timeframe is the full period of performance. If the recipient does not submit all reports in accordance with this section and the terms and conditions of the Federal Award, CDC may proceed to close out with the information available within one year of the period of performance end date unless otherwise directed by authorizing statutes. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI). If recipients do not submit all closeout reports identified in this section within one year of the period of performance end date, then CDC must report recipients' material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system (currently Responsibility/Qualification section of SAM.gov). CDC may also pursue other enforcement actions per 45 CFR 75.371.

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO and is submitted upon solicitation from the GMS/GMO via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims;
- Description of results (positive or negative) considered significant; and
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 120 days after the period of performance end date through recipient online accounts in the Payment Management System. The final FFR will consolidate data reporting responsibilities to one entry point within PMS which will assist with the reconciliation of expenditures and disbursements to support the timely close-out of grants.

The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Every recipient should already have a PMS account to allow access to complete the SF-425.

Additional guidance on submission of Federal Financial Reports can be found at https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of $10,000 or more. Electronic versions of the forms can be downloaded by visiting: https://www.grants.gov/forms/forms-repository/post-award-reporting-forms.

If no equipment was acquired under an award, a negative report is required. The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than $10,000 that is no longer to be used in projects or programs currently or previously sponsored by the federal government may be retained, sold, or otherwise disposed of, with no further obligation to the federal government (see 2 CFR 200.313(e)(1)).

CDC STAFF RESPONSIBILITIES

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program Officials (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. Award specific terms and conditions will include contact information for the PO/GMO/GMS.

Program Official: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and NOFOs to meet the CDC's mission;
- Providing technical assistance to applicants in developing their applications, e.g., explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources;
- Providing technical assistance to recipients in the performance of their project; and
- Post-award monitoring of recipient performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS.

For Cooperative Agreements, substantial involvement is required from CDC. The PO is the federal official responsible for the collaboration or participation in carrying out the effort under the award. Substantial involvement will be detailed in the NOFO and award specific terms and conditions and may include, but is not limited to:

- Review and approval of one stage of work before work can begin on a subsequent stage;
- Review and approval of substantive programmatic provisions of proposed subawards or contracts (beyond existing federal review of procurement or sole source policies);

- Involvement in the selection of key relevant personnel;
- CDC and recipient collaboration or joint participation; and
- Implementing highly prescriptive requirements prior to award limiting recipient discretion with respect to scope of services, organizational structure, staffing, mode of operation, and other management processes.

Grants Management Officer: The GMO is the only official authorized to obligate federal funds and is responsible for signing the NOA, including revisions to the NOA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization. The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e., grant or cooperative agreement;
- Determining if an application meets the requirements of the NOFO;
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy;
- Ensuring recipient compliance with applicable laws, regulations, and policies;
- Negotiating awards, including budgets;
- Responding to recipient inquiries regarding the business and administrative aspects of an award;
- Providing recipients with guidance on the closeout process and administering the closeout of grants;
- Receiving and processing reports and prior approval requests such as changes in funding, budget redirection, or changes to the terms and conditions of an award; and
- Maintaining the official grant file and program book.

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described in the GMO section are performed by the GMS, on behalf of the GMO.

E-Contract Review
Approval as to Form

Department Name: Health Services Agency

Vendor Name: California Department of Public Health

Contract Description: For the purpose of approving grant funding award
Immunization Branch Local assistance

APPROVED AS TO FORM:



Date: 09/26/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1742 **Agenda Date:** 10/21/2025 **Agenda #:** 20.

CLERK & RECORDER

Requested Action(s)

a) AGREEMENT - Request confirmation of the Clerk & Recorder to sign the Addendum to the Memorandum of Understanding with the Department of Justice (DOJ) (Misc. Agree. #185-2013) for regulation and oversight of the Electronic Recording Delivery System (ERDS) Program in the amount of $1,057.57, thereby extending the date through 6/30/26

Financial Impact:

The amount of $1,057.57 is included in the FY 2025-26 Adopted Budget and funds are collected and budgeted through the Electronic Recording trust fund.

Background Information:

The Board approved the Original Memorandum of Understanding on September 17, 2013 to participate in the Electronic Recording Delivery System (ERDS) Program. The ERDS Program allows the department to record documents electronically without having the customer come to the counter. The document is received via a secure web portal and, once it is recorded, it is sent back to the requesting agency through this same secure web portal. The department is currently recording 51% of it's documents through this method.

This addendum to the MOU will extend the term for the FY 2024-25, and will allow the county to continue to participate in the ERDS Program by paying a proportionate cost split between 52 counties based on their annual amount of electronic recordings. The amount can fluctuate based on the number of counties participating and the amount of electronic recordings that we have annually. An MOU addendum will be brought forward on an annual basis.

Electronic Recording Delivery System
Memorandum of Understanding

Note: Each county's Memorandum of Understanding (MOU) will be written to meet their individual county needs, including for multiple years.

Parties

This Memorandum of Understanding (MOU) is between the California Department of Justice, hereinafter referred to as the "DOJ," and the County of Tehama, hereinafter referred to as "County."

Purpose

The Legislature passed the Electronic Recording Delivery Act of 2004 (Gov. Code, §§ 27390-27399;[1] "ERDA") to enable counties to electronically accept, record, and return certain instruments affecting a right, title, or interest in real property. Subdivision (a) of section 27397 provides that a "county establishing an electronic recording delivery system [ERDS] . . . shall pay for the direct cost of regulation and oversight by the Attorney General." The purpose of this MOU is to memorialize the parties' understanding of how these costs are calculated and apportioned.

Acknowledgments

The parties acknowledge that under the ERDA, certain statutory duties must be performed before a county puts its electronic recording system into operation. For example, the Attorney General must evaluate and certify the ERDS selected by each county (§ 27391(a); § 27392(a)); "approve software and other services" (§ 27392(b)); establish a list of approved computer security auditors (§ 27394), conduct criminal background checks (§ 27395); certify that each county's submission method will be secure (§ 27397.5(d)); and may, from time to time, "adopt regulations for the review, approval, and oversight of electronic recording delivery systems" (§ 27393(a)). These duties entail costs which cannot be adequately recouped through the collection of recording fees authorized in section 27397. Each participating county is responsible for paying, among other things, its proportionate share of the costs of developing, operating, and monitoring its ERDS. (§ 27397(a).)

[1] All statutory references are to the Government Code.

2013 Miscellaneous Agreement
185-2013

Agreement

The DOJ and County hereby agree that County will pay the DOJ for the County's proportionate share of the DOJ's direct costs for regulation and oversight, as specified in the ERDA,

General Provisions

County agrees to pay the DOJ for the County's proportionate share of the direct costs of carrying out the DOJ's obligations under the ERDA, which costs may include all or part of the following: staff, consultant, and vendor costs for program development and implementation including hearings, meetings, travel, site visits, minutes, mailing, legal review of regulations, procedure and forms development, advertisement, and drafting, review, and approval of regulations. Extensions of this MOU beyond the first year will be made by addendum to the MOU. This will allow the DOJ to issue a new estimated cost figure, via the Letter of Intent process, for the next fiscal year that includes the cost of regulation and oversight without requiring the parties to sign a new MOU. The County's estimated cost calculations for succeeding fiscal years will be prepared by DOJ and will follow the annual Letter of Intent process.

Cost to County Formula

The direct cost of developing and adopting regulations, and the costs of regulation and oversight under the ERDA, are allocated to each county based upon the total number of documents recorded and filed the previous year, as reported to the Office of the Insurance Commissioner. (See § 27296.) The formula to determine a county's proportionate cost is set by the total documents recorded and filed per individual county, divided by the total documents recorded and filed by all participating counties. The percentage figure obtained for each county is applied to the estimated annual costs of the Attorney General to arrive at an individual county figure.

Cost of the Attorney General

The estimated costs of the Attorney General are those costs projected to be incurred in the next fiscal year, as well as the costs actually incurred to date. County agrees to pay the DOJ for actual expenditures incurred and in accordance with the final costs identified herein, which is attached hereto and made a part of this MOU. The County shall annually provide to the DOJ the total documents recorded and filed as reported to the Office of the Insurance Commissioner for the previous year. (§27296.) The DOJ shall issue an annual estimated cost to the County based on the Cost to County Formula. The final cost to the County will be incorporated herein by reference.

Payback and/or Carry Over

If the actual costs exceed the estimated costs, the following year's estimated direct costs will be adjusted to capture the additional costs; the following year's estimated costs along with the previous year's adjusted amount will then be used as the base for redistribution to each participating county. If the total actual costs are less than the estimated costs, the following year's estimated direct costs will be adjusted to capture the decreased costs; the following year's estimated costs along with the previous year's adjusted amount will then be used as the new base for redistribution to each participating county.

DOJ Reporting

The DOJ shall report to the County every ninety (90) days on the expenditures made by the DOJ to carry out its statutory obligations under the ERDA.

Payment

County shall pay to the DOJ a lump sum of the final proportionate cost owed by the County, as incorporated herein by reference, toward the direct cost to be incurred by the DOJ. Payments to the DOJ shall be deposited in the Electronic Recording Authorization Account, which is hereby created in the Special Deposit Fund.

Payment Method

Upon receipt of the signed MOU from each county, the DOJ representative will sign and return a copy of the MOU to the county representative as identified herein, for their records. A copy of the signed MOU will be forwarded to the DOJ accounting office, which will generate an invoice for payment due. Upon receipt of the invoice, the county will send the said lump sum payment along with the bottom portion of the invoice to the address as referenced in the MOU and on the Invoice.

Payment shall reference the invoice number and customer number and shall be made to:

California Department of Justice
Accounting Office, Cashiering Unit
PO Box 944255
Sacramento, CA 94244-2550

Term

The term of this MOU will be from the date this MOU is signed by the DOJ and County MOU representatives until the end of Fiscal Year 2013/2014.

A County Recorder reserves the right to terminate this MOU upon thirty (30) days written notice to the DOJ. Refunds of payment toward regulation and oversight will be prorated as incurred in the fiscal year at the time of termination. Upon termination of the MOU, without the mutual intent of the parties to renew, the County Recorder shall cease operation of its ERDS.

Representatives

The MOU representatives during the term of this MOU will be:

Department of Justice
Name: Michelle N. Mitchell
Phone: (916) 227-1127
Fax: (916) 227-0595
E-Mail: michellen.mitchell@doj.ca.gov

County MOU representative (please complete):

County of: Tehama
Name/Title: BEVERLY ROSS, COUNTY CLERK & RECORDER
Address: 633 WASHINGTON ST., ROOM 11, PO BOX 250
City, State, Zip Code: RED BLUFF, CA 96080
Phone: 530-527-8748
Fax: 530-527-1745
E-Mail: bross@co.tehama.ca.us

Agreed and Accepted

Certification of MOU Representatives

I certify that I have read and understand the foregoing statements and agree to comply with the requirements of this MOU:

County of: Tehama	Department of Justice
Name/Title: BEVERLY ROSS, COUNTY RECORDER	Name: Michelle N. Mitchell
Signed:	Signed:
Dated: 09/17/2013	Dated: 9/26/13

Please return the completed MOU to:

California Department of Justice
Electronic Recording Delivery System (ERDS)
PO Box 160526
Sacramento, CA 95816-0526

Attachment: Final Proportionate Cost — Attachment A
Expenditure Report — Attachment B

Approved as to form:

_____

Attachment A

2013-2014 Final Proportionate Cost Report

County Code	*County Name*	*Recordings**	*% of Recordings*	*Final County Cost ***
1	Alameda	435,841	5.02%	$8,294.61
4	Butte	58,938	0.68%	$1,121.67
7	Contra Costa	198,552	2.29%	$3,778.70
9	El Dorado	69,416	0.80%	$1,321.07
10	Fresno	189,809	2.19%	$3,612.31
15	Kern	209,615	2.41%	$3,989.24
19	Los Angeles	2,019,254	23.25%	$38,428.97
21	Marin	95,897	1.10%	$1,825.04
24	Merced	22,698	0.26%	$431.97
27	Monterey	81,642	0.94%	$1,553.75
28	Napa	44,290	0.51%	$842.90
29	Nevada	43,182	0.50%	$821.81
30	Orange	817,537	9.41%	$15,558.77
31	Placer	127,320	1.47%	$2,423.06
33	Riverside	639,244	7.36%	$12,165.63
34	Sacramento	484,248	5.58%	$9,215.86
35	San Benito	14,986	0.17%	$285.20
36	San Bernardino	245,643	2.83%	$4,674.90
37	San Diego	816,321	9.40%	$15,535.63
38	San Francisco	245,610	2.83%	$4,674.27
39	San Joaquin	175,844	2.02%	$3,346.53
41	San Mateo	233,332	2.69%	$4,440.60
42	Santa Barbara	52,782	0.61%	$1,004.51
43	Santa Clara	639,836	7.37%	$12,176.89

* Recordings are based on what the counties submitted to the Insurance Commissioner in 2012 per the LOI.

** The total documents recorded and filed by the participating counties, as reported to the Office of the Insurance Commissioner pursuant to Section 27296 of the Government Code, for the previous calendar year; A percentage figure will be calculated, by dividing the total documents recorded per participating county, by the total documents recorded for all participating counties; The percentage figure is applied to the estimated annual costs of the ERDS Program to arrive at each participating county's System Administrative Fee.

County Code	*County Name*	*Recordings**	*% of Recordings*	*Final County Cost **
44	Santa Cruz	40,555	0.47%	$771.81
45	Shasta	52,380	0.60%	$996.86
48	Solano	144,709	1.67%	$2,754.00
49	Sonoma	135,223	1.56%	$2,573.47
52	Tehama	16,134	0.19%	$307.05
54	Tulare	89,278	1.03%	$1,699.07
56	Ventura	244,958	2.82%	$4,661.86
	Total	8,685,074		$165,288.00

* Recordings are based on what the counties submitted to the Insurance Commissioner in 2012 per the LOI.

** The total documents recorded and filed by the participating counties, as reported to the Office of the Insurance Commissioner pursuant to Section 27296 of the Government Code, for the previous calendar year; A percentage figure will be calculated, by dividing the total documents recorded per participating county, by the total documents recorded for all participating counties; The percentage figure is applied to the estimated annual costs of the ERDS Program to arrive at each participating county's System Administrative Fee.

Attachment B
August 27, 2013

PROJECTIONS
ERDS Expenditure/Collections Report

COLLECTIONS	
YTD Collections (November 2004 through June 2013)	3,448,909
Interest on Collections	43,099
Total Collections	3,492,008
EXPENDITURES	
Summary of ERDS Program Expenditures (November 2004 through June 2013)	3,174,151
2013-14 ERDS Projected Expenditures	215,288
1/ Expenditure Credit Applied to (2013-14) for Subsequent Years (2012-13)	(50,000)
2013-14 Projected MOUs	165,288

1/ Expenditures credits will be applied one year in arrears to allow for fiscal year liquidation.

MINUTE ORDER
BOARD OF SUPERVISORS
COUNTY OF TEHAMA, STATE OF CALIFORNIA

C O N S E N T A G E N D A

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Bob Williams, Supervisor - District 4
SECONDER:	Burt Bundy, Supervisor - District 5
AYES:	Garton, Chamblin, Williams, Bundy, Bruce

10. CLERK & RECORDER
    a) AGREEMENT - Memorandum of Understanding with the Department of Justice for the Electronic Recording Delivery System (ERDS) Program in the amount of $307.05, effective upon date of signing through 6/30/14
    (2013 Miscellaneous Agreement Book #185-2013)

STATE OF CALIFORNIA)
) ss
COUNTY OF TEHAMA)

I, BEVERLY ROSS, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of an order adopted by said Board of Supervisors on the 17th day of September, 2013.

DATED: September 24, 2013

BEVERLY ROSS, County Clerk and
Ex-officio Clerk of the Board of Supervisors
of the County of Tehama, State of California

by Mackenzi Parkinson
Deputy

Fiscal Year 2025/26 Addendum to Memorandum of Understanding
Department of Justice
Electronic Recording Delivery System
Costs for Regulation and Oversight

Parties

This Addendum to the Memorandum of Understanding (Addendum) is between the California Department of Justice, hereinafter referred to as "DOJ" and the County of Tehama, hereinafter referred to as "County."

Incorporation by Reference of MOU

Both County and DOJ agree that the terms of the MOU, previously executed, continue to operate and are incorporated herein by reference.

Purpose

The purpose of this Addendum is to continue the agreement found in the MOU previously executed by the parties to comply with the Electronic Recording Delivery Act of 2004 (ERDA) (Gov. Code, §§ 27390-27399; "Act"). This Addendum shall operate to bind the parties to the final proportionate costs to the County for fiscal year 2025/26. These costs include the costs for regulation and oversight.

Agreement

DOJ and County hereby consent and agree that County will pay DOJ for the direct cost of regulation and oversight in support of the Act, as set forth in Article 6 (commencing with Section 27390) to Chapter 6 of Division 2 of Title 3. The final proportionate cost for fiscal year 2025/26 is attached and incorporated by reference. Upon receipt of payment, the County is authorized to participate in the Electronic Recording Delivery System (ERDS).

Term of Addendum

The term of this Addendum operates for fiscal year 2025/26.

Memorandum of Understanding Representatives during the term of this Addendum are:

- Department of Justice
  Name: John Navarrete, Field Representative
  Phone: (916) 210-3144
  Fax: (916) 731-3622
  E-Mail: John.Navarrete@doj.ca.gov

- Tehama County-MOU Addendum representative **(please complete):**

  Name/Title: _____

  Address: _____

  City, State, Zip Code: _____

  Phone: _____

  Fax: _____

  E-Mail: _____

Agreed and Accepted

Certification of MOU Addendum Representatives

I certify that I have read and understand the aforementioned statements and agree to comply with the requirements contained herein:

County: Tehama	Department of Justice
Name: _____	Name: _____
Signed: _____	Signed: _____
Dated: _____	Dated: _____

Please return the completed MOU Addendum to:

California Department of Justice
Electronic Recording Delivery System (ERDS)
PO Box 160968
Sacramento, CA 95816-0968

Attachments: Final Proportionate Costs: Attachment A
Expenditure Report: Attachment B

Attachment A

FINAL PROPORTIONATE COST
FOR COUNTY RECORDERS TO
FUND DOJ PROGRAM COSTS

County	Recordings*	% of Recordings (Based on Letter of Intent)	Final County Cost FY 2025/2026
Total	4,886,047		386,518
Alameda	158,577	3.25%	$ 12,544.47
Alpine	669	0.01%	$ 52.92
Butte	33,309	0.68%	$ 2,634.96
Calaveras	13,980	0.29%	$ 1,105.91
Colusa	1,495	0.03%	$ 118.26
Contra Costa	156,038	3.19%	$ 12,343.62
Del Norte	4,401	0.09%	$ 348.15
El Dorado	38,213	0.78%	$ 3,022.90
Fresno	120,315	2.46%	$ 9,517.70
Glenn	5,355	0.11%	$ 423.62
Humboldt	23,397	0.48%	$ 1,850.85
Imperial	20,779	0.43%	$ 1,643.75
Inyo	4,697	0.10%	$ 371.56
Kern	161,950	3.31%	$ 12,811.30
Kings	21,390	0.44%	$ 1,692.09
Lake	14,212	0.29%	$ 1,124.26
Los Angeles	930,325	19.04%	$ 73,594.74
Madera	30,656	0.63%	$ 2,425.09
Marin	37,784	0.77%	$ 2,988.96
Mendocino	13,512	0.28%	$ 1,068.89
Merced	31,186	0.64%	$ 2,467.01
Modoc	3,112	0.06%	$ 246.18
Mono	3,715	0.08%	$ 293.88
Monterey	50,191	1.03%	$ 3,970.43
Napa	23,382	0.48%	$ 1,849.67
Nevada	20,399	0.42%	$ 1,613.69
Orange	340,299	6.96%	$ 26,919.86
Placer	108,374	2.22%	$ 8,573.09
Plumas	6,252	0.13%	$ 494.57
Riverside	396,574	8.12%	$ 31,371.57
Sacramento	250,178	5.12%	$ 19,790.70
San Benito	5,451	0.11%	$ 431.21
San Bernardino	345,613	7.07%	$ 27,340.23
San Diego	412,190	8.44%	$ 32,606.90
San Francisco	108,776	2.23%	$ 8,604.89
San Joaquin	118,532	2.43%	$ 9,376.65
San Luis Obispo	47,366	0.97%	$ 3,746.96
San Mateo	79,358	1.62%	$ 6,277.73
Santa Barbara	46,088	0.94%	$ 3,645.86
Santa Clara	192,682	3.94%	$ 15,242.40
Santa Cruz	29,755	0.61%	$ 2,353.81
Shasta	32,833	0.67%	$ 2,597.30
Sierra	1,538	0.03%	$ 121.67
Siskiyou	9,886	0.20%	$ 782.05
Solano	65,706	1.34%	$ 5,197.77
Sonoma	64,061	1.31%	$ 5,067.64
Stanislaus	62,876	1.29%	$ 4,973.90
Sutter	12,946	0.26%	$ 1,024.11
Tehama	13,369	0.27%	$ 1,057.57
Tulare	64,840	1.33%	$ 5,129.26
Tuolumne	11,649	0.24%	$ 921.51
Ventura	96,327	1.97%	$ 7,620.09
Yolo	23,411	0.48%	$ 1,851.96
Yuba	16,078	0.33%	$ 1,271.87
	4,886,047	100%	$386,518.00

*Recordings are based on what the counties submitted to the Insurance Commissioner in 2024 per the LOI

Attachment B

PROJECTIONS
ERDS Expenditure/Collections Report

COLLECTIONS	
YTD Collections (November 2004 through June 2025)	6,352,114
Interest on Collections	57,515
Total Collections	6,409,629
EXPENDITURES	
Summary of ERDS Program Expenditures (November 2004 through June 2025)	6,188,801
2025-26 ERDS Projected Expenditures	386,518
1/ Expenditure Credit Applied to (2025-26) for Subsequent Years (2024-25)	-
2025-26 Projected MOUs	386,518

E-Contract Review
Approval as to Form

Department Name: Clerk & Recorder

Vendor Name: Department of Justice

Contract Description: For the purpose of providing regulation and oversight of the Electronic Recording Delivery System program

APPROVED AS TO FORM:



Date: 09/30/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County

Agenda Request Form

File #: 25-1771 **Agenda Date:** 10/21/2025 **Agenda #:** 21.

WESTERN OPEN FIDDLE ASSOCIATION - Western Open Fiddle Championships Co-Chairman Sharon Barrett

Requested Action(s)
a) INFORMATIONAL PRESENTATION - Performance by Western Open Fiddle Championships

Financial Impact:
There is no financial impact associated with the presentation.

Background Information:
Since the Western Open Fiddle Championships came to Tehama County, approximately 28 years ago, they have performed a short set for the Tehama County Board of Supervisors.

Tehama County

Agenda Request Form

File #: 25-1688 **Agenda Date:** 10/21/2025 **Agenda #:** 22.

IHSS PUBLIC AUTHORITY / PERSONNEL - Social Services Director Bekkie Emery

Requested Action(s)
a) Request approval of a new classification specification of Public Authority Supervisor, effective 10/21/25

b) IHSSPA RESOLUTION - Request adoption of a resolution amending the Terms & Conditions of Employment for In-Home Support Services Public Authority Unrepresented Employees IHSSPA Resolution Number 2022-96

c) RESOLUTION - Request adoption of a resolution to amend the FY 2025-26 Position Allocation List (PAL), (Reso #2025-074), by adding one (1.00) Public Authority Supervisor, effective 10/21/25

Financial Impact:
The requested action results in an annual increase to the Public Authority (5101) budget of approximately $94,958. The Department budgeted for this increase in the FY 2025/26 Adopted Budget. There is no impact on the General Fund. Public Authority is fully funded by a state allocation, which earns a federal share. There is no County share, as long as costs remain within the state allocation.

Background Information:
The Community Action Agency recently experienced staffing changes with a new Program Manager and a vacancy for one (1.00 FTE) Community Services Supervisor. The Department conducted an analysis of the vacant Community Services Supervisor duties and determined the primary need for this role was supervising the IHSS Public Authority program and staff. To better fit the duties, responsibilities, and needs of the Department, the Department requests approval of the new classification of Public Authority Supervisor.

As part of the FY 2025/26 Adopted Budget, the Department deleted one (1.00 FTE) vacant Community Services Supervisor allocation from the Community Action Agency (5062) Position Allocation List (PAL). Should the classification specification be approved, the Department requests to add one (1.00 FTE) Public Authority Supervisor allocation to the IHSS Public Authority (5101) PAL.

The Public Authority Supervisor position is closely aligned with the Community Services Supervisor. Therefore, it is recommended the salary for the Public Authority Supervisor to be aligned with the Community Services Supervisor at Joint Council Salary Range 33.

This is an unrepresented classification. The terms and conditions of employment and compensation are established by resolution.

TITLE: PUBLIC AUTHORITY SUPERVISOR **FLSA: Non-Exempt**

BOARD APPROVED: **BARGAINING UNIT: Unrepresented**

DEFINITION

Under direction of the assigned Program Manager or designee, plans, organizes, coordinates and supervises staff in the activities and operations of the Public Authority for the In-Home Supportive Services (IHSS) program, ensuring compliance with all relevant county, state and federal laws, regulations and agreements. This is an unrepresented position that is employed by the Tehama County In-Home Supportive Services Public Authority.

SUPERVISION RECEIVED AND EXERCISED:

Receives supervision from the Program Manager or designee. Exercises direct supervision over assigned program staff.

CLASS CHARACTERISTICS:

This is a supervisory-level classification. The Public Authority Supervisor has overall responsibility for the program operations of the IHSS Public Authority registry, providing supervision and direction to staff assigned to perform duties related to the IHSS Public Authority and other program areas as assigned.

EXAMPLES OF ESSENTIAL FUNCTIONS (Illustrative Only):

- Plans, organizes, directs and coordinates the work of assigned staff.
- Supervise and evaluate the work of subordinate program staff; provides adequate training as required. Recruits and coordinates the Public Authority Advisory Committee. Serves as staff to the Public Authority Advisory Committee.
- Coordinates and directs day-to-day operations of the provider registry, provider/recipient training activities, and office management.
- Establishes priorities and develops strategies to achieve program operational objectives.
- Coordinates specific targeted community projects as assigned and coordinates activities of these programs.
- Analyzes and evaluates programmatic operational problems and recommends effective courses of action.
- Establishes, reviews, and revises policies and procedures.
- Creates operating manuals, workflow charts, narrative and statistical reports as needed.
- Refers providers, clients and the general public to other service agencies as appropriate.
- Maintains effective working relationships with community organizations.
- Communicates with Program Manager regarding program progress, problems, or issues.

- Performs general administrative/office work as necessary, including but not limited to attending meetings, establishing and maintaining files, typing reports and correspondence, copying documents, entering data into the computer, answering the phone, etc.
- Attends necessary trainings as assigned.
- Prepares resolutions, standard agreements, agenda request forms, and other documents as required by the Board of Supervisors.
- Perform related duties as assigned.

QUALIFICATIONS:

Knowledge of:
- Applicable Federal, State, County, Department, and Divisions laws, regulations, policies, and procedures
- Modern office practices, methods, and computer equipment
- Record keeping principles and procedures
- Computer applications related to work
- English usage, grammar, spelling, vocabulary, and punctuation
- Methods, procedures, and policies of the department
- State and Federal laws, rules and regulations governing low-income assistance programming
- Social/health agency resources
- Techniques for dealing effectively with and providing a high level of customer service to all individuals contacted in the course of work
- Principles, practices and techniques of supervision and training

Ability to:
- Enter and retrieve data from a computer with sufficient speed and accuracy to perform assigned work.
- Work independently and as a team member.
- Use English effectively to communicate in person, over the phone and in writing.
- Organize and prioritize a variety of projects and multiple asks in an effective and timely manner; organize own work, set priorities and meet critical time deadlines.
- Operate modern office equipment including computer equipment and specialized software applications programs.
- Make accurate arithmetic, financial and statistical computations.
- Plan, organize and prioritize daily assignments and work activities.
- Use independent judgment and work discretion in coordinating various projects.
- Supervise and evaluate the work of others.
- Read and interpret materials pertaining to the responsibilities of the job.
- Assemble and analyze information and prepare written reports and records in a clear, concise manner.
- Establish and maintain effective working relationships with those contacted on the job.
- Maintain significant flexibility in daily operations and decision making.

Education and Experience:
Any combinations of training and experience which would provide the required knowledge, skills and abilities are qualifying. A typical way to obtain the required qualifications would be:
- Graduation from an accredited college or university with a bachelor's degree in social/human services, other social or behavioral science, or a business related field.

OR

- Equivalent to completion of the twelfth (12^{th}) grade AND fifteen (15) semester units in social/human services, other social or behavioral science, or a business related field, and;
- Two (2) years of professional experience administering various programs to low-income individuals and families. Supervisory and/or IHSS Public Authority experience is desirable.
- Other combination of education and experience may be considered.

License and Special Requirements:

- Possession of, or ability to obtain and maintain, a valid California Class C Driver License and a satisfactory driving record is required. Individuals who do not meet this requirement due to a disability will be reviewed on a case-by-case basis.

PHYSICAL DEMANDS:

Must possess mobility to work in a standard office setting and use standard office equipment, including a computer; to operate a motor vehicle and to visits various County and meeting sites; vision to read printed materials and a computer screen; and hearing and speech to communicate in person, before groups, and over the telephone. This is primarily a sedentary office classification although standing in work areas and walking between work areas may be required. Finger dexterity is needed to access, enter, and retrieve data using a computer keyboard, typewriter keyboard, or calculator and to operate standard office equipment. Positions in this classification occasionally bend, stoop, kneel, reach, push, and pull drawers open and closed to retrieve and file information. Employees must possess the ability to lift, carry, push, and pull materials and objects, up to 30 pounds, as necessary to perform job functions.

WORKING CONDITIONS:

Employees work in an office environment with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may be exposed to dust, scents, and fumes. Employees may be subject to irregular working hours and average stress due to deadlines. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing department policies and procedures.

EQUAL OPPORTUNITY EMPLOYER /AMERICANS WITH DISABILITIES ACT COMPLIANT /VETERANS` PREFERENCE POLICY /DRUG-FREE WORKPLACE

IHSSPA RESOLUTION NO. _____

RESOLUTION OF THE GOVERNING BOARD OF THE TEHAMA COUNTY IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY ESTABLISHING TERMS AND CONDITIONS OF EMPLOYMENT FOR IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY UNREPRESENTED EMPLOYEES

WHEREAS, the GOVERNING BOARD OF THE TEHAMA COUNTY IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY, hereinafter "PUBLIC AUTHORITY" desires to employ persons to carry out the-duties and responsibilities of the Tehama County In-Home Supportive Services program; and

WHEREAS, it is the desire of the PUBLIC AUTHORITY to provide certain benefits, to establish certain conditions of employment and to set working conditions for said unrepresented employees; and

WHEREAS, the "employer of record" is PUBLIC AUTHORITY and positions identified herein are, for all purposes, employees of PUBLIC AUTHORITY and with respect to this resolution, the County of Tehama is only providing services related to payroll and benefits administration and any reference to County is for the convenience of PUBLIC AUTHORITY and is not intended to establish an employment relationship between County and employees of PUBLIC AUTHORITY; and,

WHEREAS, nothing in this Resolution shall be construed to affect the wages, hours, or term and conditions of employment of Independent IHSS Care Providers who are members of the Tehama County IHSS Care Provider Unit;

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

1. The GOVERNING BOARD of the TEHAMA COUNTY IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY does hereby establish the wages, hours and other terms and conditions of employment for the Unrepresented employees designated in this resolution to be the same as described in the Memorandum of Understanding between the County of Tehama and the Joint Council of International Union of Operating Engineers; Stationary Engineers, Local 39, AFL-CIO, and Service Employees International Union, Local 1292, AFL-CIO (Joint Council), effective July 2, 2023, or any successor agreement, except as otherwise provided herein.

2. The unrepresented employees designated in this resolution are exempt from the following articles: Recognition, Union Security, Union Communication and Meetings, Employee Lists, , Layoff (except as expressly provided below), Contract Dispute Resolution, Discipline, Work Stoppages/Concerted Action, Addresses for Notice, and Voluntary Political Action Committee Deductions of the above referenced Memorandum of Understanding and any successor provision, and from any other provisions of the of the above referenced Memorandum of Understanding, or any successor agreement, that are inconsistent or in conflict with this resolution.

3. Employees designated in this resolution shall serve at the will and pleasure of PUBLIC AUTHORITY'S Executive Director.

4. Effective October 21, 2025 the salary range, as set forth in the above referenced Memorandum of Understanding, for the employees designated in this resolution shall be as follows:

Position	**Range**
Public Authority Program Specialist	22
Public Authority Office Assistant I/II	8/12
Public Authority Supervisor	33

5. The Tehama County Master Salary Schedule shall be revised to reflect the foregoing changes.

6. This Resolution replaces and supersedes all prior Resolutions setting any wages, hours, or terms and conditions of employment for unrepresented positions of the Tehama County In-Home Supportive Services Public Authority.

The foregoing resolution was offered on a motion by Supervisor _____, seconded by Supervisor _____ and adopted by the following vote of the Board:

AYES:

NOES:

ABSENT OR NOT VOTING:

STATE OF CALIFORNIA)
) SS
COUNTY OF TEHAMA)

I, Sean Houghtby, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full true and correct copy of a Resolution and Order adopted by the Board of Supervisors on the _____ day of _____, 2025.

Dated this _____ day of _____, 2025.

Sean Houghtby, County Clerk and ex-officio Clerk of the Board of Supervisors, County of Tehama, State of California

By _____
Deputy

IHSSPA RESOLUTION NO. _____

RESOLUTION NO. _____

PAL CHANGE

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Tehama, State of California, does hereby amend **Resolution 2025-074, the 2025-26** Position Allocation List, as follows:

DEPARTMENT (BUDGET)/POSITION		**ALLOCATION** From	To	**RANGE** From	To	**EFFECTIVE DATE**
IHSS PUBLIC AUTHORITY (5101)						
Public Authority Supervisor	Increase	0.00	1.00	-	33	10/21/25

The Master Salary Schedule and any affected Exhibits will be updated to reflect the above changes, if applicable.

The foregoing resolution was offered on a motion by Supervisor _____, seconded by Supervisor _____ and adopted by the following vote of the Board:

AYES:

NOES:

ABSENT OR NOT VOTING:

STATE OF CALIFORNIA)
) SS
COUNTY OF TEHAMA)

I, Sean Houghtby, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full true and correct copy of a Resolution and Order adopted by the Board of Supervisors on the _____ day of _____, 2025.

Dated this _____ day of _____, 2025.

Sean Houghtby, County Clerk and ex-officio Clerk of the Board of Supervisors, County of Tehama, State of California

By _____
Deputy

RESOLUTION NO. _____

E-Contract Review
Approval as to Form

Department Name: Personnel

Vendor Name: Unrepresented IHSS Public Authority Employees

Contract Description: For the purpose of resolution adding new classification

APPROVED AS TO FORM:



Date: 10/06/2025

Office of the Tehama County Counsel
Margaret Long, County Counsel

Tehama County
SOCIAL SERVICES
ASSIST • EMPOWER • PROTECT

Mailing Address: P.O. Box 1515, Red Bluff, CA 96080
Red Bluff Office: (530) 527-1911 fax (530) 527-5410 310 South Main St.
Corning Office: (530) 824-9182 fax (530) 527-5410 275 Solano St. **www.tcdss.org**

August 27, 2025

TO: Tehama County Chief Administrator, Gabriel Hydrick

CC: Tehama County Personnel Director, Coral Ferrin

RE: **Budget Unit 5062 Tehama County Community Action Agency and Budget Unit 5101 Tehama County Public Authority** requests for Position Allocation List (PAL) amendment and approval of new classification.

The IHSS Public Authority is requesting an amendment to the Budget Unit 5101 PAL to be effective upon approval of Adopted Budget. In addition, we are requesting approval of the newly developed classification specification for Public Authority Supervisor.

The Tehama County Community Action Agency is requesting an amendment to the Budget Unit 5062 PAL to be effective upon approval of Adopted Budget.

The requested PAL changes were also included in the 2025/26 Adopted Budget.

Budget Unit 5101 IHSS Public Authority and Budget Unit 5062 Community Action Agency

The requests are as follows:

Department	Budget Unit	Position Title	Request FTE + or -	FROM	TO	Use existing PAL numbers
Community Action Agency	5062	Community Services Supervisor	-1	2	1	Remove vacant
Public Authority	5101	Public Authority Supervisor	+1	0	1	Requesting new number
TOTAL				2	2	

Additionally, we are requesting approval of the newly developed classification specification of Public Authority Supervisor.

BACKGROUND

The Community Action Agency recently went through staffing changes with a new Program Manager being hired and a vacancy for one of their Community Services Supervisor positions. Analysis of the Community Services Supervisor position duties indicated that the primary need for this role was in supervising the IHSS Public Authority program and staff.

Our Adopted Budget requests to delete one unfilled Community Services Supervisor from the Community Action Agency 5062 budget and to add one Public Authority Supervisor to the IHSS Public Authority 5101 budget. This change will allow for us to recruit the staff with the skills needed and that have interest in this area. In addition, it allows us to hire using a job description that better aligns with the duties and expectations for the role.

The Public Authority Supervisor is a new classification that is closely aligned with the classification specification for Community Services Supervisor. Therefore, we are requesting the salary for the new position to be aligned with the position that is being deleted. The Public Authority Supervisor will be supervised by the Community Action Agency Program Manager. This request is to convert the existing vacancy into a classification better fit to the duties and responsibilities and needs of the department. We worked collaboratively with the Personnel Department to develop this new classification (see attached).

FINANCIAL IMPACT

The cost to add this position at a beginning Step A is $94,958. This includes the annual salary and benefits.

Funding for this position has been requested in the Fiscal Year (FY) 25-26 5101 Public Authority Adopted Budget.

The Public Authority Supervisor may report to the CAA Program Manager. CAA would invoice these supervision costs to Public Authority; the expense is planned for in the Public Authority budget.

There is no impact to the General Fund. Public Authority is fully funded by a State allocation, which earns a federal share. There is no County share, as long as costs remain within the State allocation.

Sincerely,

Shannon Anthony, Social Services Deputy Director - Operations

On behalf of Bekkie Emery, Social Services Director

Tehama County

Agenda Request Form

File #: 25-1533 **Agenda Date:** 10/21/2025 **Agenda #:** 23.

TREASURER / TAX COLLECTOR - Treasurer/Tax Collector Parker R. Hunt

Requested Action(s)
a) RECEIVE DEPARTMENT HEAD OUT OF STATE TRAVEL REPORT - Treasurer/Tax Collector Parker R. Hunt to travel to Virginia for the Government AI Summit with David Bliss, Information System Manager.

b) TRANSFER OF FUNDS - TREASURER/TAX COLLECTOR, B-5, from Contingency (1109-59000) to Other Fees (1022-461060) $4,000; and from Contingency (1109-59000) to Travel (1022-53290) $4,000 **(Requires a 4/5's vote)**

Financial Impact:
The treasury department is self-funded through the treasury pool and will be paying for most of these travel expenses as listed in the attachment. The only cost to the General Fund will be $272.00 for per diem meals that have already been included in the approved travel budget for 1073 - General Services.

Background Information:
This is a request to increase travel expenses by $4,000. The County has a unique opportunity to attend the GovAI Summit in October for free. This increase would cover the travel costs associated with attending the summit. This opportunity wasn't anticipated when crafting the original budget David Bliss and I applied for and received complementary passes, saving the county over $1,000 in registration fees each.

GovAI <https://www.govaisummit.com/agenda-2025> is focused on Federal, State, and Local government with an impressive list of sessions and speakers.

I am very interested in learning more about this space and implementing AI solutions to increase staff productivity in my office. My colleagues are also starting to dip their toes into what AI has to offer local government. I recently went to a meeting in Redding on AI and discovered that our county is already woefully behind the AI curve when compared to small and medium business in our area.

David Bliss is the perfect person to bring along to this event, his participation will directly support and influence my decisions when evaluating which AI solutions might be appropriate for my office. Having David participate will also be beneficial for the entire county. David can apply what he learns at this summit to help develop our countywide AI policy as well as be ready to help implement and deploy AI solutions for other interested departments.

Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-5

DEPARTMENT NAME Treasury

Date: September 23, 2025

I am requesting an increase to my budget appropriations as listed below:

Check one [ ] **"Previous Year Revenue"** [X] **"New Revenue"**

Funding Source Treasury Department Pool Fees - No general fund impact

****Note* ***General Fund and Public Safety "MUST" use Contingency when increasing budget***

Increase Revenue Budget				Increase Expenditure Budget			
FUND DEPT NO	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**	**FUND DEPT NO**	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**
1109	59000	Contingency	$ 4,000.00	1109	59000	Contingency	$ 4,000.00
1022	461060	Other Fees	$ 4,000.00	1022	53290	Travel	$ 4,000.00
		Total Journal	**$ 8,000.00**			Total Journal	**$ 8,000.00**

INCREASE / (DECREASE) APPROVED

9/23/25
SIGNATURE OF REQUESTING OFFICIAL DATE

SANDRA PALMER 9/23/2025
AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117
Jan-19

GovAI Oct 27–29, 2025 Arlington, VA

GovAI Summit 2025 Agenda

Mon 27 | Tue 28 | Wed 29

Breakfast Networking

Oct 27, 2025 7:30 AM to 9:00 AM

Regency Foyer

Opening Keynote: Seizing the Moment — America's AI Action Plan

The 2025 AI Action Plan lays out a sweeping vision for innovation, infrastructure, and global leadership—but the path from policy to implementation requires coordination...

Oct 27, 2025 9:00 AM to 9:20 AM

Regency EF

Keynote

Panel: The White House AI Action Plan — Implementation in Motion

This panel brings together senior leaders tasked with turning the AI Action Plan from vision to execution. Speakers will share how their agencies are coordinating to...

Oct 27, 2025 9:30 AM to 10:00 AM

Regency EF

Panel

Networking Break

Before we head back for more keynotes, take the time network, grab some coffee, and visit with our Sponsors and Partners!

Oct 27, 2025 10:00 AM to 10:30 AM

Regency Foyer

Beyond the Hype: Harnessing Agentic AI for Government Transformation

Sponsored by Moveworks In the pursuit of implementing the American AI Action Plan, the focus often gravitates towards the allure of generative AI. However, recent finding...

Oct 27, 2025 10:30 AM to 10:45 AM

Regency EF

Keynote

Sponsored

AI in Action: Approach to Strategic Prioritization of Use Cases

Sponsored by GDIT The session will feature panelists sharing their firsthand experiences and "from the field" stories. They will unpack the practical steps taken t...

Oct 27, 2025 10:50 AM to 11:15 AM

Regency EF

Panel

Government AI That Works: From Meeting to Mission Delivery

Sponsored by Zoom Government agencies need AI solutions that work within budget and security constraints. This session demonstrates how to transform your team's...

Oct 27, 2025 11:15 AM to 11:30 AM

Regency EF

Keynote

Sponsored

Panel: Modernizing Defense & Security with AI

This panel explores how mission-critical agencies are adopting AI to modernize operations across defense, homeland security, and emergency response. Speakers wi...

Oct 27, 2025 11:35 AM to 12:00 PM

Regency EF

Panel

Day 1 Lunch Break

Oct 27, 2025 12:00 PM to 1:00 PM

Regency Foyer

Fluent in AI: What Every Leader Needs to Know

Description to come.

Oct 27, 2025 1:00 PM to 2:00 PM

Washington B

Workshop

AI Training Workshop

The Builder's Workshop: A Non-technical Guide to Building Your First AI Agent

Designed for beginners with no technical background required, this session walks you through the full agent-building lifecycle, from environment setup to deployment. Key...

Oct 27, 2025 1:00 PM to 2:00 PM

Conference Theatre

Workshop

AI Training Workshop

Driving the Federal AI Revolution: A Roadmap for Impact with DoT Chief AI Officer Mike Horton

Sponsored by Moveworks The Federal Government is at an inflection point in its AI journey. In this session, Former U.S. Department of Transportation Chief AI Officer Mi...

Oct 27, 2025 1:00 PM to 2:00 PM

Potomac 2

Breakout Session

Sponsored

Panel: Operationalizing AI Across Government

Sponsored by Maximus Bridging the gap between pilot projects and scaled adoption remains one of the toughest challenges for agencies. This panel brings together senio...

Oct 27, 2025 1:00 PM to 1:30 PM

Regency EF

Panel

Case Study: From Use Case to Operationalized

Turning AI pilots into real-world impact requires more than proof of concept. In this case study, hear how one agency identified a priority use case, built cross-team...

Oct 27, 2025 1:00 PM to 1:30 PM

Potomac 6

Breakout Session

Case Study

Agency Readiness: Standing Up CAIO Offices

As more agencies appoint Chief AI Officers and supporting teams, the need for internal

infrastructure is rising. This session brings together leaders who have helped establis...

Oct 27, 2025 1:30 PM to 2:00 PM

Potomac 6

Breakout Session

Secure-by-Design AI in Critical Infrastructure

What does secure-by-design actually look like when applied to AI workflows in energy, transportation, or healthcare? This session explores cross-sector approaches to...

Oct 27, 2025 1:30 PM to 2:00 PM

Potomac 1

Breakout Session

Panel: AI & Cyber Resilience — Securing the Next Generation of Government Systems

As AI systems become embedded in federal operations, they also become new attack surfaces. This panel explores how agencies are preparing for AI-specific cyber risks—...

Oct 27, 2025 1:30 PM to 2:00 PM

Regency EF

Panel

Networking Break

Oct 27, 2025 2:00 PM to 2:30 PM

Regency Foyer

Operationalizing AI Across Organizations

Implementing AI in government is not just a technical challenge; it’s a cultural one. While IT teams can build pilots, lasting adoption requires leadership, workforce...

Oct 27, 2025 2:30 PM to 3:30 PM

Washington B

Workshop

AI Training Workshop

AI Cybersecurity + Incident Response in Action

This session cuts through the hype to focus on how cybersecurity teams are preparing for the realities of AI-powered systems and threats. Federal cyber leads and security...

Oct 27, 2025 2:30 PM to 3:30 PM

Potomac 6

Breakout Session

Panel: Federal Workforce & Upskilling — Building AI Capacity from the Inside Out

Sponsored by SAP Government AI adoption isn't just a tech problem—it's a people challenge. This session tackles how agencies are upskilling their workforce, redesigni...

Oct 27, 2025 2:30 PM to 3:00 PM

Regency EF

Panel

Hands-On Intelligent Multi-Agent Systems Workshop

In the rapidly evolving landscape of artificial intelligence, the ability to design and deploy intelligent agents that can collaborate and perform complex tasks is...

Oct 27, 2025 2:30 PM to 3:30 PM

Conference Theatre

Workshop

Government AI Procurement in Practice

AI procurement isn't business as usual. This session dives into how agencies are adapting acquisition workflows to handle emerging tools, services, and vendors in th...

Oct 27, 2025 2:30 PM to 3:00 PM

Potomac 1

Breakout Session

Stop AI from Hurting Your Decision Making

Sponsored by Avenir Technologies AI is like all new technology brought into your organization. People have heard about AI and now they want it. The problem is most...

Oct 27, 2025 2:30 PM to 3:00 PM

Potomac 2

Breakout Session

Sponsored

Panel: State & Local AI Leadership — Innovation from the Ground Up

Some of the most creative uses of AI in public service are happening outside Washington. This panel features state and local leaders who are deploying AI tools to...

Oct 27, 2025 3:00 PM to 3:30 PM

Regency EF

Panel

Networking Break

Oct 27, 2025 3:30 PM to 4:00 PM

Regency Foyer

Building Agents with LangChainJS

Struggling to build complex, context-aware AI agents in your JavaScript applications? We'll see how you can build applications with LangGraphJS and LangChainJS that...

Oct 27, 2025 4:00 PM to 5:00 PM

Conference Theatre

Workshop

AI Training Workshop

Panel: AI Evaluation & Safety Standards — Defining “Safe Enough” in Government

How do agencies know an AI system is reliable, compliant, or fit for mission use? This session looks at the evolving science and policy around AI evaluation, assurance, and...

Oct 27, 2025 4:00 PM to 4:30 PM

Regency EF

Panel

Digital Twins and Generative AI for Training Platforms

Exploring generative AI in training platforms provides insights into how AI can create new and innovative solutions autonomously, revolutionizing training methodologies....

Oct 27, 2025 4:00 PM to 5:00 PM

Washington B

Workshop

Beyond the Metropolis: Implementing AI Governance in Smaller Municipal Governments

Implementing effective AI governance frameworks presents unique challenges for

small to medium municipal governments - such as State College, PA - often differing...

Oct 27, 2025 4:00 PM to 4:30 PM

Potomac 6

Breakout Session

Case Study

Panel: AI Diplomacy & Global Security — Building Trust, Standards, and Strategic Alignment

As AI becomes a pillar of international competition and cooperation, U.S. agencies are playing a key role in shaping the global landscape. This panel explores how federal...

Oct 27, 2025 4:30 PM to 5:00 PM

Regency EF

Panel

Monday Welcome Reception

After a full day of sessions, learning, and connecting, join us for our kickoff Welcome Reception. Enjoy libations and food, and keep the conversation going!

Save the Date

GovAI Summit | Oct 27-29, 2025 | Arlington, VA

ADD TO CALENDAR

Mon 27 | Tue 28 | Wed 29

Breakfast Networking

Oct 28, 2025 7:30 AM to 9:00 AM

Regency Foyer

Keynote

Oct 28, 2025 9:00 AM to 9:15 AM

Regency EF

Keynote

Keynote

Oct 28, 2025 9:15 AM to 9:30 AM

Regency EF

Keynote

Panel: Lessons from Deployment: Enterprise Case Studies That Matter

Enterprises are moving past experimentation and into real deployment—but the path isn't always straightforward. In this session, leaders share case studies from the fron...

Oct 28, 2025 9:35 AM to 10:00 AM

Regency EF

Panel

Networking Break

Oct 28, 2025 10:00 AM to 10:30 AM

Regency Foyer

Keynote

Oct 28, 2025 10:30 AM to 10:45 AM

Regency EF

Keynote

Keynote

Oct 28, 2025 10:50 AM to 11:05 PM

Regency EF

Keynote

Panel: Agentic AI in CX — Real-Time Service, Personalization & Trust

Customer experience is ground zero for AI adoption—and the contact center is just the beginning. Join senior leaders as they discuss how agentic AI is reshaping service...

Oct 28, 2025 11:10 AM to 11:40 AM

Regency EF

Panel

Keynote

Description to come.

Oct 28, 2025 11:45 AM to 12:00 PM

Regency EF

Keynote

Day 2 Lunch Break

Oct 28, 2025 12:00 PM to 1:00 PM

Regency Foyer

UX Design for Agentic AI

Unlock Agentic AI project success in this immersive workshop. Practice designing 3 key levels of agentic AI applications: AI-guided, semi-autonomous, and fully-autonomous...

Oct 28, 2025 1:00 PM to 2:00 PM

Washington B

Workshop

AI Training Workshop

Building Your AI Roadmap — Strategy, Sequencing & Scope

Every enterprise wants to “do AI,” but without a clear roadmap, you’re just layering tools on top of chaos. This session unpacks how to structure your AI adoption path...

Oct 28, 2025 1:00 PM to 2:00 PM

Conference Theatre

Breakout Session

AI Training Workshop

AI Product Ownership: Navigating the Intersection of Business Goals and User Experience

As Generative AI and conversational assistants continue to grow and change, the need for a strategic and user-centered focus to design and development becomes...

Oct 28, 2025 1:00 PM to 1:30 PM

Potomac 6

Breakout Session

Agents Behind the Firewall: Building Agentic AI for the Secure Public Sector

In high-security environments like the U.S. Department of Energy's Office of Project Management (DOE-PM), deploying cutting-edge AI can feel out of reach—not because...

Oct 28, 2025 1:00 PM to 1:30 PM

Potomac 4

Breakout Session

CHIPS Program and Secure Compute

What does it take to secure domestic compute capacity for AI at scale? This session looks under the hood of the CHIPS Program and its intersection with AI infrastructur...

Oct 28, 2025 1:00 PM to 1:30 PM

Potomac 2

Breakout Session

Building Blocks of Tomorrow: From AI-Ready Data to Agentic Systems at S&P Global

In this session, you'll explore how Kensho, S&P Global's AI Innovation Hub, is at the forefront of transforming the organization through innovative strategies for AI-ready...

Oct 28, 2025 1:00 PM to 1:20 PM

Regency EF

Keynote

Panel: AI in Finance — Risk, Intelligence & Customer Value

Financial services teams are deploying AI not just to manage risk, but to unlock

insights and drive new value for customers. This cross-section of industry leaders...

Oct 28, 2025 1:25 PM to 2:00 PM

Regency EF

Panel

A Little Less Conversation: Adventures in AI Interfaces

As intelligent systems grow more capable, they're shifting from conversational partners to collaborators. This calls for a fundamental rethinking of how we interact with AI....

Oct 28, 2025 1:30 PM to 2:00 PM

Potomac 6

Breakout Session

Networking Break

Oct 28, 2025 2:00 PM to 2:30 PM

Regency Foyer

The Voice Inside the Machine: Harnessing the Power & Responsibility of Agentic AI

"The Voice Inside the Machine" explores how human speech, filled with emotional, behavioral, and biometric data, is becoming the next frontier for intelligent agents th...

Oct 28, 2025 2:30 PM to 3:30 PM

Washington B

Workshop

AI Training Workshop

From Stress Test to Safety: Red-Teaming AI Systems

Description to come.

Oct 28, 2025 2:30 PM to 3:30 PM

Conference Theatre

Workshop

AI Training Workshop

Operationalizing AI Across the Org — From First Wins to Foundation

This class explores how to evolve from early wins into repeatable processes, integrated systems, and cross-departmental alignment. We'll talk through scaling...

Oct 28, 2025 2:30 PM to 3:00 PM

Conference Theatre

Breakout Session

A Lifecycle Approach to Agentic AI for CX Transformation

When PRADCO's initial conversational AI implementation failed to deliver reliable customer support during significant growth, they discovered that traditional...

Oct 28, 2025 2:30 PM to 3:00 PM

Potomac 6

Breakout Session

Grid Modernization for AI-Powered Systems

AI needs power—and a smarter grid to deliver it. This session explores how federal and regional energy authorities are responding to the surge in demand from data centers...

Oct 28, 2025 2:30 PM to 3:00 PM

Potomac 2

Breakout Session

Panel: Agentic AI in Media — From Content Creation to Campaign Intelligence

From newsroom workflows to ad-buy optimization, media orgs are on the front lines of AI experimentation. This panel explores how agentic systems are driving...

Oct 28, 2025 2:30 PM to 3:00 PM

Regency EF

Panel

Growing into AI at the Nation's 5th largest City

Join us as we share the City of Phoenix's journey in building a responsible and effective AI governance program. This session will explore the frameworks that shape...

Oct 28, 2025 2:30 PM to 3:00 PM

Potomac 4

Breakout Session

Case Study

Beyond the Buzz: Why Training Data Still Determines the Limits of AI

As AI rapidly integrates into global business operations—from automating customer support to powering financial forecasting—there's a crucial question we can't afford t...

Oct 28, 2025 3:00 PM to 3:30 PM

Potomac 6

Breakout Session

Case Study

Panel: Cutting Through the Noise — Building Credible AI Strategy in the Age of Hype

How do you separate substance from snake oil in today's AI landscape? This session helps enterprise leaders navigate the chaos—covering decision frameworks, tooling...

Oct 28, 2025 3:00 PM to 3:30 PM

Regency EF

Panel

Networking Break

Oct 28, 2025 3:30 PM to 4:00 PM

Regency Foyer

Designing AI Systems the Public Can Trust

Artificial intelligence is now embedded in the most critical functions of public service. These systems determine where aid flows, which communities receive alerts, and ho...

Oct 28, 2025 4:00 PM to 4:30 PM

Potomac 2

Breakout Session

Case Study

Evaluating LLM Behavior: QA + Root Cause for Actionable Insights

A practical, 60-minute training on evaluating LLM quality in production. We connect core QA signals (accuracy, safety, context precision/recall, containment correctness,...

Oct 28, 2025 4:00 PM to 5:00 PM

Washington B

Workshop

AI Training Workshop

Build and Benchmark Your First vLLM-Powered Agent

vLLM is an optimized, efficient and fast generative AI inferencing engine. In this hands-on lab, you'll go beyond basic model serving. Participants will deploy a fast vLLM...

Oct 28, 2025 4:00 PM to 5:00 PM

Conference Theatre

Workshop

AI Training Workshop

AI Infrastructure = Jobs: Skilled Trades & Labor Strategy

Beyond developers and data scientists, AI infrastructure demands electricians, HVAC techs, machinists, and more. This session focuses on the skilled labor strategy neede...

Oct 28, 2025 4:00 PM to 4:30 PM

Potomac 4

Breakout Session

Panel: Inside the Machine — How Enterprises Are Operationalizing AI

Hiring external consultants. Standing up internal AI task forces. Rethinking team structures and workflows. This panel pulls back the curtain on how enterprise orgs a...

Oct 28, 2025 4:00 PM to 4:30 PM

Regency EF

Panel

Day 2 Closing Keynote

Description to come.

Oct 28, 2025 4:30 PM to 5:00 PM

Regency EF

Keynote

Scaling AI Training and Talent Within Agencies

Getting your workforce AI-ready takes more than a one-time course. This session shares examples from agencies building internal capability through ongoing training,...

Oct 28, 2025 4:30 PM to 5:00 PM

Potomac 4

Breakout Session

Mon 27 | Tue 28 | Wed 29

Breakfast Networking

Oct 29, 2025 8:00 AM to 9:00 AM

Regency Foyer

Keynote

Oct 29, 2025 9:00 AM to 9:15 AM

Regency EF

Keynote

Keynote

Oct 29, 2025 9:15 AM to 9:30 AM

Regency EF

Keynote

Panel: Healthcare in the Age of Agents — Clinical, Operational & Ethical Impact

From scheduling and triage to diagnostics and documentation, AI is beginning to reshape every layer of the healthcare experience. This panel explores how agentic...

Oct 29, 2025 9:35 AM to 10:00 AM

Regency EF

Panel

Networking Break

Oct 29, 2025 10:00 AM to 10:30 AM

Regency Foyer

Keynote

Oct 29, 2025 10:30 AM to 10:45 AM

Regency EF

Keynote

Panel: From Pilot to Payoff — Roadmaps, Buy-In & ROI

It’s not just about building the tech—it’s about getting alignment, funding, and traction across the org. This session brings together leaders who've successfully navigated th...

Oct 29, 2025 10:50 AM to 11:15 AM

Regency EF

Panel

Keynote

Oct 29, 2025 11:15 AM to 11:30 AM

Regency EF

Keynote

Panel: Human-in-the-Loop vs. Fully Autonomous — Finding the Right Fit

Agentic AI invites new questions about autonomy, oversight, and risk. This panel dives into real-world examples of where humans should remain in control, where systems...

Oct 29, 2025 11:35 AM to 12:00 PM

Regency EF

Panel

Day 3 Lunch Break

Oct 29, 2025 12:00 PM to 1:00 PM

Regency Foyer

Case Study — Tuning Into the Future: Scaling Personalization in Media with AI

Media companies are sitting on a mountain of content and audience data—but turning that into action requires more than just good intentions. This case explores how one...

Oct 29, 2025 1:00 PM to 1:30 PM

Potomac 1

Breakout Session

Case Study

Case Study — AI and the CFO’s Office: Risk, Reconciliation, and Real-Time Forecasting

AI isn’t just a tool for product teams—it’s reshaping the financial core of the enterprise. This session spotlights how one financial org used AI to streamline...

Oct 29, 2025 1:00 PM to 1:30 PM

Potomac 6

Breakout Session

Case Study

AI Centers of Excellence & Regional Testbeds

How are agencies building sandboxes for innovation? This session highlights AI Centers of Excellence and federally supported testbeds as proving grounds for governance,...

Oct 29, 2025 1:00 PM to 1:30 PM

Potomac 4

Panel

Exporting the American AI Stack

As allies and competitors race to define their national AI ecosystems, U.S. agencies are shaping how AI models, tools, and infrastructure are shared abroad. This session...

Oct 29, 2025 1:00 PM to 1:30 PM

Potomac 2

Panel

AI in Hospitality: Personalization, Efficiency & Guest Experience

Hospitality leaders are turning to AI to transform every stage of the guest journey—from tailored recommendations and dynamic pricing to real-time service and...

Oct 29, 2025 1:00 PM to 1:30 PM

Regency EF

Panel

Case Study — Smarter Merchandising at Scale: Inside a Retail AI Rollout

From supply chain fluctuations to shifting demand, retail is built on constant change. This case study dives into how one national retailer deployed AI for inventory...

Oct 29, 2025 1:30 PM to 2:00 PM

Potomac 1

Breakout Session

Case Study

Case Study — From Intake to Insight: Deploying AI in Patient Experience and

Case Study — From Intake to Insight: Deploying AI in Patient Experience and Clinical Ops

In this healthcare case study, we follow the journey of a major provider as they layered AI across patient intake, scheduling, and clinical decision support. Hear how they...

Oct 29, 2025 1:30 PM to 2:00 PM

Potomac 6

Breakout Session

Case Study

Biosecurity in The Age of AI

The same tools that power discovery can also amplify risk. This session examines how AI is being used—and regulated—in biosecurity and biosafety contexts, including dua...

Oct 29, 2025 1:30 PM to 2:00 PM

Potomac 2

Breakout Session

AI in Supply Chain: Resilience, Visibility & Optimization

From forecasting demand to managing risk, AI is reshaping how supply chains operate in an increasingly complex global environment. This panel convenes leaders from...

Oct 29, 2025 1:30 PM to 2:00 PM

Regency EF

Panel

Networking Break

Oct 29, 2025 2:00 PM to 2:30 PM

Regency Foyer

Case Study — AI Meets Human Touch: Reimagining Guest Experience with Smart Ops

In a sector where personalization is everything, one global hospitality brand used AI to reengineer its guest journey—from reservation to post-stay follow-up. This case...

Oct 29, 2025 2:30 PM to 3:00 PM

Potomac 1

Breakout Session

Case Study

Demand Forecasting in Supply Chain Using Artificial Intelligence Basis Machine Learning

In today’s highly competitive retail landscape, accurately predicting future demand is critical for success. This presentation focuses on forecasting department level sales...

Oct 29, 2025 2:30 PM to 3:00 PM

Potomac 6

Breakout Session

Case Study

Education & Apprenticeships for AI Infrastructure

The long game of AI implementation depends on strong, equitable pipelines. This session spotlights apprenticeship models, community college partnerships, and cros...

Oct 29, 2025 2:30 PM to 3:00 PM

Potomac 4

Breakout Session

Tech Standards as Diplomacy Tools

Technical standards don’t just shape interoperability—they shape influence. This session dives into how U.S. agencies and standards bodies are collaborating to lead...

Oct 29, 2025 2:30 PM to 3:00 PM

Potomac 2

Keynote

Agent Assist That Actually Helps: Training and Scaling AI in the Call Center

Contact centers are fertile ground for AI—but only if the tech truly supports your team. This session unpacks how one enterprise rolled out agent assist and knowledge...

Oct 29, 2025 3:00 PM to 3:30 PM

Potomac 1

Breakout Session

Case Study

Case Study — Line by Line: How AI Is Transforming Predictive Maintenance and QA

This case dives into how a global manufacturer deployed AI to monitor equipment health, flag anomalies, and reduce downtime on the factory floor. With a focus on...

Oct 29, 2025 3:00 PM to 3:30 PM

Potomac 6

Breakout Session

Save the Date

GovAI Summit | Oct 27-29, 2025 | Arlington, VA

ADD TO CALENDAR

GovAI

GOVAI is the premier event for the next evolution of AI—where autonomous agents, multimodal AI, and automation redefine how humans and machines collaborate.

Powered by modev

QUICK LINKS

Register to Attend

Sponsor Prospectus

Apply to Speak

IMPORTANT STUFF

Contact Us

Code of Conduct

Privacy Policy

Terms of Use

NEXT EVENTS

AGENTIC | Arlington | Oct 27-29

GovAI Summit | Arlington | Oct 27-29

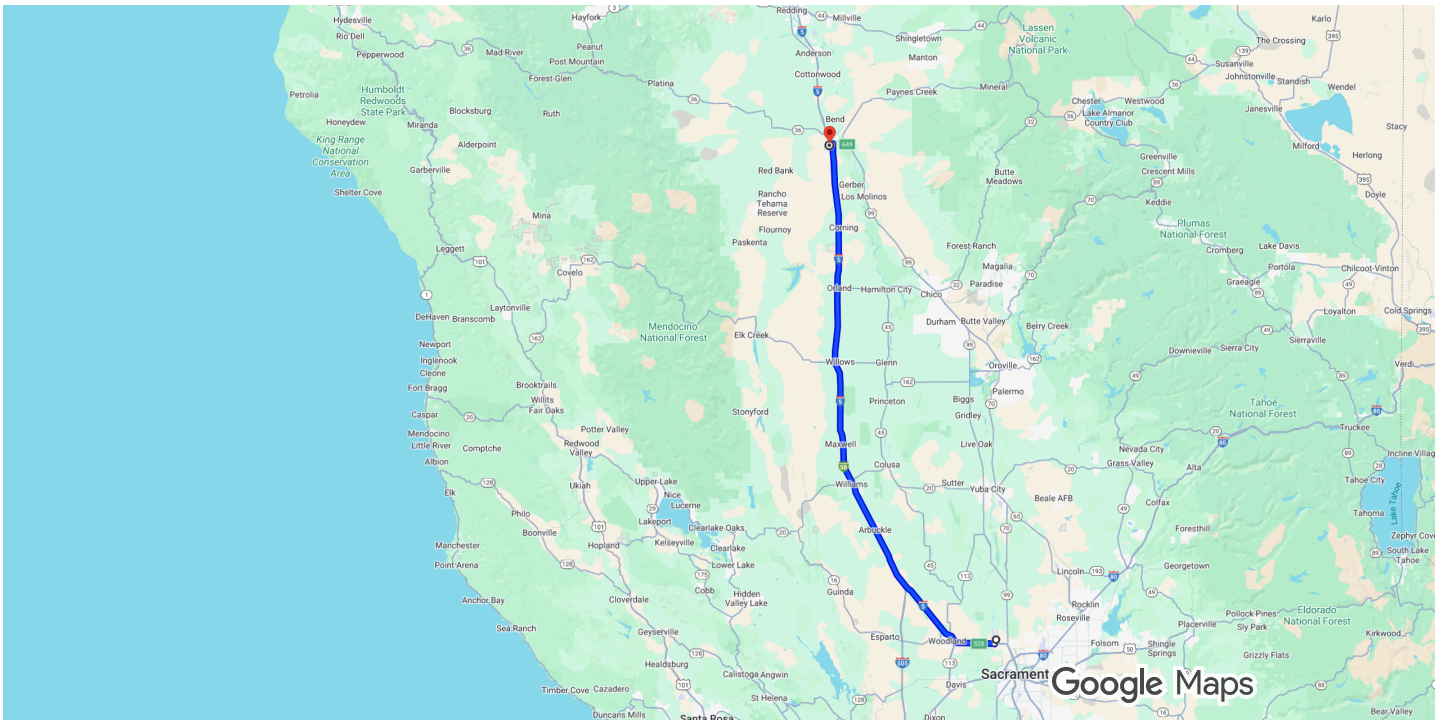
AI Conference
Estimated Trip Cost

	Parker Hunt	David Bliss	Total
Drive	171.50	-	171.50
Parking	60.00	-	60.00
Flights	582.86	582.86	1,165.72
Hotels	1,137.93	1,137.93	2,275.86
Per Diem	272.00	272.00	544.00
Total	2,224.29	1,992.79	4,217.08

Google Maps

444 Oak St, Red Bluff, CA 96080 to 444 Oak St, Red Bluff, CA 96080

Drive 245 miles, 3 hr 46 min



Map data ©2025 Google 10 mi

444 Oak St
Red Bluff, CA 96080

Get on I-5 S

2 min (0.8 mi)

1. Head northeast on Oak St toward Washington St

0.2 mi

2. Continue onto CA-36 E/Antelope Blvd

0.4 mi

3. Use the right lane to take the ramp to Sacramento

0.2 mi

Follow I-5 S to Airport Blvd in Sacramento County. Take exit 528 from I-5 S

1 hr 45 min (120 mi)

4. Merge onto I-5 S

120 mi

5. Take exit 528 toward Sac Int'l Airport

0.3 mi

Continue on Airport Blvd to your destination

8 min (1.6 mi)

6. Turn left onto Airport Blvd

0.6 mi

7. Use the right lane to take the ramp to Garden Highway

0.2 mi

8. Take the ramp to Crossfield Dr

85 ft

9. At the traffic circle, take the 3rd exit onto Crossfield Dr

0.1 mi

10. Turn right onto Meister Way

351 ft

11. Turn left

384 ft

12. Continue straight

0.3 mi

13. Slight right

0.1 mi

14. Continue straight

328 ft

15. Turn right

374 ft

16. Turn right

Destination will be on the left

92 ft

1 hr 55 min (123 mi)

SMF East Economy Parking

East Economy Parking, 030 Aviation Dr, Sacramento, CA 95837

Get on I-5 N from Aviation Dr and Crossfield Dr

4 min (1.4 mi)

17. Head west toward Aviation Dr

367 ft

18. Turn left toward Aviation Dr

374 ft

19. Turn right toward Aviation Dr

115 ft

20. Turn left onto Aviation Dr

0.3 mi

21. Continue onto Crossfield Dr

446 ft

22. At the traffic circle, take the 2nd exit and stay on Crossfield Dr

0.2 mi

23. At the traffic circle, take the 3rd exit onto the Airport Blvd ramp

0.3 mi

24. Merge onto Airport Blvd

0.1 mi

25. Use the right lane to merge onto I-5 N via the ramp to Redding

0.3 mi

Follow I-5 N to Antelope Blvd in Red Bluff. Take exit 649 from I-5 N

1 hr 45 min (120 mi)

26. Merge onto I-5 N

120 mi

27. Take exit 649 toward Central Red Blf

0.3 mi

Continue on Antelope Blvd. Drive to Oak St

2 min (0.8 mi)

28. Turn left onto Antelope Blvd

0.6 mi

29. Continue straight onto Oak St

Destination will be on the right

0.1 mi

1 hr 51 min (123 mi)

444 Oak St

PARKING

Explore your parking options.

Daily | Economy

CHECK PARKING SPACE COUNTS HERE. (LOTS MAY CLOSE IF AVAILABILITY SHOWS ~250 SPOTS). PLEASE REFERENCE OVERHEAD SIGNAGE AND CONSTRUCTION MESSAGE BOARDS AS YOU ENTER THE AIRPORT TO KNOW WHICH LOTS ARE OPEN AND CLOSED.

EAST ECONOMY PARKING LOT

- The East Economy Lot is a ticketed parking area. Upon entry, you'll receive a ticket. When you're ready to leave, simply scan your ticket to pay or use a credit/debit card directly at the exit for a smooth, hassle-free checkout.
- $2 per 1/2 hour for each half hour or part thereof.
- $11/day maximum.
- Shuttle service provided at 25-30 minute intervals. It can take 60 minutes from the time you park until the time you arrive at the terminal.
- May fill to capacity during peak travel times.
- All parking is available on a first-come, first-served basis. Reservations are not available.
- These are the farthest lots from the terminals and there is no walking path.

WEST ECONOMY PARKING LOT (PRE-PAY BY LICENSE PLATE) - CURRENTLY CLOSED

- The West Economy Parking is pre-pay by license plate.
- $11/day maximum.
- Due to this pre-pay system, there is no parking count for this parking lot.
- Customers will need to pay when they park by entering their license plate number at the pay station (located inside the bus shelters) and providing electronic payment.
- Shuttle service provided at 25-30 minute intervals. It can take 60 minutes from the time you park until the time you arrive at the terminal.
- May fill to capacity during peak travel times.

- All parking is available on a first-come, first-served basis. Reservations are not available.
- These are the farthest lots from the terminals and there is no walking path.
- Need to add time to your parking or request a refund, call 916-874-0825.

SOUTH ECONOMY PARKING LOT

- The South Economy Lot is a ticketed parking area. Upon entry, you'll receive a ticket. When you're ready to leave, simply scan your ticket to pay or use a credit/debit card directly at the exit for a smooth, hassle-free checkout.
- $2 per 1/2 hour for each half hour or part thereof.
- $11/day maximum.
- Shuttle service provided at 25-30 minute intervals. It can take 60 minutes from the time you park until the time you arrive at the terminal.
- May fill to capacity during peak travel times.
- All parking is available on a first-come, first-served basis. Reservations are not available.
- These are the farthest lots from the terminals and there is no walking path.

Tips for Parking

Airport Shuttles +

Dead Batteries/Lost Cars +

Directional Videos +

Disabled Services +

Electric Vehicle Charging +

Full (Closed) Lots +

Long Term Parking +

Oversized Vehicles +

Payment +

Security +

RAPID REWARDS #	Join or Log in
TICKET #	5262380024212
EST. POINTS EARNED	5,000

Rapid Rewards® points are only estimations.

Your itinerary

Flight 1: Sunday, 10/26/2025 Est. Travel Time: **6h 35m** Choice Preferred

	DEPARTS		ARRIVES
FLIGHT # 1900	SMF 01:20PM Sacramento		BNA 07:25PM Nashville

Stop: Change planes

	DEPARTS		ARRIVES
FLIGHT # 1318	BNA 08:10PM Nashville		DCA 10:55PM Wash. D.C. (Reagan)

Flight 2: Wednesday, 10/29/2025 Est. Travel Time: **7h 40m** Choice Preferred

	DEPARTS		ARRIVES
FLIGHT # 2229	DCA 04:00PM Wash. D.C. (Reagan)		SMF 08:40PM Sacramento

Stop: Las Vegas no plane change

Payment information

Total cost

Air - COLZSG

Base Fare	$	999.74
U.S. Transportation Tax	$	74.98
U.S. 9/11 Security Fee	$	22.40
U.S. Flight Segment Tax	$	41.60
U.S. Passenger Facility Chg	$	27.00
Total	**$**	**1,165.72**

Payment

August 22, 2025
Payment Amount **$582.86**
Visa ending in **2225**

August 22, 2025
Payment Amount **$582.86**
Visa ending in **2225**

Fare rules: if you decide to make a change to your current itinerary it may result in a fare increase.

What to expect on your trip, and a few reminders.

11:04 5G 73%

Reservation Details



Hyatt Regency Crystal City at Reagan National Airport

Hotel Category 3

2799 Richmond Highway
Arlington, Virginia 22202

+1 703 418 1234

Sun, Oct 26 - Thu, Oct 30

Check-in 04:00 PM

Checkout 11:00 AM

Billing Summary

1 King Bed

4 Nights, 2 Rooms, 2 Adults

Rate Summary

Total Per Room **$1,137.93 USD**

Change Currency

KRISTA PETERSON
Auditor-Controller

JULIEANNE MANNING
Assistant Auditor-Controller

TEHAMA COUNTY AUDITOR-CONTROLLER

April 1, 2025

To: All Department Heads/Budget Units

Re: Employee Travel Reimbursement

Resolution #2016-67, adopted by the Board of Supervisors on September 20, 2016 established "...the mileage reimbursement rate shall be adjusted on July 1st of each year to equal the Internal Revenue Service rate on March 1st of that year, except in those instances in which the IRS standard mileage reimbursement rate decreases, in which case the decrease shall be effective on the date determined by the IRS."

The IRS rate on January 1, 2025 was set at 70 cents per mile.

Currently, the rate is set at 67 cents per mile. That rate will be in effect through June 30, 2025, increasing on July 1, 2025, to 70 cents.

Resolution #2019-71, adopted by the Board of Supervisors on June 4, 2019, established per diem meal rates and conditions for meal reimbursement for *general employee travel effective July 1, 2019. The per diem amounts are to be equal to the GSA low rate for California on March 1st of the current year.

The per diem amounts for FY 2025-26 are as follows:

Breakfast	**$16.00**
Lunch	**$19.00**
Dinner	**$28.00**
Incidental Expenses (per night)	**$ 5.00**
Total	**$68.00**

The total per diem rate for meals is currently $54 through June 30, 2025. The rates for Fiscal Year 2025-26, including the Incidental Expense is $68.00. The total per diem for meals will be $63.00 through June 30, 2026.
Employees are eligible for the Incidental Expense allowance with an overnight stay only.

*Certain elected officials, Supervisors and Commissioners (Resolution 2016-58), and Transporters (Resolution 2017-42) have separate reimbursement policies.

Krista Peterson
Auditor-Controller

cc: Auditor Staff
Board of Supervisors
Administration

Tehama County

Agenda Request Form

File #: 25-1807 **Agenda Date:** 10/21/2025 **Agenda #:** 24.

TEHAMA COUNTY BOARD OF EQUALIZATION - County Assessor Burley Phillips

Requested Action(s)

a) Request approval of the following stipulations as recommended by the County Assessor:

1) Assessment Appeal No. 22-2023, Reynolds Consumer Products LLC

b) Request approval of the following withdrawals as recommended by the County Assessor:

1) Assessment Appeal No. 17-2023, US Bank of California
2) Assessment Appeal No. 20-2023 A-D, TA Operating LLC

Financial Impact:

Reference the attached Stipulation Agreements.

Background Information:

Reference the attached background information.

This appeal is identified as application number #22-2023

Date Received: November 28, 2023
Certification Date: November 13, 2023
Applicant: Reynolds Consumer Products LLC
Agent: Baden Tax Management LLC
Assessment Number: 035-470-023
Owner Address:
6920 Pointe Inverness Way #301
Fort Wayne, IN 46804

Brief History of Subject

The subject concerns fixtures for Reynolds Consumer Products LLC. On the 2023 Business Property Statement, the applicant reported structural improvements that were assessed as fixtures, as no description of the items was initially provided.

Following the assessment, the applicant's agent filed an appeal and provided detailed descriptions and cost documentation for the reported items.

During the appeal process, the agent for Reynolds submitted detailed information regarding the assessed items. Upon review, it was determined that the reported costs were associated with real property maintenance rather than fixtures. These costs should not have been assessed as fixtures, as they do not meet the definition — specifically, they are not used to directly apply to or augment the process or function of a trade, industry, or profession.

The erroneously reported structural items have been removed from the fixture assessment as they represent real property maintenance. Applicable items have been reclassified as personal property/equipment where appropriate.

The applicant has agreed with the revised valuation.

The Assessor's Office requests approval of the stipulated value.

BOE-305-S (P1) REV. 02 (07-15)

STIPULATION AGREEMENT

To be completed by the Assessor and filed with the Clerk of the Board at the address shown.

BEFORE THE COUNTY BOARD

COUNTY OF Tehama **, STATE OF CALIFORNIA**

IN THE MATTER OF THE APPLICATION OF:

Reynolds Consumer Products LLC
NAME OF APPLICANT

22-2023
APPLICATION NUMBER(S)

035-470-023
PARCEL OR FILE NUMBER(S)

STIPULATION TO VALUE

For the *Assessment Appeal Application* referenced above, the applicant and the Assessor stipulate the following:

1. This stipulation agreement is made pursuant to Revenue and Taxation Code section 1607 and becomes effective only upon acceptance by the County Board.

2. The corrected assessed value of the property described in the application and enrolled upon the assessment roll for the year indicated shall be as hereafter set forth. The Assessor has reviewed the values and is now of the opinion that the full taxable value of the property, as of the lien date or event date (for change in ownership or new construction), should have been the values listed below as "Corrected Assessed Value."

ASSESSMENT YEAR 20 23 - 20 24 ☑ REGULAR ☐ SUPPLEMENTAL	ASSESSOR'S ROLL VALUE	APPLICANT'S OPINION OF VALUE	CORRECTED ASSESSED VALUE	DIFFERENCE *(ROLL VALUE MINUS CORRECTED ASSESSED VALUE)*
LAND				
IMPROVEMENTS/ STRUCTURES				
CROPS/TREES AND VINES				
MANUFACTURED HOME - PERSONAL PROPERTY				
FIXTURES	13,113,540	11,315,730	11,393,910	-1,719,630
PERSONAL PROPERTY	2,541,490	2,541,490	2,782,630	241,140
TOTALS	15,655,030	11,315,730	14,176,540	-1,478,490
PENALTY				

BOE-305-S (P2) REV. 02 (07-15)

3. The facts upon which the change in assessed value is based are as follows:

The subject concerns fixtures for Reynolds Consumer Products LLC. On the 2023 Business Property Statement, the applicant reported structural improvements that were assessed as fixtures, as no description of the items was initially provided.

During the appeal process, the agent for Reynolds submitted detailed information regarding the assessed items. Upon review, it was determined that the reported costs were associated with real property maintenance rather than fixtures. These costs should not have been assessed as fixtures, as they do not meet the definition — specifically, they are not used to directly apply to or augment the process or function of a trade, industry, or profession.

As a result, the erroneously reported structural items have been removed from the assessment, as they represent real property maintenance rather than fixtures or personal property. In addition, some items have been reclassified as personal property or equipment where appropriate.

The applicant has agreed with the revised valuation.

The undersigned respectfully requests that the County Board accept the stipulation, waive the appearance of the applicant, and change the assessed value in accordance with Revenue and Taxation Code section 1610.8 and the California Constitution, Article XIII, section 16.

The applicant understands that in the event this stipulation agreement is not approved by the County Board prior to the time that taxes, or any portion thereof, become due, payment shall be made in accordance with the appropriate provisions of the Revenue and Taxation Code.

Further, applicant understands that the County Board may reject this stipulation agreement, and set or reset this application for hearing, pursuant to Revenue and Taxation Code section 1607.

I hereby stipulate to the values for the subject property, as stated in the "Corrected Assessed Value" section of this agreement. If the corrected value(s) is approved by the County Board, the stipulation agreement also constitutes a withdrawal of the Assessment Appeal Application.

SIGNATURE ▶ Leslie Richards	DATE EXECUTED 10/14/2025
NAME OF AUTHORIZED SIGNER Leslie Richards - Baden Tax Management	TITLE Authorized Agent

FILING STATUS

☑ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED

☐ CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____ ☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

SIGNATURE OF COUNTY ASSESSOR ▶	PRINT NAME OF COUNTY ASSESSOR Burley Phillips
SIGNATURE OF COUNTY COUNSEL ▶	PRINT NAME OF COUNTY COUNSEL

FOR COUNTY BOARD USE ONLY

☐ The stipulation agreement is approved and appearance is waived. The full value of the property in question is changed in accordance with Revenue and Taxation Code section 1607.

☐ The stipulation agreement is rejected, and the *Assessment Appeal Application* is set for hearing on: _____ DATE

ATTEST BY COUNTY BOARD:

DATED: _____

BY: _____ CHAIRPERSON

_____ CLERK OF THE BOARD

This appeal is identified as application number #17-2023

Date Received: November 27, 2023
Certification Date: November 21, 2023
APN's: 029-381-004
Applicant:
US Bank of California
One US Bank Plaza
St Louis, MO 63101
Agent: Ryan LLC

Brief History of Subject

The applicant has elected to withdraw the appeal as the matter had been resolved by a previous appeal.

We respectfully request that this withdrawal be accepted.

BOE-305-WD REV. 02 (07-15)

ASSESSMENT APPEAL WITHDRAWAL

Mail or fax the completed form to the Clerk of the Board at the address shown.

APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT					HEARING DATE *if applicable*
US Bank of California					10/21/25
MAILING ADDRESS OF APPLICANT *(STREET ADDRESS OR P. O. BOX)*				EMAIL ADDRESS	
One US Bank Plaza					
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
St Louis	MO	63101	( )	( )	( )

I no longer wish to pursue an assessment appeal on the property, or properties, indicated below and hereby request that the *Assessment Appeal Application* be withdrawn.

APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
17-2023	029-381-004-000
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER

☐ ADDITIONAL AFFECTED APPLICATIONS ARE LISTED ON ATTACHMENT. NUMBER OF PAGES ATTACHED: _____

An *Assessment Appeal Application* may be withdrawn at any time prior to or at the time of the hearing upon submission of this request, unless the Assessor has given the applicant a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

Withdrawals are final and will conclude any further action on the appeal. No conditional withdrawals will be accepted.

CERTIFICATION

I certify that I am authorized to transact all business relating to the above filing, including this withdrawal of the Assessment Appeal Application.

SIGNATURE	DATE
▶	10/13/25
PRINT NAME OF AUTHORIZED SIGNER	TITLE
Andrew Lauter	Senior Manager
COMPANY NAME	EMAIL ADDRESS
Ryan LLC	andrew.lauter@ryan.com

FILING STATUS

☐ OWNER ☑ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED

☐ CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____ ☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

FOR COUNTY BOARD USE ONLY

☐ The withdrawal request is accepted and will conclude any further action on the appeal.

☐ The withdrawal request is denied. The Assessor has delivered a notice of increase. Your appeal will be set for hearing, in which you will be notified of the date no less than 45 days prior to the hearing date.

☐ The withdrawal request is denied by the appeals board. In accordance with section 1610.8, the appeals board has the authority to proceed with an assessment review to determine the full value of the property or other issues.

ATTEST BY COUNTY BOARD:

DATED: _____

BY: _____ _____

CHAIRPERSON CLERK OF THE BOARD

This appeal is identified as application number #20-2023 A - D

Date Received: **November** 28, 2023
Certification Date: **November** 27, 2023
APN's: 087-090-013, 087-090-041, 087-090-042, 087-090-069
Applicant:
TA Operating LLC
501 Westlake Park Blvd
Houston, TX 77079
Agent: Ducharme, McMillen & Associates, Inc

Brief History of Subject

The applicant has elected to withdraw the appeal as they have agreed that the assessed value is correct.

We respectfully request that this withdrawal be accepted.

602

BOE-305-WD REV. 02 (07-15)

ASSESSMENT APPEAL WITHDRAWAL

Mail or fax the completed form to the Clerk of the Board at the address shown.

RECEIVED
SEP 29 2025
TEHAMA COUNTY BOARD OF EQUALIZATION

APPLICANT AND PROPERTY INFORMATION

NAME OF APPLICANT					HEARING DATE *if applicable*
TA Operating LLC					10/21/2025
MAILING ADDRESS OF APPLICANT *(STREET ADDRESS OR P. O. BOX)*				EMAIL ADDRESS	
501 Westlake Park Blvd					
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE	ALTERNATE TELEPHONE	FAX TELEPHONE
Houston	TX	77079	( )	( )	( )

I no longer wish to pursue an assessment appeal on the property, or properties, indicated below and hereby request that the *Assessment Appeal Application* be withdrawn.

APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
20-2023 A-D	087090041, 087090069, 087090042, 087090013
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER
APPLICATION NUMBER	PARCEL, ACCOUNT OR TAX BILL NUMBER

☐ ADDITIONAL AFFECTED APPLICATIONS ARE LISTED ON ATTACHMENT. NUMBER OF PAGES ATTACHED: _____

An *Assessment Appeal Application* may be withdrawn at any time prior to or at the time of the hearing upon submission of this request, unless the Assessor has given the applicant a written notice of an intention to recommend an increase in the assessed value of the property. Additionally, the county Board can decide to review an assessment even though the Assessor and applicant may have agreed to withdraw the appeal.

Withdrawals are final and will conclude any further action on the appeal. No conditional withdrawals will be accepted.

CERTIFICATION

I certify that I am authorized to transact all business relating to the above filing, including this withdrawal of the Assessment Appeal Application.

SIGNATURE	DATE
▶ Richard Hanna	9/26/2025
PRINT NAME OF AUTHORIZED SIGNER	TITLE
Richard Hanna	Senior Tax Manager
COMPANY NAME	EMAIL ADDRESS
Ducharme, McMillen, & Associates, Inc.	rhanna@dmainc.com

FILING STATUS

☐ OWNER ☑ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTED

☐ CALIFORNIA ATTORNEY, STATE BAR NUMBER: _____ ☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

FOR COUNTY BOARD USE ONLY

☐ The withdrawal request is accepted and will conclude any further action on the appeal.

☐ The withdrawal request is denied. The Assessor has delivered a notice of increase. Your appeal will be set for hearing, in which you will be notified of the date no less than 45 days prior to the hearing date.

☐ The withdrawal request is denied by the appeals board. In accordance with section 1610.8, the appeals board has the authority to proceed with an assessment review to determine the full value of the property or other issues.

ATTEST BY COUNTY BOARD:

DATED: _____

BY: _____
CHAIRPERSON

_____
CLERK OF THE BOARD

Tehama County

Agenda Request Form

File #: 25-1792 **Agenda Date:** 10/21/2025 **Agenda #:** 25.

ASSESSOR / PERSONNEL - Assessor Burley Phillips

Requested Action(s)
a) OTHER THAN "A" STEP - Request approval to appoint the applicant as Assessment Clerk I, Range 12, Step E, effective 10/22/25 or upon successful completion of all pre-employment requirements.

Financial Impact:
The position is part of the Assessor's Office PAL and is budgeted for the FY 25/26 Budget.

Background Information:
Candidate meets the experience requirements for the Assessment Clerk I position. This applicant has five (5) years of office and reception experience.

Personnel has reviewed the candidate's experience and agrees with the other than A step placement.

OTHER THAN "A" STEP REQUEST

The Board of Supervisors, on November 13, 1990, asked to receive consistent information from Department Heads who request to hire a new employee at other than "A" step of the classification range. Board policy cites that "A" step is the normal and desired starting point in a classification unless compelling reasons exist to start an individual at a higher step.*

**Please note that the Board has previously provided direction that a pay disparity between Tehama and other counties is not, in and of itself, a sufficient compelling reason to start an employee at higher than "A" step.*

FROM: Assessor
TO: Board of Supervisors/Personnel Office

RE: Request to hire an applicant in the following classification:
Assessment Clerk I at other than "A" step.

Please answer the following questions so that the Board may more objectively assess the request. Send the completed form along with the Agenda Request Form to the Personnel office, allowing sufficient time for review and approval/disapproval prior to the anticipated hiring date. Requests for "C" step or above will be referred to the Board of Supervisors on the regular agenda for their consideration. Requests for "B" step will be placed on the consent agenda for approval.

1. $ 17.24 Step A Request: $ 20.96 Step E

2. Total applications received during recruitment for this position: 20
   Total number of "qualified" applicants: 11

3. Justification for requesting higher step than A:
-Applicant has four years of experience as a veterinary assistant, including customer file management, accounts payable, answering phones, inventory management, legal forms completion, State law regulatory compliance. Drug log accuracy and maintenance.
-five year experience in various office and recipients positions handling customers, answering phones, directing customer needs, managing schedules, mail receiving and sorting, cash handling, records creation, report review, data entry, updating data, decision making, making recommendations to management, use of general office equipment, office 365 software, and job specific programs.

4. How has the Department budgeted for this additional cost?
Vacant position funds are held by the Auditor in a specific account for this purpose. This change is new to the budget for 2025-2026.

Department Head Signature

Tehama County

Agenda Request Form

File #: 25-1739 **Agenda Date:** 10/21/2025 **Agenda #:** 26.

SANITATION DISTRICT NO. 1 - Interim Public Works Director Tom Provine

Requested Action(s)
a) INCREASE REVENUE / EXPENDITURE: SANITATION DIST. NO. 1, B-12 - From American Rescue Act revenue (60510-450751) (-$38,138.00), Fund Balance Available (605-301900) $65,573.00, Maintenance Structure & Grounds (60510-53180) (-$136,336.00), Intrafund Transfer (60510-59900) (-$56,000), Insurance (60510-53150) $12,640.00 and Professional Services (60510-53230) $207,131.00, for a total increase amount of $27,435 **(Requires 4/5's vote)**

Financial Impact:
The Department is utilizing the previous year's American Rescue Plan Act revenue to cover expenses in this fiscal year.

Background Information:
This project was done through job order contracting to address known inflow and infiltration in the Mineral sewer system and consists of re-sleeving sanitation lines and conducting manhole upgrades, using American Rescue Plan Act (ARPA) and Fund Balance monies from FY 24/25 revenue. Use of ARPA funds for this project was previously directed by the Board of Supervisors.

Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-12

DEPARTMENT NAME Tehama County Sanitation District No. 1

Date: 10/02/2025

I am requesting an increase to my budget appropriates as listed below:

Check one [X] **"Previous Year Revenue"** [ ] **"New Revenue"**

Funding Source Use of Prior Year Revenue

****Note*** ***General Fund and Public Safety "MUST" use Contingency when increasing budget***

Increase Revenue Budget

FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
605	450751	American Rescue Act	$ (38,138.00)
605	301900	Fund Balance Available	$ 65,573.00
		Total Journal	$ **27,435.00**

Increase Expenditure Budget

FUND DEPT NO	ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
605	53180	Maint. Structure & Grounds	$ (136,336.00)
605	59900	Intrafund Transfer	$ (56,000.00)
605	53230	Professional Services	$ 207,131.00
605	53150	Insurance	$ 12,640.00
		Total Journal	$ **27,435.00**

TRANSFER APPROVED

SIGNATURE OF REQUESTING OFFICIAL 9/30/25
DATE

Ana Zamacona 10/02/2025
AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117
07/2018

Tehama County

Agenda Request Form

File #: 25-1747 **Agenda Date:** 10/21/2025 **Agenda #:** 27.

SHERIFF / PURCHASING - Sheriff Dave Kain

Requested Action(s)
a) TRANSFER OF FUNDS: SHERIFF, B-10 - From Public Safety (106-301900) to Contingency (2002-59000) $65,301.80; and From Contingency (2002-59000) to Vehicles (2027-57605), $65,301.80 **(Requires 4/5's vote)**

b) BID WAIVER:
1) Request to adopt the finding that California State Contract 1-22-23-20F with Downtown Ford for the acquisition of (2) two 2025 Ford Mavericks meet all Tehama County bidding criteria and allow the County to take advantage of special low pricing without the time and expense involved with conducting a formal bid process

2) Request to find it in the best interest of the County to waive the formal bid process for the acquisition of (2) two 2025 Ford vehicles based on the finding

c) Request authorization for the Purchasing Agent to sign a purchase order to Downtown Ford for the acquisition of (2) two 2025 Ford Mavericks in the amount of $65,301.80

Financial Impact:
AB443 funds will be utilized for the purchase of (2) two 2025 Ford vehicles.

Background Information:
These vehicles are to replace aging vehicles within the Sheriff's Office current inventory.

Downtown Ford currently have these Mavericks in their inventory, and this would allow the Sheriff's Office to obtain these vehicles now instead of waiting to go through the ordering process.

The transfer requests and bid waiver are to facilitate the purchase of (2) two 2025 Ford Maverick trucks.

Tehama County Auditor's Office

BUDGET APPROPRIATION INCREASE REQUEST

Auditor Number B-10

DEPARTMENT NAME AB443/Sheriff

Date: 9/30/2025

I am requesting an increase to my budget appropriates as listed below:

Check one [X] **"Previous Year Revenue"** [ ] **"New Revenue"**

Funding Source AB443 funds held in account 106-301163 for the purchase of 2 Ford Mavericks

****Note*** ***General Fund and Public Safety "MUST" use Contingency when increasing budget***

Increase Revenue Budget				Increase Expenditure Budget			
FUND DEPT NO	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**	**FUND DEPT NO**	**ACCOUNT NUMBER**	**ACCOUNT NAME**	**AMOUNT**
106	301900	Public Safety	$ 65,301.80	2002	59000	Contingency	$ 65,301.80
2002	59000	Contingency	$ 65,301.80	2027	57605	Vehicles	$ 65,301.80
		Total Journal	**$ 130,603.60**			Total Journal	**$ 130,603.60**

TRANSFER APPROVED

9·30·25

SIGNATURE OF REQUESTING OFFICIAL DATE

Ana Zamacona 9/30/2025

AUDITOR DATE

BOARD OF SUPERVISORS DATE

A-117
07/2018

Department of General Services
Procurement Division
707 Third Street, 2nd Floor
West Sacramento, CA 95605-2811

State of California

STATEWIDE CONTRACT

USER INSTRUCTIONS

MANDATORY

Supplement 5

(Incorporates Supplements 1 – 5)

ISSUE AND EFFECTIVE DATE:	***12/06/2022***
CONTRACT NUMBER:	1-22-23-20 A through K
DESCRIPTION:	Fleet Vehicles – Trucks
CONTRACTOR(S):	Lithia Nissan of Fresno (1-22-23-20A) Ocean Honda (1-22-23-20B) Freeway Toyota (1-22-23-20C) Winner Chevrolet (1-22-23-20D) Elk Grove Auto (1-22-23-20E) Downtown Ford Sales (1-22-23-20F) Watsonville Fleet Group (1-22-23-20G) CA Car Group (1-22-23-20H) Riverview International (1-22-23-20I) Sacramento Truck Center (1-22-23-20J) Bonander Truck & Trailer (1-22-23-20K)
CONTRACT TERM:	05/01/2022 through 04/30/2025
STATE CONTRACT ADMINISTRATOR:	**Contracts 1-22-23-20A-G, I, & J** Eugene Shemereko 279-946-8028 Eugene.Shemereko@dgs.ca.gov **Contracts 1-22-23-20H & K** Robb Parkison 279-946-8302 Robb.Parkison@dgs.ca.gov

The contract user instructions, products, and pricing are included herein. All purchase documents issued under this contract incorporate the contract terms and applicable California General Provisions:

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

Non-IT General Provisions (rev 11/19/2021) (https://www.dgs.ca.gov/-/media/199A6A32E4DE4BECAFF4EFA7194350CD.ashx)
Cal eProcure link: www.caleprocure.ca.gov

All changes to most recent Supplement are in *bold red italic*. Additions are enclosed in asterisks; deletions are enclosed in brackets.

SUMMARY OF CHANGES

Supplement Number	Description/Articles	Supplement Date
5	➢ ***Attachment A – Contract Pricing – Supplement 4 has been replaced with Attachment A – Contract Pricing – Supplement 5***	***12/06/2022***
4	➢ Attachment A – Contract Pricing – Supplement 3 has been replaced with Attachment A – Contract Pricing – Supplement 4	11/04/2022
3	➢ Attachment A – Contract Pricing – Supplement 2 has been replaced with Attachment A – Contract Pricing – Supplement 3 ➢ Contact Information for Downtown Ford has been updated	09/19/2022
2	➢ Attachment A – Contract Pricing – Supplement 1 has been replaced with Attachment A – Contract Pricing – Supplement 2*	08/16/2022
1	➢ Attachment A – Contract Pricing has been replaced with Attachment A – Contract Pricing – Supplement 1 ➢ Attachment D – Vehicle Specifications has been added ➢ Article 25 – Payments, language has been modified	05/26/2022
N/A	Original Contract Posted	05/01/2022

All other terms and conditions remain the same.

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

TABLE OF CONTENTS

1. SCOPE 5
2. CONTRACT USAGE/RULES 5
3. DGS ADMINISTRATIVE FEES 6
4. SB/DVBE OFF-RAMP PROVISION 6
5. PROBLEM RESOLUTION/SUPPLIER PERFORMANCE 6
6. CONTRACT ITEMS 7
7. SPECIFICATIONS 8
8. CUSTOMER SERVICE 8
9. PRODUCT SUBSTITUTIONS 9
10. PURCHASE EXECUTION 10
11. MINIMUM ORDER 11
12. ORDERING PROCEDURE 11
13. ORDER ACCEPTANCE 13
14. ORDER ACKNOWLEDMENT 13
15. DELAYED PRODUCTION REMEDY 13
16. DISCONTINUED VEHICLE REMEDY 13
17. DELIVERY PROCEDURES 14
18. INSPECTION AND ACCEPTANCE 15
19. EMERGENCY/EXPEDITED ORDERS 15
20. FREE ON BOARD (F.O.B.) DESTINATION 15
21. SHIPPED ORDERS 16
22. CONTRACT ADMINISTRATION 16
23. RESTOCKING FEES 18
24. INVOICING 18
25. PAYMENT 19
26. CALIFORNIA SELLER'S PERMIT 20
27. WARRANTY 20
28. REPAIR PARTS 21
29. MAINTENANCE PLAN 21
30. RECYCLED CONTENT 22
31. SB/DVBE PARTICIPATION 22
32. STATE AND LOCAL GOVERNMENT EMPLOYEE PRICING 22

33. ATTACHMENTS 22

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

1. SCOPE

The State's contracts provide Fleet Vehicles - Trucks at contracted pricing to the State of California and local governmental agencies in accordance with the requirements of Contract # 1-22-23-20 A - K. The contractors shall supply the entire portfolio of products as identified in the contract and will be the primary point of contact for data collection, reporting, and distribution of Fleet Vehicles - Trucks to the State.

The contract term is for three (3) years with an option to extend the contract for two (2) additional one (1) year periods or portion thereof. The terms, conditions, and prices for the contract extension option shall be by mutual agreement between the contractor and the State. If a mutual agreement cannot be met the contract may be terminated at the end of the current contract term.

2. CONTRACT USAGE/RULES

A. State Departments

- The use of this contract is mandatory for State of California departments. State Departments may purchase any vehicle that is awarded to each line item. This contract does not include ranking.
- State departments must adhere to all applicable State laws, regulations, policies, best practices, and purchasing authority requirements, e.g. California Codes, Code of Regulations, State Administrative Manual, Management Memos, and State Contracting Manual Volume 2 and SCM-F as applicable.
- Prior to placing orders against this contract, State departments must have been granted non-IT purchasing authority by the Department of General Services, Procurement Division (DGS-PD) for the use of this statewide contract. State departments that have not been granted purchasing authority by DGS-PD for the use of the State's statewide contracts may contact DGS-PD's Purchasing Authority Management Section by e-mail at pams@dgs.ca.gov.
- Departments must have a Department of General Services (DGS) agency billing code prior to placing orders against this contract. Ordering departments may contact their Purchasing Authority contact or their department's fiscal office to obtain this information.

B. Local Governmental Agencies

- Local governmental agency use of this contract is optional.
- Local government agencies are defined as "any city, county, city and county, district or other governmental body or corporation", per Public Contract Code Chapter 2, Section 10298 (b), empowered to expend public funds for the acquisition of products; this includes the California State Universities (CSU) and University of California (UC) systems, K-12 schools and community colleges. While the State makes this contract available to local governmental agencies, each local

governmental agency should determine whether this contract is consistent with its procurement policies and regulations.

- Local governmental agencies shall have the same rights and privileges as the State under the terms of this contract. Any agencies desiring to participate shall be required to adhere to the same responsibilities as do State agencies and have no authority to amend, modify or change any condition of the contract.

- A DGS issued billing code is not required for local governmental agencies to place orders against this contract.

C. Unless otherwise specified within this document, the term "ordering agencies" will refer to all State departments and/or local governmental agencies eligible to utilize this contract. Ordering and/or usage instructions exclusive to State departments or local governmental agencies shall be identified within each article.

3. DGS ADMINISTRATIVE FEES

A. State Departments

The DGS will bill each State department an administrative fee for use of this statewide contract. The administrative fee should NOT be included in the order total, nor remitted before an invoice is received from DGS.

Current fees are available online in the Price Book & Directory of Services (https://www.dgs.ca.gov/OFS/Price-Book) (go to Price Book Download and click on Purchasing under Procurement Division).

B. Local Governmental Agencies

For all local government agency transactions issued against the contract, the Contractor is required to remit the DGS-PD an Incentive Fee of an amount equal to 1.25% of the total purchase order amount excluding taxes and freight. This Incentive Fee shall not be included in the agency's purchase price, nor invoiced or charged to the purchasing entity. All prices quoted to local governmental agency customers shall reflect State contract pricing, including any and all applicable discounts, and shall include no other add-on fees.

4. SB/DVBE OFF-RAMP PROVISION

There is no SB/DVBE off ramp associated with this contract.

5. PROBLEM RESOLUTION/SUPPLIER PERFORMANCE

Ordering agencies and/or Contractor shall inform the State Contract Administrator of any technical or contractual difficulties encountered during contract performance in a timely manner. This includes and is not limited to informal disputes, supplier performance, outstanding deliveries, etc. The ordering agency should include all relevant information and/or documentation (e.g., purchase documents).

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

6. CONTRACT ITEMS

Contract vehicles and pricing are listed on Attachment A, Contract Pricing. All prices listed shall be fixed as the maximum cost for the contract period unless a price increase is granted.

Each line item description on Attachment A, Contract Pricing, provides a description of the minimum requirements that each vehicle in that line item has met or exceeded.

A Maintenance Plan is offered on all light duty vehicles less than 8500 lbs Gross Vehicle Weight Rating (GVWR). Maintenance Plan pricing is listed on Attachment A, Contract Pricing. The purchase of the Maintenance Plan is optional. See Article 29, Maintenance Plan for more detailed information.

Price Increases

Price increases may be requested with each model year change and will be posted on a quarterly basis.

Quarterly Increases shall be processed on the following calendar days:

- July 1st
- October 1st
- January 1st
- April 1st

Contractors are requested to price protect the contracted price for the duration between the price increase request and the time the increase is processed. If the Contractor is unable to honor the price protection, the Contractor's vehicle(s) will be unavailable for ordering until the price increases have been evaluated and approved.

Multiple Award

Some line items may have multiple vehicles awarded with different make and models available. State Departments may choose any vehicle identified in the subject line item. There is no vehicle ranking associated with this contract.

Sales Tax

The sales tax rate applied should be based on the rate of the "Bill To" address listed on the Purchase Order.

Options

All factory options shall be available and priced at Contractor cost plus up to 10% for an addition or Contractor cost minus up to 10% for a deletion in accordance with the manufacturer's current model year price list. Types of equipment changes which might be made include, but are not limited, to the following:

- Add trailer tow package
- Add Bluetooth
- Add parking sensors
- Delete pick up box (bed)

In no case shall options be included or deleted in such a manner as to cause the vehicle to conflict with any other line item on any other vehicle contract.

The Contractor shall provide ordering agencies a copy of the current model year factory price sheet with requested options, within ten calendar days of request.

Third-party upfitting (e.g utility body) may be requested by ordering agencies, however, this service is non-mandatory. When applicable, third-party upfits shall be subject to the same pricing provisions as factory options.

Note: Vehicles with added or deleted options MUST continue to meet the appropriate minimum specification.

Tire Fee

Purchase orders MUST include the State mandated $1.75 per tire fee.

Document Processing Charge

In accordance with the California Vehicle Code Section 4456.5, a Contractor may charge the ordering agency a document processing charge for the preparation and processing of documents, disclosures, titling, registration, and information security obligations imposed by state and federal law. The document processing charge shall not exceed $85 per vehicle purchased.

A Contractor may charge the ordering agency an electronic filing fee, which does not exceed the actual amount the Contractor is charged by a first-line service provider. The electronic filing fee shall not exceed $30 per vehicle purchased.

7. SPECIFICATIONS

All products must conform to the attached State of California Bid Specification Number 2310-4181 dated 08/16/2021 (Attachment B).

Vehicle color shall be a solar reflective color (white, silver metallic, or gold metallic) per SAM Section 3620.1 (exceptions are listed in the same manual section).

8. CUSTOMER SERVICE

The Contractor shall provide office and personnel resources for responding to inquiries, including telephone and email coverage weekdays during the hours of 8:00 a.m. - 5:00 p.m., PT.

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

The customer service unit shall be staffed with individuals that:

- Are trained in the requirements of this contract
- Have the authority to take administrative action to correct problems that may occur

The Contractor's customer service unit shall respond to all customer inquiries within two (2) business days of initial contact.

Dealer	Contract #	Contact	Phone	Email
Lithia Nissan of Fresno	1-22-23-20A	Pat Ireland	(559) 707-5735	patireland1962@yahoo.com
Ocean Honda	1-22-23-20B	Pat Ireland	(559) 707-5735	patireland1962@yahoo.com
Freeway Toyota	1-22-23-20C	Pat Ireland	(559) 707-5735	patireland1962@yahoo.com
Winner Chevrolet	1-22-23-20D	Jerry Powers	(916) 426-5752	jpowers@lasherauto.com
Elk Grove Auto	1-22-23-20E	Jerry Powers	(916) 426-5752	jpowers@lasherauto.com
Downtown Ford Sales	1-22-23-20F	Sandra Scott	(916) 442-9631	sandrascott@downtownfordsacramento.com
Watsonville Fleet Group	1-22-23-20G	Yesenia Covarrubias	(626) 457-5590	yesenia@watsonvillefleetgroup.com
CA Car Group	1-22-23-20H	Richard M. Slad	(925) 560-4465	RichardMS@cacargroup.com
Riverview International Trucks	1-22-23-20H	Jason Farrell	(916) 371-3110	jasonf@riverview-trucks.com
Sacramento Truck Center	1-22-23-20H	Dean Needham	(916) 286-2013	dneedham@sacramentotruck.com
Bonander Truck & Trailer	1-22-23-20H	Steve Mannion	(916) 747-6151	Cme4GMC@hotmail.com

Note: Ordering agencies are encouraged to have one point of contact for inquiries, quotes, and orders whenever possible. Multiple calls and emails from various requestors for the same information can slow customer service response times.

9. PRODUCT SUBSTITUTIONS

Under no circumstance is the Contractor permitted to make substitutions with non-contract/unauthorized vehicles without approval of the DGS Contract Administrator (CA).

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

10. PURCHASE EXECUTION

A. State Departments

1) Std. 65 Purchase Documents

State departments not transacting in FI$CAL must use the Purchasing Authority Purchase Order (Std. 65) for purchase execution. An electronic version of the Std. 65 is available at the Office of State Publishing web site: https://www.dgsapps.dgs.ca.gov/osp/StatewideFormsWeb/Forms.aspx (select Standard Forms).

All Purchasing Authority Purchase Orders (Std. 65) must contain the following:

- Agency Order Number (Purchase Order Number)
- Ordering Agency Name
- Agency Billing Code
- Purchasing Authority Number
- Leveraged Procurement Number (Contract Number)
- Supplier Information (Contact Name, Address, Phone Number, Fax Number, E-mail)
- Line Item number
- Quantity
- Unit of Measure
- Commodity Code Number
- Product Description
- Unit Price
- Extension Price
- Office of Fleet and Asset Management (OFAM) Approval Stamp (State departments only)

2) FI$CAL Purchase Documents

State departments transacting in FI$CAL will follow the FI$CAL procurement and contracting procedures.

3) Blanket Orders

The use of blanket orders against this statewide contract is not allowed.

B. Local Governmental Agencies

Local governmental agencies may use their own purchase document for purchase execution. The purchase documents must include the same data elements as listed above (Exception: Purchasing Authority Number is used by State departments only).

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

11. MINIMUM ORDER

The minimum order shall be one (1) vehicle.

12. ORDERING PROCEDURE

A. Ordering Methods:

Ordering agencies are to submit appropriate purchase documents directly to the contractor(s) via one of the following ordering methods:

- U.S. Mail
- Facsimile
- Email

The contractor's Order Placement Information is as follows:

ORDER PLACEMENT INFORMATION			
Contract # 1-22-23-20A	U.S. Mail: Lithia Nissan of Fresno 5590 N Blackstone Ave Fresno, CA 93710 Attn: Pat Ireland	Facsimile: (559) 961-4601	Email: patireland1962@yahoo.com
Contract # 1-22-23-20B	U.S. Mail: Ocean Honda 3801 Soquel Dr Soquel, CA 95073 Attn: Pat Ireland	Facsimile: (559) 961-4601	Email: patireland1962@yahoo.com
Contract # 1-22-23-20C	U.S. Mail: Freeway Toyota 1835 Glendale Avenue Hanford, CA 93230 Attn: Pat Ireland	Facsimile: (559) 961-4601	Email: patireland1962@yahoo.com
Contract # 1-22-23-20D	U.S. Mail: Winner Chevrolet 8575 Laguna Grove Drive Elk Grove, CA 95757 Attn: Jerry Powers	Facsimile: (916) 421-0149	Email: jpowers@lasherauto.com

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

ORDER PLACEMENT INFORMATION			
Contract # 1-22-23-20E	U.S. Mail: Elk Grove Auto Group 8575 Laguna Grove Drive Elk Grove, CA 95757 Attn: Jerry Powers	Facsimile: (916) 421-0149	Email: jpowers@lasherauto.com
Contract # 1-22-23-20F	U.S. Mail: Downtown Ford Sales 525 N 16th St Sacramento, CA 95811 Attn: Sandra Scott	Facsimile: (916) 491-3138	Email: sandrascott@downtownfordsacramento.com
Contract # 1-22-23-20G	U.S. Mail: Watsonville Fleet Group 1601 W. Main Street Alhambra, CA 91801 Attn: Yesenia Covarrubias	Facsimile: (626) 457-5593	Email: yesenia@watsonvillefleetgroup.com
Contract # 1-22-23-20H	U.S. Mail: CA Car Group 4200 John Monego Ct Dublin, CA 94568 Attn: Richard M. Slade	Facsimile: N/A	Email: RichardMS@cacargroup.com
Contract # 1-22-23-20I	U.S. Mail: Riverview International Trucks 2445 Evergreen Avenue West Sacramento, CA 95691 Attn: Jason Farrell	Facsimile: (916) 372-8541	Email: jasonf@riverview-trucks.com
Contract # 1-22-23-20J	U.S. Mail: Sacramento Truck Center 100 Opportunity Street Sacramento, CA 95838 Attn: Dean Needham	Facsimile: (916) 286-2085	Email: dneedham@sacramentotruck.com
Contract # 1-22-23-20K	U.S. Mail: Bonander Truck & Trailer 4520 N Golden State Blvd. Turlock, CA 95382 Attn: Steve Mannion	Facsimile: (209) 634-4965	Email: Cme4GMC@hotmail.com

When using any of the ordering methods specified above, all State departments must conform to proper State procedures.

13. ORDER ACCEPTANCE

The Contractor shall accept orders from any State department or local governmental agency. The Contractor shall not accept purchase documents for this contract that:

- Are incomplete;
- Are submitted without OFAM approval stamp
- Contain non-contract items; or
- Contain non-contract terms and conditions.

The Contractor must not refuse to accept orders from any State department or local governmental agency for any other reason without written authorization from the CA.

14. ORDER ACKNOWLEDMENT

The Contractor will provide the ordering agencies with an order receipt acknowledgment via e-mail/facsimile within ten (10) calendar days after receipt of an order. The acknowledgement will include:

- Ordering Agency Name
- Agency Order Number (Purchase Order Number)
- Description of Goods
- Vehicle Model Year
- Total Cost
- Date order is placed with manufacturer
- Anticipated Delivery Date
- Delayed Production Notification (if applicable)
- Discontinued Vehicle Notification (if applicable)

Contractor shall notify the ordering agency of any delays in production or delays in orders being accepted by the manufacturer for any period of time. Contractor shall provide estimated production start date and delivery date.

15. DELAYED PRODUCTION REMEDY

Upon receipt of order acknowledgment identifying a delay in production or orders not being accepted by the manufacturer, the ordering agencies shall have the following options:

- Request back order; or
- Cancel the item from the order with no penalty

16. DISCONTINUED VEHICLE REMEDY

Upon receipt of order acknowledgment identifying discontinued items, the ordering agencies shall have the following options:

- Amend purchase document to reflect DGS approved replacement vehicle; or
- Cancel the item from the order

Under no circumstance is the Contractor permitted to make substitutions with non-contract/unauthorized vehicles without approval of the DGS CA.

17. DELIVERY PROCEDURES

Pre-Delivery Checklist

Prior to delivery, each vehicle shall be completely inspected, serviced, and detailed by the delivering Contractor and/or the manufacturer's pre-delivery service center. A copy of the pre-delivery checklist shall be completed for each vehicle, signed by a representative of the organization performing the inspection/service, and delivered with the vehicle.

Delivery:

Delivery shall be within one hundred and fifty (150) days after receipt of order unless there is a delay in production/order acceptance from the manufacturer when changing from one model year to the next. Contractor shall notify the ordering agency of such delay per Article 14, Order Acknowledgement.

Orders requiring customized work by a 3rd party supplier may exceed the delivery period requirement. Contractor shall notify ordering agency of extended delivery period per Article 14, Order Acknowledgement.

Caravan or drive-away method of delivery from the factory to a Contractor is not acceptable unless agreed upon by the ordering agency.

Drop ship deliveries shall not be made without prior State inspection. All vehicles shall be delivered with no less than five (5) gallons of fuel in the tank.

Unless pre-arranged between the Contractor and the ordering agency, vehicles delivered with more than 50 miles on the odometer may be charged fifty (50) cents per mile in excess of 50 miles. This charge may be reflected on the invoice as a deduction from the order price. Vehicles with more than five hundred (500) miles on the odometer may not be accepted.

**Cab and Chassis trucks may require driving from an out-of-state factory and may exceed the five hundred (500) mile or less expectation. The Contractor shall notify the ordering Department at the time of purchase order execution.

When feasible, Contractor is requested to make deliveries in metropolitan areas during off-peak hours. Off-peak hours are Monday through Friday, 10:00 AM to 4:00 PM PST.

Documents

The following documents shall be delivered to the receiving agency with the vehicle:

- Completed and signed pre-delivery service checklist, including the order number and Vehicle Identification Number (VIN)
- "Line Set Tickets" or "Window (Monroney) Sticker" showing all options installed
- One (1) copy of the warranty, including applicable certificates, cards, etc.
- One (1) copy of the owner's manual.

18. INSPECTION AND ACCEPTANCE

Vehicles ordered for State use will be inspected by a State inspector at the Contractor's place of business or as otherwise agreed to by the Contractor and ordering agency.

Inspection will commence within five (5) working days of notification that a vehicle is ready for inspection. Inspection will include:

- Specification Compliance
- Workmanship
- Appearance
- Proper Operation of all Equipment and Systems
- Presence of all Applicable Documents

In the event deficiencies are detected, the vehicle will be rejected and the Contractor will be required to make the necessary repairs, adjustments or replacements. Payment and/or the commencement of a discount period (if applicable) will not begin until the defects are corrected and the vehicle is re-inspected and accepted.

Completion of inspection or acceptance by the State inspector shall in no way release the Contractor from satisfying the requirements of the contract, specifications, and warranty. Deviations from the specified requirements that are detected by the inspection shall be corrected by the Contractor in an expeditious manner at no expense to the ordering agency.

Inspection by local agencies will be at the Contractor's place of business or as otherwise agreed to by the Contractor and local agency.

19. EMERGENCY/EXPEDITED ORDERS

Not Applicable.

20. FREE ON BOARD (F.O.B.) DESTINATION

Contractors shall deliver vehicles to State or local agencies located in Sacramento County at no additional cost for delivery. If the Purchase Order indicates delivery outside Sacramento County, the Contractor and agency may negotiate delivery costs. If delivery is subject to an additional delivery charge, it shall be shown as a separate item on the purchase order and invoice.

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

State departments requesting delivery outside of Sacramento County must contact the Transportation Management Unit for freight rate comparisons to confirm appropriate pricing if the Contractor is delivering the vehicle.

Responsibility and liability for loss or damage for all orders shall remain with the Contractor until final inspection and acceptance, when all responsibility shall pass to the ordering agency, except the responsibility for latent defects, fraud, and the warranty obligations.

21. SHIPPED ORDERS

All shipments shall be in accordance with the General Provisions, Article 12 entitled "Packing and Shipment".

22. CONTRACT ADMINISTRATION

The State and the Contractors have assigned Contract Administrators as the single points of contact for problem resolution and related contract issues.

State Contact Information	DGS/PD Contract Administrator **(Contracts 1-22-23-20A-G, I, & J)**	DGS/PD Contract Administrator **(Contracts 1-22-23-20H, & K)**
Contact Name:	Eugene Shemereko	Robb Parkison
Telephone:	(279) 946-8028	(279) 946-8302
Facsimile:	NA	NA
Email:	Eugene.Shemereko@dgs.ca.gov	Robb.Parkison@dgs.ca.gov
Address:	DGS/Procurement Division Attn: Eugene Shemereko 707 Third Street, 2nd Floor, MS 201 West Sacramento, CA 95605	DGS/Procurement Division Attn: Robb Parkison 707 Third Street, 2nd Floor, MS 201 West Sacramento, CA 95605

Dealer Contact Information	**Lithia Nissan of Fresno** Contract # 1-22-23-20A	**Ocean Honda** Contract # 1-22-23-20B
Contact Name:	Pat Ireland	Pat Ireland
Telephone:	(559) 707-5735	(559) 707-5735
Facsimile:	(559) 961-4601	(559) 961-4601
Email:	patireland1962@yahoo.com	patireland1962@yahoo.com
Address:	Lithia Nissan of Fresno 5590 N Blackstone Ave Fresno, CA 93710	Ocean Honda 3801 Soquel Dr Soquel, CA 95073

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

Dealer Contact Information	**Freeway Toyota of Hanford** Contract # 1-18-23-20C	**Winner Chevrolet** Contract # 1-18-23-20D
Contact Name:	Pat Ireland	Jerry Powers
Telephone:	(559) 707-5735	(916) 426-5752
Facsimile:	(559) 961-4601	(916) 421-0149
Email:	patireland1962@yahoo.com	jpowers@lasherauto.com
Address:	Freeway Toyota 1835 Glendale Avenue Hanford, CA 93230	Winner Chevrolet 8575 Laguna Grove Drive Elk Grove, CA 95757

Dealer Contact Information	**Elk Grove Auto Group** Contract # 1-22-23-20E	**Downtown Ford Sales** Contract # 1-22-23-20F
Contact Name:	Jerry Powers	Sandra Scott
Telephone:	(916) 426-5752	(916) 442-9631
Facsimile:	(916) 421-0149	(916) 491-3138
Email:	jpowers@lasherauto.com	sandrascott@downtownfordsacramento.com
Address:	Elk Grove Auto Group 8575 Laguna Grove Dr Elk Grove, CA 95757	Downtown Ford Sales 525 N 16th St Sacramento, CA 95811

Dealer Contact Information	**Watsonville Fleet Group** Contract # 1-22-23-20G	**CA Car Group** Contract # 1-22-23-20H
Contact Name:	Yesenia Covarrubias	Richard M. Slade
Telephone:	(626) 457-5590	(925) 560-4465
Facsimile:	(626) 457-5593	N/A
Email:	yesenia@watsonvillefleetgroup.com	RichardMS@cacargroup.com
Address:	Watsonville Fleet Group 1601 W. Main Street Alhambra, CA 91801	CA Car Group 4200 John Monego Ct Dublin, CA 94568

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

Dealer Contact Information	**Riverview International Trucks** Contract # 1-22-23-20I	**Sacramento Truck Center** Contract # 1-22-23-20J
Contact Name:	Jason Farrell	Dean Needham
Telephone:	(916) 371-3110	(916) 286-2013
Facsimile:	(916) 372-8541	(916) 286-2085
Email:	jasonf@riverview-trucks.com	dneedham@sacramentotruck.com
Address:	Riverview International Trucks 2445 Evergreen Avenue West Sacramento, CA 95691	Sacramento Truck Center 100 Opportunity Street Sacramento, CA 95838

Dealer Contact Information	**Bonander Truck & Trailer** Contract # 1-22-23-20K
Contact Name:	Steve Mannion
Telephone:	(916) 747-6151
Facsimile:	(209) 634-4965
Email:	Cme4GMC@hotmail.com
Address:	Bonander Truck & Trailer 4520 N Golden State Blvd. Turlock, CA 95382

23. RESTOCKING FEES

The Contractor may impose a restocking fee to the ordering agency on orders cancelled after the order has been placed with the manufacturer: The Contractor shall notify the ordering agency of the order placement per Article 14, Order Acknowledgment.

Re-stocking fees can be no greater than ten percent (10%) of the value of the vehicle being restocked.

24. INVOICING

Ordering agencies may require separate invoicing, as specified by each ordering organization. Invoices will contain the following information:

- Contractor's name, address and telephone number
- Leveraged Procurement Number (Contract Number)
- Agency Order Number (Purchase Order Number)
- Item and commodity code number
- Quantity purchased

- Contract price and extension
- State sales and/or use tax
- Prompt payment discounts/cash discounts, if applicable
- Totals for each order

25. PAYMENT

A. Terms

Payment terms for contracts 1-22-23-20 A – G and K include a $500 per vehicle discount for payment made within twenty (20) days. Contract 1-22-23-20I includes a $200 per vehicle discount for payment made within twenty (20) days. Contracts 1-22-23-20 H & J offer no discount. The cash discount time is defined by the State as beginning only after the vehicle has been inspected, delivered, and accepted by the receiving agency, or from the date a correct invoice is received in the office specified on the Purchase Order, whichever is later.

Payment is deemed to be made, for the purpose of earning the discount, one (1) working day after the date on the State warrant or check. Typically, acceptance will be accomplished within twenty (20) business hours after a vehicle is delivered.

Payment will be made in accordance with the provisions of the California Prompt Payment Act, Government Code Section 927, et seq. Unless expressly exempted by statute, the Act requires State departments to pay properly submitted, undisputed invoices not more than forty-five (45) days after the date of acceptance of goods, performance of services, or receipt of an undisputed invoice, whichever is later.

B. CAL-Card Use

Use of the CAL-Card for payment of invoices is not allowed under this statewide contract.

C. Payee Data Record

Each State accounting office must have a copy of the Payee Data Record (Std. 204) in order to process payments. State departments should forward a copy of the Std. 204 to their accounting office(s). Without the Std. 204, payment may be unnecessarily delayed. State departments may contact the Contractor for copies of the Payee Data Record.

D. State Financial Marketplace

The State reserves the right to select the form of payment for all procurements, be it either an outright purchase with payment rendered directly by the State, or a financing/lease-purchase or operating lease via the State Financial Marketplace (GS $Mart and/or Lease $Mart). If payment is via the financial marketplace, the Contractor will invoice the State and the State will approve the invoice and the selected

Lender/Lessor for all product listed on the State's procurement document will pay the Contractor on behalf of the State.

26. CALIFORNIA SELLER'S PERMIT

The California seller permit number for the Contractor is listed below. State departments can verify that permits are currently valid at the following website: www.cdtfa.ca.gov. State departments must adhere to the file documentation required identified in the State Contracting Manual Volume 2 and Volume 3 and SCM-F.

Contractor Name	Seller Permit #
Lithia Nissan of Fresno	97163762
Ocean Honda	101-652579
Freeway Toyota of Hanford	102-659756
Winner Chevrolet	100-208309
Elk Grove Auto	100-197237
Downtown Ford	28600344
Watsonville Fleet Group	245364864 101-135239
CA Car Group	100-214737
Riverview International	101-079519
Sacramento Truck Center	97724353
Bonander Truck & Trailer	28-093997

27. WARRANTY

The manufacturer's standard new vehicle warranty shall apply to all vehicles purchased from these contracts. All warranties shall be factory authorized. The warranty shall be honored by all franchised dealers of the vehicle within the State of California. The Warranty term for the vehicles offered under these contracts shall meet the following (as applicable):

- Bumper to bumper warranty shall cover not less than 3 years/36,000 miles, no charge for parts and labor.
- Power train warranty for light duty vehicles weighing 8500 lbs. GVWR or less shall cover not less than 5 years/100,000 miles, no charge for parts and labor.
- Power train warranty for vehicles over 8500 lbs. GVWR shall cover not less than 5 years/60,000 miles, no charge for parts and labor.

The State's established preventative maintenance procedures and practices shall be acceptable to the manufacturer/contractor in lieu of the manufacturer's prescribed procedures which may form a part of the warranty.

All emission-related components shall be warranted in compliance with California Air Resources Board and Federal requirements. Contractor cannot offer independent insurance or statements indicating self insurance. If an additional extended warranty is purchased, a warranty certificate, warranty card, or a statement indicating the extended warranty has been recorded with the manufacturer shall be furnished with each vehicle delivered.

Normal wear items such as tires, belts, hoses, headlamps, light bulbs, brake linings, brake discs/drums, etc. are excluded from warranty coverage. All other items not subject to normal wear or gross operator neglect and abuse, such as window, seat, or wiper motors, chassis electrical switches (door, trunk lid), paint, hinges, locks, etc., shall be covered.

The State reserves the right to use re-refined lubrication oils, where available, in lieu of virgin equivalent oils. The re-refined oils used by the State will meet all API and SAE standards and specifications as set forth by the vehicle manufacturer. The use of said oils shall in no way void or degrade the original manufacturer's standard warranty.

The State reserves the right to use recycled content antifreeze/coolant, where available, in lieu of virgin equivalent antifreeze/coolant when servicing its vehicles. The recycled content antifreeze/coolant used by the State will meet all ATSM standards and specifications as set forth by the vehicle manufacturer.

28. REPAIR PARTS

The manufacture of the awarded vehicle(s) should maintain an adequate stock of all regular and special parts to meet the continuing service and repair parts needs of the State without undue delay.

A special system shall be set up for expediting the procurement of back-order items needed to repair an inoperative vehicle including a system to air freight parts at factory expense when parts are not in stock in California parts depots. Parts must be available within three (3) working days after telephone notification.

Vehicles with new technology emerging into the industry (e.g., fuel cell vehicles) may require more than (3) working days for the availability of certain parts. Contractor must notify the State Contract Administrator and ordering agency when this occurs and provide the estimated date of availability.

29. MAINTENANCE PLAN

A maintenance plan is available for light duty vehicles under 8500 lbs. GVWR. The purchase of a maintenance plan is optional. The maintenance plan covers all regularly scheduled service for a minimum of five (5) years/75,000 miles. The maintenance shall include at a minimum all manufacturer recommended services such as, but not limited to:

- Oil changes;

- Filter changes;
- Fluid changes;
- Lubrications;
- Tire rotations;
- Equipment and safety inspections

The Maintenance Plan is not required to cover wear items such as brake pads/shoes, wiper blades, etc.

Purchase of the Maintenance Plan is non-mandatory for State departments.

The Maintenance Plan is not applicable to vehicles over 8,500 lbs. GVWR.

30. RECYCLED CONTENT

State departments are required to report purchases in many product categories. The Postconsumer-Content Certification Form (CIWMB 74) for the Contractor(s) is attached (Attachment C).

31. SB/DVBE PARTICIPATION

There is no Small Business (SB) or Disabled Veteran Business Enterprise (DVBE) participation for this contract.

32. STATE AND LOCAL GOVERNMENT EMPLOYEE PRICING

In the interest of expanding the California marketplace for Zero Emission Vehicles (ZEV), some Contractors have offered a discount to any interested State of California or local government employee when purchasing a ZEV for personal use. A list of participating Dealers and vehicles can be found at: https://www.dgs.ca.gov/PD/Resources/Page-Content/Procurement-Division-Resources-List-Folder/State-of-California-Green-Fleet-Employee-Pricing-Program

33. ATTACHMENTS

Attachment A – Contract Pricing ***Supplement 5***
Attachment B – Specification 2310-4181, revised 08/16/2021
Attachment C – Postconsumer Content Certification Workbook
Attachment D – Vehicle Specifications

Fleet Vehicles - Trucks

Attachment A - Contract Pricing - *Supplement 10*

Contract 1-22-23-20 (A-K)

Payment Terms	Contract #s
$500 discount per vehicle for payment within 20 days	**(1-22-23-20A-G & K)**
$200 discount per vehicle for payment within 20 days	**1-22-23-20I**

Contact Line Item # (CLIN)	Description	UNSPSC
2	Small Pickup, 4x2, Crew Cab, Regular Box, 119 in. WB, 5000 lb. GVWR, **HYBRID** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
7	Small Pickup, 4x2, Extra Cab, Regular Box, 125 in. WB, 5000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
8	Small Pickup, 4x2, Crew Cab, Short Box, 125 in. WB, 5000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
8	Small Pickup, 4x2, Crew Cab, Short Box, 125 in. WB, 5000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
9	Small Pickup, 4x4, Extra Cab, Regular Box, 125 in. WB, 5000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

10	Small Pickup, 4x4, Crew Cab, Short Box, 125 in. WB, 5000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
10	Small Pickup, 4x4, Crew Cab, Short Box, 125 in. WB, 5000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
20	Standard Pickup, 4x2, Regular Cab, Regular Box, 125 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
20	Standard Pickup, 4x2, Regular Cab, Regular Box, 125 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
20	Standard Pickup, 4x2, Regular Cab, Regular Box, 125 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
21	Standard Pickup, 4x4, Regular Cab, Regular Box, 125 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
21	Standard Pickup, 4x4, Regular Cab, Regular Box, 125 in. WB, 6000 lb. GVWR, GASOLINE Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

21	Standard Pickup, 4x4, Regular Cab, Regular Box, 125 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
21	Standard Pickup, 4x4, Regular Cab, Regular Box, 125 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
22	Standard Pickup, 4x2, Regular Cab, Regular Box, 140 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
22	Standard Pickup, 4x2, Regular Cab, Regular Box, 140 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
22	Standard Pickup, 4x2, Regular Cab, Regular Box, 140 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
22	Standard Pickup, 4x2, Regular Cab, Regular Box, 140 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
23	Standard Pickup, 4x2, Extra Cab, Regular Box, 140 in. WB, 6100 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

23	Standard Pickup, 4x2, Extra Cab, Regular Box, 140 in. WB, 6100 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
23	Standard Pickup, 4x2, Extra Cab, Regular Box, 140 in. WB, 6100 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
23	Standard Pickup, 4x2, Extra Cab, Regular Box, 140 in. WB, 6100 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
24	Standard Pickup, 4x2, Crew Cab, Short Box, 140 in. WB, 6100 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
24	Standard Pickup, 4x2, Crew Cab, Short Box, 140 in. WB, 6100 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/22	25101507
24	Standard Pickup, 4x2, Crew Cab, Short Box, 140 in. WB, 6100 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/23	25101507
25	Standard Pickup, 4x4, Regular Cab, Regular Box, 140 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

25	Standard Pickup, 4x4, Regular Cab, Regular Box, 140 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
25	Standard Pickup, 4x4, Regular Cab, Regular Box, 140 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
26	Standard Pickup, 4x4, Extra Cab, Regular Box, 140 in. WB, 6300 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
26	Standard Pickup, 4x4, Extra Cab, Regular Box, 140 in. WB, 6300 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
26	Standard Pickup, 4x4, Extra Cab, Regular Box, 140 in. WB, 6300 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
27	Standard Pickup, 4x4, Crew Cab, Short Box, 140 in. WB, 6300 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
27	Standard Pickup, 4x4, Crew Cab, Short Box, 140 in. WB, 6300 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

27	Standard Pickup, 4x4, Crew Cab, Short Box, 140 in. WB, 6300 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
28	Standard Pickup, 4x2, Extra Cab, Regular Box, 140 in. WB, 6100 lb. GVWR, **E85** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
28	Standard Pickup, 4x2, Extra Cab, Regular Box, 140 in. WB, 6100 lb. GVWR, **E85** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
29	Standard Pickup, 4x4, Extra Cab, Regular Box, 140 in. WB, 6300 lb. GVWR, **E85** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
29	Standard Pickup, 4x4, Extra Cab, Regular Box, 140 in. WB, 6300 lb. GVWR, **E85** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
30	Standard Pickup, 4x2, Extra Cab, Regular Box, 140 in. WB, 6200 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
31	Standard Pickup, 4x4, Extra Cab, Regular Box, 140 in. WB, 6500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

32	Standard Pickup, 4x2, Regular Cab, Regular Box, 350 HP, 133 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
32	Standard Pickup, 4x2, Regular Cab, Regular Box, 350 HP, 133 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
32	Standard Pickup, 4x2, Regular Cab, Regular Box, 350 HP, 133 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
33	Standard Pickup, 4x2, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
33	Standard Pickup, 4x2, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
33	Standard Pickup, 4x2, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
34	Standard Pickup, 4x2, Crew Cab, Short Box, 350 HP, 153 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

34	Standard Pickup, 4x2, Crew Cab, Short Box, 350 HP, 153 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
34	Standard Pickup, 4x2, Crew Cab, Short Box, 350 HP, 153 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
34	Standard Pickup, 4x2, Crew Cab, Short Box, 350 HP, 153 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
35	Standard Pickup, 4x4, Regular Cab, Regular Box, 350 HP, 133 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
35	Standard Pickup, 4x4, Regular Cab, Regular Box, 350 HP, 133 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
35	Standard Pickup, 4x4, Regular Cab, Regular Box, 350 HP, 133 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
36	Standard Pickup, 4x4, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

36	Standard Pickup, 4x4, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
36	Standard Pickup, 4x4, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
36	Standard Pickup, 4x4, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
37	Standard Pickup, 4x4, Crew Cab, Short Box, 350 HP, 153 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
37	Standard Pickup, 4x4, Crew Cab, Short Box, 350 HP, 153 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
37	Standard Pickup, 4x4, Crew Cab, Short Box, 350 HP, 153 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
38	Standard Pickup, 4x2, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

38	Standard Pickup, 4x2, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
38	Standard Pickup, 4x2, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
38	Standard Pickup, 4x2, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
39	Standard Pickup, 4x4, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
39	Standard Pickup, 4x4, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
39	Standard Pickup, 4x4, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
40	Standard Pickup, 4x2, Regular Cab, Regular Box, 133 in. WB, 8500 lb. GVWR, **CNG** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600

41	Standard Pickup, 4X2, Regular Cab, Regular Box, 380 lb.-ft. Torque, 133 in. WB, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
41	Standard Pickup, 4X2, Regular Cab, Regular Box, 380 lb.-ft. Torque, 133 in. WB, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
41	Standard Pickup, 4X2, Regular Cab, Regular Box, 380 lb.-ft. Torque, 133 in. WB, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
41	Standard Pickup, 4X2, Regular Cab, Regular Box, 380 lb.-ft. Torque, 133 in. WB, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
42	Standard Pickup, 4x4, Crew Cab, Regular Box, 135 in. WB, 7650 lb. GVWR, **ELECTRIC** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
42	Standard Pickup, 4x4, Crew Cab, Regular Box, 135 in. WB, 7650 lb. GVWR, **ELECTRIC** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
43	Standard Pickup, 4x2, Crew Cab, Regular Box, 135 in. WB, 7650 lb. GVWR, **ELECTRIC** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600

44	Standard Pickup, 4X2, Regular Cab, Regular Box, 135 in. WB, 6000 lb. GVWR, **HYBRID** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
45	Standard Pickup, 4x4, Regular Cab, Regular Box, 135 in. WB, 6000 lb. GVWR, **HYBRID** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
48	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 60 in. CA, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
48	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 60 in. CA, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
48	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 60 in. CA, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
48	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 60 in. CA, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
49	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 60 in. CA, 15000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600

49	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 60 in. CA, 15000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
50	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 60 in. CA, 15000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
50	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 60 in. CA, 15000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
50	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 60 in. CA, 15000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
50	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 60 in. CA, 15000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
51	Truck, Cab & Chassis, 4X2, Regular Cab, 60 in. CA, 15000 lb. GVWR, **CNG** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
52	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 84 in. CA, 19500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600

52	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 84 in. CA, 19500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
53	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 84 in. CA, 19500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
53	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 84 in. CA, 19500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
53	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 84 in. CA, 19500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
53	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 84 in. CA, 19500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
54	Truck, Cab & Chassis, 4X2, Regular Cab, 84 in. CA, 19500 lb. GVWR, **CNG** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
55	Truck, Cab & Chassis, 4X2, Regular Cab, 450 lb.-ft. Torque, 102 in. CA, 25500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

56	Truck, Cab & Chassis, 4X2, Regular Cab, 660 lb.-ft. Torque, 102 in. CA, 25500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
56	Truck, Cab & Chassis, 4X2, Regular Cab, 660 lb.-ft. Torque, 102 in. CA, 25500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
56	Truck, Cab & Chassis, 4X2, Regular Cab, 660 lb.-ft. Torque, 102 in. CA, 25500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
56	Truck, Cab & Chassis, 4X2, Regular Cab, 660 lb.-ft. Torque, 102 in. CA, 25500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
57	Truck, Cab & Chassis, 4X2, Regular Cab, 800 lb.-ft. Torque, 108 in. CA, 30000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
57	Truck, Cab & Chassis, 4X2, Regular Cab, 800 lb.-ft. Torque, 108 in. CA, 30000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
57	Truck, Cab & Chassis, 4X2, Regular Cab, 800 lb.-ft. Torque, 108 in. CA, 30000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

58	Truck, Cab & Chassis, 4X2, Regular Cab, 860 lb.-ft. Torque, 120 in. CA, 33000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
58	Truck, Cab & Chassis, 4X2, Regular Cab, 860 lb.-ft. Torque, 120 in. CA, 33000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
58	Truck, Cab & Chassis, 4X2, Regular Cab, 860 lb.-ft. Torque, 120 in. CA, 33000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
59	Truck, Cab & Chassis, 4X2, Regular Cab, 120 in. CA, 33000 lb. GVWR, **CNG** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
60	Truck, Cab & Chassis, 6X4, Regular Cab, 1150 lb.-ft. Torque, 138 in. CA, 54000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
60	Truck, Cab & Chassis, 6X4, Regular Cab, 1150 lb.-ft. Torque, 138 in. CA, 54000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
60	Truck, Cab & Chassis, 6X4, Regular Cab, 1150 lb.-ft. Torque, 138 in. CA, 54000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

The following items are applicable for options only.

Description	Unit of Measure (UOM)	Quantity in Unit of Measure
Additional options, (cost plus)	various	various
Removal of options, (cost minus)	various	various

End of Sheet

Unit of Measure (UOM)	Quantity in Unit of Measure	Make	Model
Each	1	**FORD**	**MAVERICK**
Each	1	**TOYOTA**	**TACOMA**
Each	1	**TOYOTA**	**TACOMA**
Each	1	**CHEVROLET**	**COLORADO**
Each	1	**TOYOTA**	**TACOMA**

Each	1	**TOYOTA**	**TACOMA**
Each	1	**CHEVROLET**	**COLORADO**
Each	1	**NISSAN**	**FRONTIER**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-150**
Each	1	**NISSAN**	**FRONTIER**
Each	1	**HONDA**	**RIDGELINE SPORT**

Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-150**
Each	1	**RAM**	**1500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**GMC**	**SIERRA**
Each	1	**FORD**	**F-150**
Each	1	**RAM**	**1500**

Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**GMC**	**SIERRA**
Each	1	**FORD**	**F-150**
Each	1	**RAM**	**1500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-150**
Each	1	**RAM**	**1500**

Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-150**
Each	1	**RAM**	**1500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-150**
Each	1	**RAM**	**1500**
Each	1	**CHEVROLET**	**SILVERADO**

Each	1	**FORD**	**F-150**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-150**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-150**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**CHEVROLET**	**SILVERADO**

Each	1	**RAM**	**2500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-250**
Each	1	**RAM**	**2500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-250**
Each	1	**RAM**	**2500**

Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-250**
Each	1	**GMC**	**SIERRA**
Each	1	**RAM**	**2500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-250**
Each	1	**RAM**	**2500**

Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**GMC**	**SIERRA**
Each	1	**FORD**	**F-250**
Each	1	**RAM**	**2500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-250**
Each	1	**RAM**	**2500**

Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-250**
Each	1	**GMC**	**SIERRA**
Each	1	**RAM**	**2500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-250**
Each	1	**FORD**	**F-250**

Each	1	**RAM**	**3500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-350**
Each	1	**GMC**	**SIERRA**
Each	1	**CHEVROLET**	**SILVERADO EV**
Each	1	**FORD**	**F-15O Lightning PRO**
Each	1	**CHEVROLET**	**SILVERADO EV**

Each	1	**FORD**	**F-150 XL**
Each	1	**FORD**	**F-150 XL**
Each	1	**GMC**	**SIERRA**
Each	1	**FORD**	**F-350**
Each	1	**RAM**	**3500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-450**

Each	1	**RAM**	**4500**
Each	1	**INTERNATIONAL**	**CV**
Each	1	**FORD**	**F-450**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**RAM**	**4500**
Each	1	**FORD**	**F-450**
Each	1	**FORD**	**F-550**

Each	1	**RAM**	**5500**
Each	1	**INTERNATIONAL**	**CV**
Each	1	**FORD**	**F-550**
Each	1	**RAM**	**5500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-600**
Each	1	**FORD**	**F-650**

Each	1	**INTERNATIONAL**	**HV**
Each	1	**INTERNATIONAL**	**MV**
Each	1	**FREIGHTLINER**	**M2**
Each	1	**FORD**	**F-650**
Each	1	**INTERNATIONAL**	**HV**
Each	1	**INTERNATIONAL**	**MV**
Each	1	**FREIGHTLINER**	**M2**

Each	1	**INTERNATIONAL**	**HV**
Each	1	**INTERNATIONAL**	**MV**
Each	1	**FREIGHTLINER**	**M2**
Each	1	**FREIGHTLINER**	**M2**
Each	1	**INTERNATIONAL**	**HV**
Each	1	**FREIGHTLINER**	**M2**
Each	1	**WESTERN STAR**	**47X**

Make	Model	Manufacturer	Contract Unit Price
n/a	n/a	n/a	**Dealer Cost up to + 10 %**
n/a	n/a	n/a	**Dealer Cost up to + 10 %**

Vehicle Contract Unit Price	Maintenance Plan Contract Unit Price
$23,945.00	$499.00
CURRENTLY UNAVAILABLE	$895.00
CURRENTLY UNAVAILABLE	$895.00
CURRENTLY UNAVAILABLE	$1,095.00
CURRENTLY UNAVAILABLE	$895.00

CURRENTLY UNAVAILABLE	$895.00
CURRENTLY UNAVAILABLE	$1,095.00
CURRENTLY UNAVAILABLE	$895.00
$36,290.00	$1,095.00
$35,293.00	$499.00
CURRENTLY UNAVAILABLE	$895.00
CURRENTLY UNAVAILABLE	$1,195.00

$40,590.00	$1,095.00
$40,144.00	$499.00
$28,595.00	$1,095.00
$36,150.00	$1,095.00
$32,822.01	$749.00
$35,736.00	$499.00
$34,025.00	$1,095.00

$38,370.00	$1,095.00
$35,427.19	$749.00
$38,605.00	$499.00
$36,425.00	$1,095.00
$40,490.00	$1,095.00
$41,769.00	$499.00
$34,955.00	$1,095.00

$39,375.00	$1,095.00
$40,337.00	$499.00
$37,135.00	$1,095.00
$41,090.00	$1,095.00
$42,077.00	$499.00
$39,535.00	$1,095.00
$43,305.00	$1,095.00

$45,314.00	$499.00
$39,965.00	$1,095.00
$38,616.00	$499.00
$42,685.00	$1,095.00
$42,077.00	$499.00
CURRENTLY UNAVAILABLE	$1,095.00
CURRENTLY UNAVAILABLE	$1,095.00

$42,150.00	
$42,236.00	
$43,376.48	
$45,400.00	
$43,357.00	
$45,665.04	
$45,550.00	

$45,221.00	
$46,797.04	
$43,943.31	
$45,000.00	
$44,377.00	
$45,865.04	
$48,480.00	

$45,339.00	
$44,073.65	
$48,792.00	
$48,580.00	
$47,220.00	
$49,324.04	
$55,250.00	

$52,552.00	
$55,271.90	
$50,725.20	
$58,000.00	
$54,800.00	
$56,793.90	
$55,927.00	

$44,750.00	
$43,462.00	
$44,320.64	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	$0.00
$48,817.00	$0.00
CURRENTLY UNAVAILABLE	$0.00

CURRENTLY UNAVAILABLE	$0.00
$55,097.00	$0.00
$42,047.67	
$44,734.00	
CURRENTLY UNAVAILABLE	
$42,525.00	
$50,173.00	

CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
$57,549.00	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
$65,905.00	
$50,773.00	

CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
$57,962.00	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
$59,168.00	

CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	

CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
$148,523.00	

Dealer	Contract Number
DOWNTOWN FORD	1-22-23-20F
FREEWAY TOYOTA OF HANFORD	1-22-23-20C
FREEWAY TOYOTA OF HANFORD	1-22-23-20C
WINNER CHEVROLET	1-22-23-20D
FREEWAY TOYOTA OF HANFORD	1-22-23-20C

FREEWAY TOYOTA OF HANFORD	1-22-23-20C
WINNER CHEVROLET	1-22-23-20D
LITHIA NISSAN OF FRESNO	1-22-23-20A
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
LITHIA NISSAN OF FRESNO	1-22-23-20A
OCEAN HONDA	1-22-23-20B

WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
CA CAR GROUP	1-22-23-20H
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E

WINNER CHEVROLET	1-22-23-20D
CA CAR GROUP	1-22-23-20H
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E

WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D

DOWNTOWN FORD	1-22-23-20F
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
WINNER CHEVROLET	1-22-23-20D
WINNER CHEVROLET	1-22-23-20D

ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
ELK GROVE AUTO	1-22-23-20E

WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
CA CAR GROUP	1-22-23-20H
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
ELK GROVE AUTO	1-22-23-20E

WINNER CHEVROLET	1-22-23-20D
CA CAR GROUP	1-22-23-20H
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
ELK GROVE AUTO	1-22-23-20E

WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
CA CAR GROUP	1-22-23-20H
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
DOWNTOWN FORD	1-22-23-20F

ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
CA CAR GROUP	1-22-23-20H
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
WINNER CHEVROLET	1-22-23-20D

DOWNTOWN FORD	1-22-23-20F
DOWNTOWN FORD	1-22-23-20F
CA CAR GROUP	1-22-23-20H
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F

ELK GROVE AUTO	1-22-23-20E
RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
DOWNTOWN FORD	1-22-23-20F
WINNER CHEVROLET	1-22-23-20D
ELK GROVE AUTO	1-22-23-20E
DOWNTOWN FORD	1-22-23-20F
DOWNTOWN FORD	1-22-23-20F

ELK GROVE AUTO	1-22-23-20E
RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
DOWNTOWN FORD	1-22-23-20F

RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
SACRAMENTO TRUCK CENTER	1-22-23-20J
DOWNTOWN FORD	1-22-23-20F
RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
SACRAMENTO TRUCK CENTER	1-22-23-20J

RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
SACRAMENTO TRUCK CENTER	1-22-23-20J
SACRAMENTO TRUCK CENTER	1-22-23-20J
RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
SACRAMENTO TRUCK CENTER	1-22-23-20J
BONANDER TRUCK & TRAILER	1-22-23-20K

COUNTY OF TEHAMA

PURCHASE ORDER

727 OAK STREET - RED BLUFF, CA 96080
(530) 527-3365 Fax (530) 527-3764

Purchase Order No. 429002

PURCHASE ORDER

Vendor Information

Name Downtown Ford
Address 525 N 16th Street
City Sacramento CA Zip 95811
Phone (916) 299-3529

Ship To & Bill To:

Name Tehama County Sheriff's Department
Address Ship to: 22840 Antelope Blvd - Bill to: PO Box 729
City Red Bluff CA Zip 96080
Phone 530-528-8979

Qty	Units	Product Description	Unit Price	TOTAL
		State of California Fleet Vehicle Contract Number 1-22-23-20F DGS Billing Code: V3058		
2	EA	2025 Ford Maverick FWD Hybrid	$26,320.00	$52,640.00
2	EA	Change to 2.0L EcoBoost AWD	$1,043.00	$2,086.00
2	EA	Additional Options	$2,523.00	$5,046.00
2	EA	Doc Fee	$85.00	$170.00
		Vendor is required to process the necessary DMV registration documentation for government exempt plates		
		Discount if paid within 20 days of delivery	$500.00	

DEPARTMENT COMMENTS: Insert comments in Box Below

Please note- Register the Vehicle to: County of Tehama, 727 Oak Street, Red Bluff, CA 96080, 530-527-4655. Please Contact: Nickoli Brummond at 530-528-8979 ext 1 to arrange for delivery of the vehicle.

Vendor Number	**100564**		INSURANCE ON FILE	PDR ON FILE
			INSURANCE ATTACHED	PDR ATTACHED

Product SubTotal	$59,942.00
Shipping & Handling	$1,014.00
Service SubTotal	
Taxes :7.25% CA	$4,345.80
P.O. TOTAL	**$65,301.80**
P.O. NOT TO EXCEED	$65,301.80

Approved By:

Debbie Schmidt Senior Buyer

Purchase Order Date:
Department Account Number: 2027
Fixed Asset Account Number: 57605
Ordered By: Dave Kain

Purchasing-Blue Auditor-Yellow Dept.-Pink Vendor-White

DOWNTOWN Ford SACRAMENTO

525 N16TH STREET, SACRAMENTO, CA 95811
PHONE: 916-299-3529

93025KD

QUOTE

Customer

Name	TEHAMA COUNTY
Address	
City	State Zip
Phone	ATTN: CODY PALMER

DATE	9/30/2025
SALES REP	KAYLA
PHONE	916-717-0362
FOB	

Qty	Description	Unit Price	TOTAL
2	**2025 FORD MAVERICK FWD HYBRID** STATE OF CALIFORNIA CONTRACT 1-22-23-20F CLIN 2	$26,320.00	$52,640.00
	EXTERIOR COLOR: WHITE		
OPTIONS			
	PRICING BELOW SUBJECT TO CHANGE		
2	CHANGE TO 2.0L ECO BOOST AWD	$1,043.00	$2,086.00
2	TRAILER HITCH RECEIVER	$102.00	$204.00
2	FORD CO PILOT 360	$813.00	$1,626.00
2	FLOOR LINERS	$180.00	$360.00
2	BED TIE DOWN LOCKING RAILS	$231.00	$462.00
6	EXTRA KEY (TOTAL OF 5 PER VEHICLE)	$399.00	$2,394.00
2	DOC FEE	$85.00	$170.00
	SALES TAX CALCULATED AT 7.25% BASED ON REGISTRATION ADDRESS		

SubTotal	$59,942.00
DELIVERY	$1,000.00
SALES TAX	$4,345.80
CA Tire Tax	$14.00
TOTAL	$65,301.80

Payment Details

- ○ Cash
- ◉ Check
- ○ Credit Card

Name
CC #
Expires

Office Use Only

$500 DISCOUNT WITH PAYMENT IN 20 DAYS

SIGNATURE *DATE*

COUNTY OF TEHAMA

WAIVER OF FORMAL BIDS OVER $10,000 - FINDINGS FORM

This form must be attached to an Agenda Request Form

Pursuant to Tehama County Code Sections 4.24.080 and 4.24.110, competitive procurement must be used unless there is substantial justification for waiving the formal bid process

DATE: 9/30/2025 DEPARTMENT: Sheriff's Office

REQUESTED BY: Dave Kain TITLE: Sheriff-Coroner

PROPOSED ACQUISITION: TWO (2) 2025 FORD MAVERICK FWD HYBRIDS

REQUESTED ACTIONS BY THE BOARD OF SUPERVISORS:

a) **Request to adopt the finding(s) as indicated below**

b) **Request to find it in the best interest of the County to waive the formal bid process for the acquisition based on the finding(s)**

When requesting waiver of the bidding process, the written request shall include finding(s) which indicate that bidding procedures would not be in the best interest of the people -- Tehama County Code Section 4.24.080

Check applicable finding(s):

[ ] **Sole Source Acquisition**: Based on a finding declaring the vendor as the sole supplier who could feasibly supply the equipment or products needed by the Department.

[X] **Participation In Existing Bid**: State Contract 1-22-23-20F
Based on the finding that the existing bid meets all Tehama County Bidding Criteria and allows the County to take advantage of special low pricing without the time and expense involved with conducting a formal bid process.

[ ] **Compatibility**: Based on the finding that the acquisition of a specific type or brand of product is required by the County in order to allow for full integration with existing equipment or facilities.
Explain:

[ ] **Other, List Finding(s):**

Additional Justification:

Purchasing through the California State Contract with Downtown Ford Sales allows Tehama County to purchase the vehicle in a timely manner and at a low, competitively bid price

Recommended: Tom Provine Date: 9/30/25
Signer ID: IXTYRZHT13...

****Submittal to Purchasing must occur at least 7 working days prior to agenda deadline****

Tehama County

Agenda Request Form

File #: 25-1751 **Agenda Date:** 10/21/2025 **Agenda #:** 28.

SHERIFF / PURCHASING - Sheriff Dave Kain

Requested Action(s)

a) BID WAIVER:

1) Request to adopt the finding that California State Contract 1-22-23-20A with Downtown Ford, for the acquisition of (1) one new 2024 Ford F150 Regular Cab 4X4 meets all Tehama County bidding criteria and allow the County to take advantage of special low pricing without the time and expense involved with conducting a formal bid process

2) Request to find it in the best interest of the County to waive the formal bid process for the acquisition of (1) one new 2024 Ford Regular Cab based on the finding

b) Request authorization for the Purchasing Agent to sign a purchase order to Downtown Ford, for the acquisition of (1) one new 2024 Ford F150 Regular Cab 4X4 in the amount of $45,754.31

Financial Impact:

The funds were budgeted and allocated to the Sheriff's Office in the FY 2025-26 budget account 2072-57605.

Background Information:

This vehicle is to replace (1) one of the aging and outdated vans within the Sheriff's Coroner Unit.

Downtown Ford currently has this Ford F150 in their inventory, and this would allow the Sheriff's Office/Coroner's Unit to obtain this vehicle now instead of waiting to go through the ordering process.

Department of General Services
Procurement Division
707 Third Street, 2nd Floor
West Sacramento, CA 95605-2811

State of California

STATEWIDE CONTRACT

USER INSTRUCTIONS

MANDATORY

Supplement 5

(Incorporates Supplements 1 – 5)

ISSUE AND EFFECTIVE DATE:	***12/06/2022***
CONTRACT NUMBER:	1-22-23-20 A through K
DESCRIPTION:	Fleet Vehicles – Trucks
CONTRACTOR(S):	Lithia Nissan of Fresno (1-22-23-20A) Ocean Honda (1-22-23-20B) Freeway Toyota (1-22-23-20C) Winner Chevrolet (1-22-23-20D) Elk Grove Auto (1-22-23-20E) Downtown Ford Sales (1-22-23-20F) Watsonville Fleet Group (1-22-23-20G) CA Car Group (1-22-23-20H) Riverview International (1-22-23-20I) Sacramento Truck Center (1-22-23-20J) Bonander Truck & Trailer (1-22-23-20K)
CONTRACT TERM:	05/01/2022 through 04/30/2025
STATE CONTRACT ADMINISTRATOR:	**Contracts 1-22-23-20A-G, I, & J** Eugene Shemereko 279-946-8028 Eugene.Shemereko@dgs.ca.gov **Contracts 1-22-23-20H & K** Robb Parkison 279-946-8302 Robb.Parkison@dgs.ca.gov

The contract user instructions, products, and pricing are included herein. All purchase documents issued under this contract incorporate the contract terms and applicable California General Provisions:

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

Non-IT General Provisions (rev 11/19/2021) (https://www.dgs.ca.gov/-/media/199A6A32E4DE4BECAFF4EFA7194350CD.ashx)
Cal eProcure link: www.caleprocure.ca.gov

All changes to most recent Supplement are in *bold red italic*. Additions are enclosed in asterisks; deletions are enclosed in brackets.

SUMMARY OF CHANGES

Supplement Number	Description/Articles	Supplement Date
5	➢ ***Attachment A – Contract Pricing – Supplement 4 has been replaced with Attachment A – Contract Pricing – Supplement 5***	***12/06/2022***
4	➢ Attachment A – Contract Pricing – Supplement 3 has been replaced with Attachment A – Contract Pricing – Supplement 4	11/04/2022
3	➢ Attachment A – Contract Pricing – Supplement 2 has been replaced with Attachment A – Contract Pricing – Supplement 3 ➢ Contact Information for Downtown Ford has been updated	09/19/2022
2	➢ Attachment A – Contract Pricing – Supplement 1 has been replaced with Attachment A – Contract Pricing – Supplement 2*	08/16/2022
1	➢ Attachment A – Contract Pricing has been replaced with Attachment A – Contract Pricing – Supplement 1 ➢ Attachment D – Vehicle Specifications has been added ➢ Article 25 – Payments, language has been modified	05/26/2022
N/A	Original Contract Posted	05/01/2022

All other terms and conditions remain the same.

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

TABLE OF CONTENTS

1. SCOPE 5
2. CONTRACT USAGE/RULES 5
3. DGS ADMINISTRATIVE FEES 6
4. SB/DVBE OFF-RAMP PROVISION 6
5. PROBLEM RESOLUTION/SUPPLIER PERFORMANCE 6
6. CONTRACT ITEMS 7
7. SPECIFICATIONS 8
8. CUSTOMER SERVICE 8
9. PRODUCT SUBSTITUTIONS 9
10. PURCHASE EXECUTION 10
11. MINIMUM ORDER 11
12. ORDERING PROCEDURE 11
13. ORDER ACCEPTANCE 13
14. ORDER ACKNOWLEDMENT 13
15. DELAYED PRODUCTION REMEDY 13
16. DISCONTINUED VEHICLE REMEDY 13
17. DELIVERY PROCEDURES 14
18. INSPECTION AND ACCEPTANCE 15
19. EMERGENCY/EXPEDITED ORDERS 15
20. FREE ON BOARD (F.O.B.) DESTINATION 15
21. SHIPPED ORDERS 16
22. CONTRACT ADMINISTRATION 16
23. RESTOCKING FEES 18
24. INVOICING 18
25. PAYMENT 19
26. CALIFORNIA SELLER'S PERMIT 20
27. WARRANTY 20
28. REPAIR PARTS 21
29. MAINTENANCE PLAN 21
30. RECYCLED CONTENT 22
31. SB/DVBE PARTICIPATION 22
32. STATE AND LOCAL GOVERNMENT EMPLOYEE PRICING 22

33. ATTACHMENTS 22

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

1. SCOPE

The State's contracts provide Fleet Vehicles - Trucks at contracted pricing to the State of California and local governmental agencies in accordance with the requirements of Contract # 1-22-23-20 A - K. The contractors shall supply the entire portfolio of products as identified in the contract and will be the primary point of contact for data collection, reporting, and distribution of Fleet Vehicles - Trucks to the State.

The contract term is for three (3) years with an option to extend the contract for two (2) additional one (1) year periods or portion thereof. The terms, conditions, and prices for the contract extension option shall be by mutual agreement between the contractor and the State. If a mutual agreement cannot be met the contract may be terminated at the end of the current contract term.

2. CONTRACT USAGE/RULES

A. State Departments

- The use of this contract is mandatory for State of California departments. State Departments may purchase any vehicle that is awarded to each line item. This contract does not include ranking.
- State departments must adhere to all applicable State laws, regulations, policies, best practices, and purchasing authority requirements, e.g. California Codes, Code of Regulations, State Administrative Manual, Management Memos, and State Contracting Manual Volume 2 and SCM-F as applicable.
- Prior to placing orders against this contract, State departments must have been granted non-IT purchasing authority by the Department of General Services, Procurement Division (DGS-PD) for the use of this statewide contract. State departments that have not been granted purchasing authority by DGS-PD for the use of the State's statewide contracts may contact DGS-PD's Purchasing Authority Management Section by e-mail at pams@dgs.ca.gov.
- Departments must have a Department of General Services (DGS) agency billing code prior to placing orders against this contract. Ordering departments may contact their Purchasing Authority contact or their department's fiscal office to obtain this information.

B. Local Governmental Agencies

- Local governmental agency use of this contract is optional.
- Local government agencies are defined as "any city, county, city and county, district or other governmental body or corporation", per Public Contract Code Chapter 2, Section 10298 (b), empowered to expend public funds for the acquisition of products; this includes the California State Universities (CSU) and University of California (UC) systems, K-12 schools and community colleges. While the State makes this contract available to local governmental agencies, each local

governmental agency should determine whether this contract is consistent with its procurement policies and regulations.

- Local governmental agencies shall have the same rights and privileges as the State under the terms of this contract. Any agencies desiring to participate shall be required to adhere to the same responsibilities as do State agencies and have no authority to amend, modify or change any condition of the contract.

- A DGS issued billing code is not required for local governmental agencies to place orders against this contract.

C. Unless otherwise specified within this document, the term "ordering agencies" will refer to all State departments and/or local governmental agencies eligible to utilize this contract. Ordering and/or usage instructions exclusive to State departments or local governmental agencies shall be identified within each article.

3. DGS ADMINISTRATIVE FEES

A. State Departments

The DGS will bill each State department an administrative fee for use of this statewide contract. The administrative fee should NOT be included in the order total, nor remitted before an invoice is received from DGS.

Current fees are available online in the Price Book & Directory of Services (https://www.dgs.ca.gov/OFS/Price-Book) (go to Price Book Download and click on Purchasing under Procurement Division).

B. Local Governmental Agencies

For all local government agency transactions issued against the contract, the Contractor is required to remit the DGS-PD an Incentive Fee of an amount equal to 1.25% of the total purchase order amount excluding taxes and freight. This Incentive Fee shall not be included in the agency's purchase price, nor invoiced or charged to the purchasing entity. All prices quoted to local governmental agency customers shall reflect State contract pricing, including any and all applicable discounts, and shall include no other add-on fees.

4. SB/DVBE OFF-RAMP PROVISION

There is no SB/DVBE off ramp associated with this contract.

5. PROBLEM RESOLUTION/SUPPLIER PERFORMANCE

Ordering agencies and/or Contractor shall inform the State Contract Administrator of any technical or contractual difficulties encountered during contract performance in a timely manner. This includes and is not limited to informal disputes, supplier performance, outstanding deliveries, etc. The ordering agency should include all relevant information and/or documentation (e.g., purchase documents).

6. CONTRACT ITEMS

Contract vehicles and pricing are listed on Attachment A, Contract Pricing. All prices listed shall be fixed as the maximum cost for the contract period unless a price increase is granted.

Each line item description on Attachment A, Contract Pricing, provides a description of the minimum requirements that each vehicle in that line item has met or exceeded.

A Maintenance Plan is offered on all light duty vehicles less than 8500 lbs Gross Vehicle Weight Rating (GVWR). Maintenance Plan pricing is listed on Attachment A, Contract Pricing. The purchase of the Maintenance Plan is optional. See Article 29, Maintenance Plan for more detailed information.

Price Increases

Price increases may be requested with each model year change and will be posted on a quarterly basis.

Quarterly Increases shall be processed on the following calendar days:

- July 1st
- October 1st
- January 1st
- April 1st

Contractors are requested to price protect the contracted price for the duration between the price increase request and the time the increase is processed. If the Contractor is unable to honor the price protection, the Contractor's vehicle(s) will be unavailable for ordering until the price increases have been evaluated and approved.

Multiple Award

Some line items may have multiple vehicles awarded with different make and models available. State Departments may choose any vehicle identified in the subject line item. There is no vehicle ranking associated with this contract.

Sales Tax

The sales tax rate applied should be based on the rate of the "Bill To" address listed on the Purchase Order.

Options

All factory options shall be available and priced at Contractor cost plus up to 10% for an addition or Contractor cost minus up to 10% for a deletion in accordance with the manufacturer's current model year price list. Types of equipment changes which might be made include, but are not limited, to the following:

- Add trailer tow package
- Add Bluetooth
- Add parking sensors
- Delete pick up box (bed)

In no case shall options be included or deleted in such a manner as to cause the vehicle to conflict with any other line item on any other vehicle contract.

The Contractor shall provide ordering agencies a copy of the current model year factory price sheet with requested options, within ten calendar days of request.

Third-party upfitting (e.g utility body) may be requested by ordering agencies, however, this service is non-mandatory. When applicable, third-party upfits shall be subject to the same pricing provisions as factory options.

Note: Vehicles with added or deleted options MUST continue to meet the appropriate minimum specification.

Tire Fee

Purchase orders MUST include the State mandated $1.75 per tire fee.

Document Processing Charge

In accordance with the California Vehicle Code Section 4456.5, a Contractor may charge the ordering agency a document processing charge for the preparation and processing of documents, disclosures, titling, registration, and information security obligations imposed by state and federal law. The document processing charge shall not exceed $85 per vehicle purchased.

A Contractor may charge the ordering agency an electronic filing fee, which does not exceed the actual amount the Contractor is charged by a first-line service provider. The electronic filing fee shall not exceed $30 per vehicle purchased.

7. SPECIFICATIONS

All products must conform to the attached State of California Bid Specification Number 2310-4181 dated 08/16/2021 (Attachment B).

Vehicle color shall be a solar reflective color (white, silver metallic, or gold metallic) per SAM Section 3620.1 (exceptions are listed in the same manual section).

8. CUSTOMER SERVICE

The Contractor shall provide office and personnel resources for responding to inquiries, including telephone and email coverage weekdays during the hours of 8:00 a.m. - 5:00 p.m., PT.

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

The customer service unit shall be staffed with individuals that:

- Are trained in the requirements of this contract
- Have the authority to take administrative action to correct problems that may occur

The Contractor's customer service unit shall respond to all customer inquiries within two (2) business days of initial contact.

Dealer	Contract #	Contact	Phone	Email
Lithia Nissan of Fresno	1-22-23-20A	Pat Ireland	(559) 707-5735	patireland1962@yahoo.com
Ocean Honda	1-22-23-20B	Pat Ireland	(559) 707-5735	patireland1962@yahoo.com
Freeway Toyota	1-22-23-20C	Pat Ireland	(559) 707-5735	patireland1962@yahoo.com
Winner Chevrolet	1-22-23-20D	Jerry Powers	(916) 426-5752	jpowers@lasherauto.com
Elk Grove Auto	1-22-23-20E	Jerry Powers	(916) 426-5752	jpowers@lasherauto.com
Downtown Ford Sales	1-22-23-20F	Sandra Scott	(916) 442-9631	sandrascott@downtownfordsacramento.com
Watsonville Fleet Group	1-22-23-20G	Yesenia Covarrubias	(626) 457-5590	yesenia@watsonvillefleetgroup.com
CA Car Group	1-22-23-20H	Richard M. Slad	(925) 560-4465	RichardMS@cacargroup.com
Riverview International Trucks	1-22-23-20H	Jason Farrell	(916) 371-3110	jasonf@riverview-trucks.com
Sacramento Truck Center	1-22-23-20H	Dean Needham	(916) 286-2013	dneedham@sacramentotruck.com
Bonander Truck & Trailer	1-22-23-20H	Steve Mannion	(916) 747-6151	Cme4GMC@hotmail.com

Note: Ordering agencies are encouraged to have one point of contact for inquiries, quotes, and orders whenever possible. Multiple calls and emails from various requestors for the same information can slow customer service response times.

9. PRODUCT SUBSTITUTIONS

Under no circumstance is the Contractor permitted to make substitutions with non-contract/unauthorized vehicles without approval of the DGS Contract Administrator (CA).

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

10. PURCHASE EXECUTION

A. State Departments

1) Std. 65 Purchase Documents

State departments not transacting in FI$CAL must use the Purchasing Authority Purchase Order (Std. 65) for purchase execution. An electronic version of the Std. 65 is available at the Office of State Publishing web site: https://www.dgsapps.dgs.ca.gov/osp/StatewideFormsWeb/Forms.aspx (select Standard Forms).

All Purchasing Authority Purchase Orders (Std. 65) must contain the following:

- Agency Order Number (Purchase Order Number)
- Ordering Agency Name
- Agency Billing Code
- Purchasing Authority Number
- Leveraged Procurement Number (Contract Number)
- Supplier Information (Contact Name, Address, Phone Number, Fax Number, E-mail)
- Line Item number
- Quantity
- Unit of Measure
- Commodity Code Number
- Product Description
- Unit Price
- Extension Price
- Office of Fleet and Asset Management (OFAM) Approval Stamp (State departments only)

2) FI$CAL Purchase Documents

State departments transacting in FI$CAL will follow the FI$CAL procurement and contracting procedures.

3) Blanket Orders

The use of blanket orders against this statewide contract is not allowed.

B. Local Governmental Agencies

Local governmental agencies may use their own purchase document for purchase execution. The purchase documents must include the same data elements as listed above (Exception: Purchasing Authority Number is used by State departments only).

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

11. MINIMUM ORDER

The minimum order shall be one (1) vehicle.

12. ORDERING PROCEDURE

A. Ordering Methods:

Ordering agencies are to submit appropriate purchase documents directly to the contractor(s) via one of the following ordering methods:

- U.S. Mail
- Facsimile
- Email

The contractor's Order Placement Information is as follows:

ORDER PLACEMENT INFORMATION			
Contract # 1-22-23-20A	U.S. Mail: Lithia Nissan of Fresno 5590 N Blackstone Ave Fresno, CA 93710 Attn: Pat Ireland	Facsimile: (559) 961-4601	Email: patireland1962@yahoo.com
Contract # 1-22-23-20B	U.S. Mail: Ocean Honda 3801 Soquel Dr Soquel, CA 95073 Attn: Pat Ireland	Facsimile: (559) 961-4601	Email: patireland1962@yahoo.com
Contract # 1-22-23-20C	U.S. Mail: Freeway Toyota 1835 Glendale Avenue Hanford, CA 93230 Attn: Pat Ireland	Facsimile: (559) 961-4601	Email: patireland1962@yahoo.com
Contract # 1-22-23-20D	U.S. Mail: Winner Chevrolet 8575 Laguna Grove Drive Elk Grove, CA 95757 Attn: Jerry Powers	Facsimile: (916) 421-0149	Email: jpowers@lasherauto.com

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

ORDER PLACEMENT INFORMATION			
Contract # 1-22-23-20E	U.S. Mail: Elk Grove Auto Group 8575 Laguna Grove Drive Elk Grove, CA 95757 Attn: Jerry Powers	Facsimile: (916) 421-0149	Email: jpowers@lasherauto.com
Contract # 1-22-23-20F	U.S. Mail: Downtown Ford Sales 525 N 16th St Sacramento, CA 95811 Attn: Sandra Scott	Facsimile: (916) 491-3138	Email: sandrascott@downtownfordsacramento.com
Contract # 1-22-23-20G	U.S. Mail: Watsonville Fleet Group 1601 W. Main Street Alhambra, CA 91801 Attn: Yesenia Covarrubias	Facsimile: (626) 457-5593	Email: yesenia@watsonvillefleetgroup.com
Contract # 1-22-23-20H	U.S. Mail: CA Car Group 4200 John Monego Ct Dublin, CA 94568 Attn: Richard M. Slade	Facsimile: N/A	Email: RichardMS@cacargroup.com
Contract # 1-22-23-20I	U.S. Mail: Riverview International Trucks 2445 Evergreen Avenue West Sacramento, CA 95691 Attn: Jason Farrell	Facsimile: (916) 372-8541	Email: jasonf@riverview-trucks.com
Contract # 1-22-23-20J	U.S. Mail: Sacramento Truck Center 100 Opportunity Street Sacramento, CA 95838 Attn: Dean Needham	Facsimile: (916) 286-2085	Email: dneedham@sacramentotruck.com
Contract # 1-22-23-20K	U.S. Mail: Bonander Truck & Trailer 4520 N Golden State Blvd. Turlock, CA 95382 Attn: Steve Mannion	Facsimile: (209) 634-4965	Email: Cme4GMC@hotmail.com

When using any of the ordering methods specified above, all State departments must conform to proper State procedures.

13. ORDER ACCEPTANCE

The Contractor shall accept orders from any State department or local governmental agency. The Contractor shall not accept purchase documents for this contract that:

- Are incomplete;
- Are submitted without OFAM approval stamp
- Contain non-contract items; or
- Contain non-contract terms and conditions.

The Contractor must not refuse to accept orders from any State department or local governmental agency for any other reason without written authorization from the CA.

14. ORDER ACKNOWLEDMENT

The Contractor will provide the ordering agencies with an order receipt acknowledgment via e-mail/facsimile within ten (10) calendar days after receipt of an order. The acknowledgement will include:

- Ordering Agency Name
- Agency Order Number (Purchase Order Number)
- Description of Goods
- Vehicle Model Year
- Total Cost
- Date order is placed with manufacturer
- Anticipated Delivery Date
- Delayed Production Notification (if applicable)
- Discontinued Vehicle Notification (if applicable)

Contractor shall notify the ordering agency of any delays in production or delays in orders being accepted by the manufacturer for any period of time. Contractor shall provide estimated production start date and delivery date.

15. DELAYED PRODUCTION REMEDY

Upon receipt of order acknowledgment identifying a delay in production or orders not being accepted by the manufacturer, the ordering agencies shall have the following options:

- Request back order; or
- Cancel the item from the order with no penalty

16. DISCONTINUED VEHICLE REMEDY

Upon receipt of order acknowledgment identifying discontinued items, the ordering agencies shall have the following options:

- Amend purchase document to reflect DGS approved replacement vehicle; or
- Cancel the item from the order

Under no circumstance is the Contractor permitted to make substitutions with non-contract/unauthorized vehicles without approval of the DGS CA.

17. DELIVERY PROCEDURES

Pre-Delivery Checklist

Prior to delivery, each vehicle shall be completely inspected, serviced, and detailed by the delivering Contractor and/or the manufacturer's pre-delivery service center. A copy of the pre-delivery checklist shall be completed for each vehicle, signed by a representative of the organization performing the inspection/service, and delivered with the vehicle.

Delivery:

Delivery shall be within one hundred and fifty (150) days after receipt of order unless there is a delay in production/order acceptance from the manufacturer when changing from one model year to the next. Contractor shall notify the ordering agency of such delay per Article 14, Order Acknowledgement.

Orders requiring customized work by a 3rd party supplier may exceed the delivery period requirement. Contractor shall notify ordering agency of extended delivery period per Article 14, Order Acknowledgement.

Caravan or drive-away method of delivery from the factory to a Contractor is not acceptable unless agreed upon by the ordering agency.

Drop ship deliveries shall not be made without prior State inspection. All vehicles shall be delivered with no less than five (5) gallons of fuel in the tank.

Unless pre-arranged between the Contractor and the ordering agency, vehicles delivered with more than 50 miles on the odometer may be charged fifty (50) cents per mile in excess of 50 miles. This charge may be reflected on the invoice as a deduction from the order price. Vehicles with more than five hundred (500) miles on the odometer may not be accepted.

**Cab and Chassis trucks may require driving from an out-of-state factory and may exceed the five hundred (500) mile or less expectation. The Contractor shall notify the ordering Department at the time of purchase order execution.

When feasible, Contractor is requested to make deliveries in metropolitan areas during off-peak hours. Off-peak hours are Monday through Friday, 10:00 AM to 4:00 PM PST.

Documents

The following documents shall be delivered to the receiving agency with the vehicle:

- Completed and signed pre-delivery service checklist, including the order number and Vehicle Identification Number (VIN)
- "Line Set Tickets" or "Window (Monroney) Sticker" showing all options installed
- One (1) copy of the warranty, including applicable certificates, cards, etc.
- One (1) copy of the owner's manual.

18. INSPECTION AND ACCEPTANCE

Vehicles ordered for State use will be inspected by a State inspector at the Contractor's place of business or as otherwise agreed to by the Contractor and ordering agency.

Inspection will commence within five (5) working days of notification that a vehicle is ready for inspection. Inspection will include:

- Specification Compliance
- Workmanship
- Appearance
- Proper Operation of all Equipment and Systems
- Presence of all Applicable Documents

In the event deficiencies are detected, the vehicle will be rejected and the Contractor will be required to make the necessary repairs, adjustments or replacements. Payment and/or the commencement of a discount period (if applicable) will not begin until the defects are corrected and the vehicle is re-inspected and accepted.

Completion of inspection or acceptance by the State inspector shall in no way release the Contractor from satisfying the requirements of the contract, specifications, and warranty. Deviations from the specified requirements that are detected by the inspection shall be corrected by the Contractor in an expeditious manner at no expense to the ordering agency.

Inspection by local agencies will be at the Contractor's place of business or as otherwise agreed to by the Contractor and local agency.

19. EMERGENCY/EXPEDITED ORDERS

Not Applicable.

20. FREE ON BOARD (F.O.B.) DESTINATION

Contractors shall deliver vehicles to State or local agencies located in Sacramento County at no additional cost for delivery. If the Purchase Order indicates delivery outside Sacramento County, the Contractor and agency may negotiate delivery costs. If delivery is subject to an additional delivery charge, it shall be shown as a separate item on the purchase order and invoice.

State departments requesting delivery outside of Sacramento County must contact the Transportation Management Unit for freight rate comparisons to confirm appropriate pricing if the Contractor is delivering the vehicle.

Responsibility and liability for loss or damage for all orders shall remain with the Contractor until final inspection and acceptance, when all responsibility shall pass to the ordering agency, except the responsibility for latent defects, fraud, and the warranty obligations.

21. SHIPPED ORDERS

All shipments shall be in accordance with the General Provisions, Article 12 entitled "Packing and Shipment".

22. CONTRACT ADMINISTRATION

The State and the Contractors have assigned Contract Administrators as the single points of contact for problem resolution and related contract issues.

State Contact Information	DGS/PD Contract Administrator **(Contracts 1-22-23-20A-G, I, & J)**	DGS/PD Contract Administrator **(Contracts 1-22-23-20H, & K)**
Contact Name:	Eugene Shemereko	Robb Parkison
Telephone:	(279) 946-8028	(279) 946-8302
Facsimile:	NA	NA
Email:	Eugene.Shemereko@dgs.ca.gov	Robb.Parkison@dgs.ca.gov
Address:	DGS/Procurement Division Attn: Eugene Shemereko 707 Third Street, 2nd Floor, MS 201 West Sacramento, CA 95605	DGS/Procurement Division Attn: Robb Parkison 707 Third Street, 2nd Floor, MS 201 West Sacramento, CA 95605

Dealer Contact Information	**Lithia Nissan of Fresno** Contract # 1-22-23-20A	**Ocean Honda** Contract # 1-22-23-20B
Contact Name:	Pat Ireland	Pat Ireland
Telephone:	(559) 707-5735	(559) 707-5735
Facsimile:	(559) 961-4601	(559) 961-4601
Email:	patireland1962@yahoo.com	patireland1962@yahoo.com
Address:	Lithia Nissan of Fresno 5590 N Blackstone Ave Fresno, CA 93710	Ocean Honda 3801 Soquel Dr Soquel, CA 95073

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

Dealer Contact Information	**Freeway Toyota of Hanford** Contract # 1-18-23-20C	**Winner Chevrolet** Contract # 1-18-23-20D
Contact Name:	Pat Ireland	Jerry Powers
Telephone:	(559) 707-5735	(916) 426-5752
Facsimile:	(559) 961-4601	(916) 421-0149
Email:	patireland1962@yahoo.com	jpowers@lasherauto.com
Address:	Freeway Toyota 1835 Glendale Avenue Hanford, CA 93230	Winner Chevrolet 8575 Laguna Grove Drive Elk Grove, CA 95757

Dealer Contact Information	**Elk Grove Auto Group** Contract # 1-22-23-20E	**Downtown Ford Sales** Contract # 1-22-23-20F
Contact Name:	Jerry Powers	Sandra Scott
Telephone:	(916) 426-5752	(916) 442-9631
Facsimile:	(916) 421-0149	(916) 491-3138
Email:	jpowers@lasherauto.com	sandrascott@downtownfordsacramento.com
Address:	Elk Grove Auto Group 8575 Laguna Grove Dr Elk Grove, CA 95757	Downtown Ford Sales 525 N 16th St Sacramento, CA 95811

Dealer Contact Information	**Watsonville Fleet Group** Contract # 1-22-23-20G	**CA Car Group** Contract # 1-22-23-20H
Contact Name:	Yesenia Covarrubias	Richard M. Slade
Telephone:	(626) 457-5590	(925) 560-4465
Facsimile:	(626) 457-5593	N/A
Email:	yesenia@watsonvillefleetgroup.com	RichardMS@cacargroup.com
Address:	Watsonville Fleet Group 1601 W. Main Street Alhambra, CA 91801	CA Car Group 4200 John Monego Ct Dublin, CA 94568

Contract (Mandatory) 1-22-23-20 A-K
Contract User Instructions, ***Supplement 5***

Dealer Contact Information	**Riverview International Trucks** Contract # 1-22-23-20I	**Sacramento Truck Center** Contract # 1-22-23-20J
Contact Name:	Jason Farrell	Dean Needham
Telephone:	(916) 371-3110	(916) 286-2013
Facsimile:	(916) 372-8541	(916) 286-2085
Email:	jasonf@riverview-trucks.com	dneedham@sacramentotruck.com
Address:	Riverview International Trucks 2445 Evergreen Avenue West Sacramento, CA 95691	Sacramento Truck Center 100 Opportunity Street Sacramento, CA 95838

Dealer Contact Information	**Bonander Truck & Trailer** Contract # 1-22-23-20K
Contact Name:	Steve Mannion
Telephone:	(916) 747-6151
Facsimile:	(209) 634-4965
Email:	Cme4GMC@hotmail.com
Address:	Bonander Truck & Trailer 4520 N Golden State Blvd. Turlock, CA 95382

23. RESTOCKING FEES

The Contractor may impose a restocking fee to the ordering agency on orders cancelled after the order has been placed with the manufacturer: The Contractor shall notify the ordering agency of the order placement per Article 14, Order Acknowledgment.

Re-stocking fees can be no greater than ten percent (10%) of the value of the vehicle being restocked.

24. INVOICING

Ordering agencies may require separate invoicing, as specified by each ordering organization. Invoices will contain the following information:

- Contractor's name, address and telephone number
- Leveraged Procurement Number (Contract Number)
- Agency Order Number (Purchase Order Number)
- Item and commodity code number
- Quantity purchased

- Contract price and extension
- State sales and/or use tax
- Prompt payment discounts/cash discounts, if applicable
- Totals for each order

25. PAYMENT

A. Terms

Payment terms for contracts 1-22-23-20 A – G and K include a $500 per vehicle discount for payment made within twenty (20) days. Contract 1-22-23-20I includes a $200 per vehicle discount for payment made within twenty (20) days. Contracts 1-22-23-20 H & J offer no discount. The cash discount time is defined by the State as beginning only after the vehicle has been inspected, delivered, and accepted by the receiving agency, or from the date a correct invoice is received in the office specified on the Purchase Order, whichever is later.

Payment is deemed to be made, for the purpose of earning the discount, one (1) working day after the date on the State warrant or check. Typically, acceptance will be accomplished within twenty (20) business hours after a vehicle is delivered.

Payment will be made in accordance with the provisions of the California Prompt Payment Act, Government Code Section 927, et seq. Unless expressly exempted by statute, the Act requires State departments to pay properly submitted, undisputed invoices not more than forty-five (45) days after the date of acceptance of goods, performance of services, or receipt of an undisputed invoice, whichever is later.

B. CAL-Card Use

Use of the CAL-Card for payment of invoices is not allowed under this statewide contract.

C. Payee Data Record

Each State accounting office must have a copy of the Payee Data Record (Std. 204) in order to process payments. State departments should forward a copy of the Std. 204 to their accounting office(s). Without the Std. 204, payment may be unnecessarily delayed. State departments may contact the Contractor for copies of the Payee Data Record.

D. State Financial Marketplace

The State reserves the right to select the form of payment for all procurements, be it either an outright purchase with payment rendered directly by the State, or a financing/lease-purchase or operating lease via the State Financial Marketplace (GS $Mart and/or Lease $Mart). If payment is via the financial marketplace, the Contractor will invoice the State and the State will approve the invoice and the selected

Lender/Lessor for all product listed on the State's procurement document will pay the Contractor on behalf of the State.

26. CALIFORNIA SELLER'S PERMIT

The California seller permit number for the Contractor is listed below. State departments can verify that permits are currently valid at the following website: www.cdtfa.ca.gov. State departments must adhere to the file documentation required identified in the State Contracting Manual Volume 2 and Volume 3 and SCM-F.

Contractor Name	Seller Permit #
Lithia Nissan of Fresno	97163762
Ocean Honda	101-652579
Freeway Toyota of Hanford	102-659756
Winner Chevrolet	100-208309
Elk Grove Auto	100-197237
Downtown Ford	28600344
Watsonville Fleet Group	245364864 101-135239
CA Car Group	100-214737
Riverview International	101-079519
Sacramento Truck Center	97724353
Bonander Truck & Trailer	28-093997

27. WARRANTY

The manufacturer's standard new vehicle warranty shall apply to all vehicles purchased from these contracts. All warranties shall be factory authorized. The warranty shall be honored by all franchised dealers of the vehicle within the State of California. The Warranty term for the vehicles offered under these contracts shall meet the following (as applicable):

- Bumper to bumper warranty shall cover not less than 3 years/36,000 miles, no charge for parts and labor.
- Power train warranty for light duty vehicles weighing 8500 lbs. GVWR or less shall cover not less than 5 years/100,000 miles, no charge for parts and labor.
- Power train warranty for vehicles over 8500 lbs. GVWR shall cover not less than 5 years/60,000 miles, no charge for parts and labor.

The State's established preventative maintenance procedures and practices shall be acceptable to the manufacturer/contractor in lieu of the manufacturer's prescribed procedures which may form a part of the warranty.

All emission-related components shall be warranted in compliance with California Air Resources Board and Federal requirements. Contractor cannot offer independent insurance or statements indicating self insurance. If an additional extended warranty is purchased, a warranty certificate, warranty card, or a statement indicating the extended warranty has been recorded with the manufacturer shall be furnished with each vehicle delivered.

Normal wear items such as tires, belts, hoses, headlamps, light bulbs, brake linings, brake discs/drums, etc. are excluded from warranty coverage. All other items not subject to normal wear or gross operator neglect and abuse, such as window, seat, or wiper motors, chassis electrical switches (door, trunk lid), paint, hinges, locks, etc., shall be covered.

The State reserves the right to use re-refined lubrication oils, where available, in lieu of virgin equivalent oils. The re-refined oils used by the State will meet all API and SAE standards and specifications as set forth by the vehicle manufacturer. The use of said oils shall in no way void or degrade the original manufacturer's standard warranty.

The State reserves the right to use recycled content antifreeze/coolant, where available, in lieu of virgin equivalent antifreeze/coolant when servicing its vehicles. The recycled content antifreeze/coolant used by the State will meet all ATSM standards and specifications as set forth by the vehicle manufacturer.

28. REPAIR PARTS

The manufacture of the awarded vehicle(s) should maintain an adequate stock of all regular and special parts to meet the continuing service and repair parts needs of the State without undue delay.

A special system shall be set up for expediting the procurement of back-order items needed to repair an inoperative vehicle including a system to air freight parts at factory expense when parts are not in stock in California parts depots. Parts must be available within three (3) working days after telephone notification.

Vehicles with new technology emerging into the industry (e.g., fuel cell vehicles) may require more than (3) working days for the availability of certain parts. Contractor must notify the State Contract Administrator and ordering agency when this occurs and provide the estimated date of availability.

29. MAINTENANCE PLAN

A maintenance plan is available for light duty vehicles under 8500 lbs. GVWR. The purchase of a maintenance plan is optional. The maintenance plan covers all regularly scheduled service for a minimum of five (5) years/75,000 miles. The maintenance shall include at a minimum all manufacturer recommended services such as, but not limited to:

- Oil changes;

- Filter changes;
- Fluid changes;
- Lubrications;
- Tire rotations;
- Equipment and safety inspections

The Maintenance Plan is not required to cover wear items such as brake pads/shoes, wiper blades, etc.

Purchase of the Maintenance Plan is non-mandatory for State departments.

The Maintenance Plan is not applicable to vehicles over 8,500 lbs. GVWR.

30. RECYCLED CONTENT

State departments are required to report purchases in many product categories. The Postconsumer-Content Certification Form (CIWMB 74) for the Contractor(s) is attached (Attachment C).

31. SB/DVBE PARTICIPATION

There is no Small Business (SB) or Disabled Veteran Business Enterprise (DVBE) participation for this contract.

32. STATE AND LOCAL GOVERNMENT EMPLOYEE PRICING

In the interest of expanding the California marketplace for Zero Emission Vehicles (ZEV), some Contractors have offered a discount to any interested State of California or local government employee when purchasing a ZEV for personal use. A list of participating Dealers and vehicles can be found at: https://www.dgs.ca.gov/PD/Resources/Page-Content/Procurement-Division-Resources-List-Folder/State-of-California-Green-Fleet-Employee-Pricing-Program

33. ATTACHMENTS

Attachment A – Contract Pricing ***Supplement 5***
Attachment B – Specification 2310-4181, revised 08/16/2021
Attachment C – Postconsumer Content Certification Workbook
Attachment D – Vehicle Specifications

Fleet Vehicles - Trucks

Attachment A - Contract Pricing - *Supplement 10*

Contract 1-22-23-20 (A-K)

Payment Terms	Contract #s
$500 discount per vehicle for payment within 20 days	**(1-22-23-20A-G & K)**
$200 discount per vehicle for payment within 20 days	**1-22-23-20I**

Contact Line Item # (CLIN)	Description	UNSPSC
2	Small Pickup, 4x2, Crew Cab, Regular Box, 119 in. WB, 5000 lb. GVWR, **HYBRID** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
7	Small Pickup, 4x2, Extra Cab, Regular Box, 125 in. WB, 5000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
8	Small Pickup, 4x2, Crew Cab, Short Box, 125 in. WB, 5000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
8	Small Pickup, 4x2, Crew Cab, Short Box, 125 in. WB, 5000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
9	Small Pickup, 4x4, Extra Cab, Regular Box, 125 in. WB, 5000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

10	Small Pickup, 4x4, Crew Cab, Short Box, 125 in. WB, 5000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
10	Small Pickup, 4x4, Crew Cab, Short Box, 125 in. WB, 5000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
20	Standard Pickup, 4x2, Regular Cab, Regular Box, 125 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
20	Standard Pickup, 4x2, Regular Cab, Regular Box, 125 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
20	Standard Pickup, 4x2, Regular Cab, Regular Box, 125 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
21	Standard Pickup, 4x4, Regular Cab, Regular Box, 125 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
21	Standard Pickup, 4x4, Regular Cab, Regular Box, 125 in. WB, 6000 lb. GVWR, GASOLINE Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

21	Standard Pickup, 4x4, Regular Cab, Regular Box, 125 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
21	Standard Pickup, 4x4, Regular Cab, Regular Box, 125 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
22	Standard Pickup, 4x2, Regular Cab, Regular Box, 140 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
22	Standard Pickup, 4x2, Regular Cab, Regular Box, 140 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
22	Standard Pickup, 4x2, Regular Cab, Regular Box, 140 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
22	Standard Pickup, 4x2, Regular Cab, Regular Box, 140 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
23	Standard Pickup, 4x2, Extra Cab, Regular Box, 140 in. WB, 6100 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

23	Standard Pickup, 4x2, Extra Cab, Regular Box, 140 in. WB, 6100 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
23	Standard Pickup, 4x2, Extra Cab, Regular Box, 140 in. WB, 6100 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
23	Standard Pickup, 4x2, Extra Cab, Regular Box, 140 in. WB, 6100 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
24	Standard Pickup, 4x2, Crew Cab, Short Box, 140 in. WB, 6100 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
24	Standard Pickup, 4x2, Crew Cab, Short Box, 140 in. WB, 6100 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/22	25101507
24	Standard Pickup, 4x2, Crew Cab, Short Box, 140 in. WB, 6100 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/23	25101507
25	Standard Pickup, 4x4, Regular Cab, Regular Box, 140 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

25	Standard Pickup, 4x4, Regular Cab, Regular Box, 140 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
25	Standard Pickup, 4x4, Regular Cab, Regular Box, 140 in. WB, 6000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
26	Standard Pickup, 4x4, Extra Cab, Regular Box, 140 in. WB, 6300 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
26	Standard Pickup, 4x4, Extra Cab, Regular Box, 140 in. WB, 6300 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
26	Standard Pickup, 4x4, Extra Cab, Regular Box, 140 in. WB, 6300 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
27	Standard Pickup, 4x4, Crew Cab, Short Box, 140 in. WB, 6300 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
27	Standard Pickup, 4x4, Crew Cab, Short Box, 140 in. WB, 6300 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

27	Standard Pickup, 4x4, Crew Cab, Short Box, 140 in. WB, 6300 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
28	Standard Pickup, 4x2, Extra Cab, Regular Box, 140 in. WB, 6100 lb. GVWR, **E85** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
28	Standard Pickup, 4x2, Extra Cab, Regular Box, 140 in. WB, 6100 lb. GVWR, **E85** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
29	Standard Pickup, 4x4, Extra Cab, Regular Box, 140 in. WB, 6300 lb. GVWR, **E85** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
29	Standard Pickup, 4x4, Extra Cab, Regular Box, 140 in. WB, 6300 lb. GVWR, **E85** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
30	Standard Pickup, 4x2, Extra Cab, Regular Box, 140 in. WB, 6200 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
31	Standard Pickup, 4x4, Extra Cab, Regular Box, 140 in. WB, 6500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

32	Standard Pickup, 4x2, Regular Cab, Regular Box, 350 HP, 133 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
32	Standard Pickup, 4x2, Regular Cab, Regular Box, 350 HP, 133 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
32	Standard Pickup, 4x2, Regular Cab, Regular Box, 350 HP, 133 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
33	Standard Pickup, 4x2, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
33	Standard Pickup, 4x2, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
33	Standard Pickup, 4x2, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
34	Standard Pickup, 4x2, Crew Cab, Short Box, 350 HP, 153 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

34	Standard Pickup, 4x2, Crew Cab, Short Box, 350 HP, 153 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
34	Standard Pickup, 4x2, Crew Cab, Short Box, 350 HP, 153 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
34	Standard Pickup, 4x2, Crew Cab, Short Box, 350 HP, 153 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
35	Standard Pickup, 4x4, Regular Cab, Regular Box, 350 HP, 133 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
35	Standard Pickup, 4x4, Regular Cab, Regular Box, 350 HP, 133 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
35	Standard Pickup, 4x4, Regular Cab, Regular Box, 350 HP, 133 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
36	Standard Pickup, 4x4, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

36	Standard Pickup, 4x4, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
36	Standard Pickup, 4x4, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
36	Standard Pickup, 4x4, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
37	Standard Pickup, 4x4, Crew Cab, Short Box, 350 HP, 153 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
37	Standard Pickup, 4x4, Crew Cab, Short Box, 350 HP, 153 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
37	Standard Pickup, 4x4, Crew Cab, Short Box, 350 HP, 153 in. WB, 8500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
38	Standard Pickup, 4x2, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

38	Standard Pickup, 4x2, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
38	Standard Pickup, 4x2, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
38	Standard Pickup, 4x2, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
39	Standard Pickup, 4x4, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
39	Standard Pickup, 4x4, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
39	Standard Pickup, 4x4, Extra Cab, Regular Box, 350 HP, 141 in. WB, 8500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
40	Standard Pickup, 4x2, Regular Cab, Regular Box, 133 in. WB, 8500 lb. GVWR, **CNG** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600

41	Standard Pickup, 4X2, Regular Cab, Regular Box, 380 lb.-ft. Torque, 133 in. WB, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
41	Standard Pickup, 4X2, Regular Cab, Regular Box, 380 lb.-ft. Torque, 133 in. WB, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
41	Standard Pickup, 4X2, Regular Cab, Regular Box, 380 lb.-ft. Torque, 133 in. WB, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
41	Standard Pickup, 4X2, Regular Cab, Regular Box, 380 lb.-ft. Torque, 133 in. WB, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
42	Standard Pickup, 4x4, Crew Cab, Regular Box, 135 in. WB, 7650 lb. GVWR, **ELECTRIC** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
42	Standard Pickup, 4x4, Crew Cab, Regular Box, 135 in. WB, 7650 lb. GVWR, **ELECTRIC** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
43	Standard Pickup, 4x2, Crew Cab, Regular Box, 135 in. WB, 7650 lb. GVWR, **ELECTRIC** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600

44	Standard Pickup, 4X2, Regular Cab, Regular Box, 135 in. WB, 6000 lb. GVWR, **HYBRID** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
45	Standard Pickup, 4x4, Regular Cab, Regular Box, 135 in. WB, 6000 lb. GVWR, **HYBRID** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
48	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 60 in. CA, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
48	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 60 in. CA, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
48	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 60 in. CA, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
48	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 60 in. CA, 10200 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
49	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 60 in. CA, 15000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600

49	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 60 in. CA, 15000 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
50	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 60 in. CA, 15000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
50	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 60 in. CA, 15000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
50	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 60 in. CA, 15000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
50	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 60 in. CA, 15000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
51	Truck, Cab & Chassis, 4X2, Regular Cab, 60 in. CA, 15000 lb. GVWR, **CNG** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
52	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 84 in. CA, 19500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600

52	Truck, Cab & Chassis, 4X2, Regular Cab, 380 lb.-ft. Torque, 84 in. CA, 19500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101600
53	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 84 in. CA, 19500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
53	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 84 in. CA, 19500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
53	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 84 in. CA, 19500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
53	Truck, Cab & Chassis, 4X2, Regular Cab, 650 lb.-ft. Torque, 84 in. CA, 19500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
54	Truck, Cab & Chassis, 4X2, Regular Cab, 84 in. CA, 19500 lb. GVWR, **CNG** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
55	Truck, Cab & Chassis, 4X2, Regular Cab, 450 lb.-ft. Torque, 102 in. CA, 25500 lb. GVWR, **GASOLINE** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

56	Truck, Cab & Chassis, 4X2, Regular Cab, 660 lb.-ft. Torque, 102 in. CA, 25500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
56	Truck, Cab & Chassis, 4X2, Regular Cab, 660 lb.-ft. Torque, 102 in. CA, 25500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
56	Truck, Cab & Chassis, 4X2, Regular Cab, 660 lb.-ft. Torque, 102 in. CA, 25500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
56	Truck, Cab & Chassis, 4X2, Regular Cab, 660 lb.-ft. Torque, 102 in. CA, 25500 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
57	Truck, Cab & Chassis, 4X2, Regular Cab, 800 lb.-ft. Torque, 108 in. CA, 30000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
57	Truck, Cab & Chassis, 4X2, Regular Cab, 800 lb.-ft. Torque, 108 in. CA, 30000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
57	Truck, Cab & Chassis, 4X2, Regular Cab, 800 lb.-ft. Torque, 108 in. CA, 30000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

58	Truck, Cab & Chassis, 4X2, Regular Cab, 860 lb.-ft. Torque, 120 in. CA, 33000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
58	Truck, Cab & Chassis, 4X2, Regular Cab, 860 lb.-ft. Torque, 120 in. CA, 33000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
58	Truck, Cab & Chassis, 4X2, Regular Cab, 860 lb.-ft. Torque, 120 in. CA, 33000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
59	Truck, Cab & Chassis, 4X2, Regular Cab, 120 in. CA, 33000 lb. GVWR, **CNG** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
60	Truck, Cab & Chassis, 6X4, Regular Cab, 1150 lb.-ft. Torque, 138 in. CA, 54000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
60	Truck, Cab & Chassis, 6X4, Regular Cab, 1150 lb.-ft. Torque, 138 in. CA, 54000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507
60	Truck, Cab & Chassis, 6X4, Regular Cab, 1150 lb.-ft. Torque, 138 in. CA, 54000 lb. GVWR, **DIESEL** Fueled Vehicle in accordance with specification 2310-4181 dated 8/16/21	25101507

The following items are applicable for options only.

Description	Unit of Measure (UOM)	Quantity in Unit of Measure
Additional options, (cost plus)	various	various
Removal of options, (cost minus)	various	various

End of Sheet

Unit of Measure (UOM)	Quantity in Unit of Measure	Make	Model
Each	1	**FORD**	**MAVERICK**
Each	1	**TOYOTA**	**TACOMA**
Each	1	**TOYOTA**	**TACOMA**
Each	1	**CHEVROLET**	**COLORADO**
Each	1	**TOYOTA**	**TACOMA**

Each	1	**TOYOTA**	**TACOMA**
Each	1	**CHEVROLET**	**COLORADO**
Each	1	**NISSAN**	**FRONTIER**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-150**
Each	1	**NISSAN**	**FRONTIER**
Each	1	**HONDA**	**RIDGELINE SPORT**

Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-150**
Each	1	**RAM**	**1500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**GMC**	**SIERRA**
Each	1	**FORD**	**F-150**
Each	1	**RAM**	**1500**

Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**GMC**	**SIERRA**
Each	1	**FORD**	**F-150**
Each	1	**RAM**	**1500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-150**
Each	1	**RAM**	**1500**

Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-150**
Each	1	**RAM**	**1500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-150**
Each	1	**RAM**	**1500**
Each	1	**CHEVROLET**	**SILVERADO**

Each	1	**FORD**	**F-150**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-150**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-150**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**CHEVROLET**	**SILVERADO**

Each	1	**RAM**	**2500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-250**
Each	1	**RAM**	**2500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-250**
Each	1	**RAM**	**2500**

Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-250**
Each	1	**GMC**	**SIERRA**
Each	1	**RAM**	**2500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-250**
Each	1	**RAM**	**2500**

Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**GMC**	**SIERRA**
Each	1	**FORD**	**F-250**
Each	1	**RAM**	**2500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-250**
Each	1	**RAM**	**2500**

Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-250**
Each	1	**GMC**	**SIERRA**
Each	1	**RAM**	**2500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-250**
Each	1	**FORD**	**F-250**

Each	1	**RAM**	**3500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-350**
Each	1	**GMC**	**SIERRA**
Each	1	**CHEVROLET**	**SILVERADO EV**
Each	1	**FORD**	**F-15O Lightning PRO**
Each	1	**CHEVROLET**	**SILVERADO EV**

Each	1	**FORD**	**F-150 XL**
Each	1	**FORD**	**F-150 XL**
Each	1	**GMC**	**SIERRA**
Each	1	**FORD**	**F-350**
Each	1	**RAM**	**3500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-450**

Each	1	**RAM**	**4500**
Each	1	**INTERNATIONAL**	**CV**
Each	1	**FORD**	**F-450**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**RAM**	**4500**
Each	1	**FORD**	**F-450**
Each	1	**FORD**	**F-550**

Each	1	**RAM**	**5500**
Each	1	**INTERNATIONAL**	**CV**
Each	1	**FORD**	**F-550**
Each	1	**RAM**	**5500**
Each	1	**CHEVROLET**	**SILVERADO**
Each	1	**FORD**	**F-600**
Each	1	**FORD**	**F-650**

Each	1	**INTERNATIONAL**	**HV**
Each	1	**INTERNATIONAL**	**MV**
Each	1	**FREIGHTLINER**	**M2**
Each	1	**FORD**	**F-650**
Each	1	**INTERNATIONAL**	**HV**
Each	1	**INTERNATIONAL**	**MV**
Each	1	**FREIGHTLINER**	**M2**

Each	1	**INTERNATIONAL**	**HV**
Each	1	**INTERNATIONAL**	**MV**
Each	1	**FREIGHTLINER**	**M2**
Each	1	**FREIGHTLINER**	**M2**
Each	1	**INTERNATIONAL**	**HV**
Each	1	**FREIGHTLINER**	**M2**
Each	1	**WESTERN STAR**	**47X**

Make	Model	Manufacturer	Contract Unit Price
n/a	n/a	n/a	**Dealer Cost up to + 10 %**
n/a	n/a	n/a	**Dealer Cost up to + 10 %**

Vehicle Contract Unit Price	Maintenance Plan Contract Unit Price
$23,945.00	$499.00
CURRENTLY UNAVAILABLE	$895.00
CURRENTLY UNAVAILABLE	$895.00
CURRENTLY UNAVAILABLE	$1,095.00
CURRENTLY UNAVAILABLE	$895.00

CURRENTLY UNAVAILABLE	$895.00
CURRENTLY UNAVAILABLE	$1,095.00
CURRENTLY UNAVAILABLE	$895.00
$36,290.00	$1,095.00
$35,293.00	$499.00
CURRENTLY UNAVAILABLE	$895.00
CURRENTLY UNAVAILABLE	$1,195.00

$40,590.00	$1,095.00
$40,144.00	$499.00
$28,595.00	$1,095.00
$36,150.00	$1,095.00
$32,822.01	$749.00
$35,736.00	$499.00
$34,025.00	$1,095.00

$38,370.00	$1,095.00
$35,427.19	$749.00
$38,605.00	$499.00
$36,425.00	$1,095.00
$40,490.00	$1,095.00
$41,769.00	$499.00
$34,955.00	$1,095.00

$39,375.00	$1,095.00
$40,337.00	$499.00
$37,135.00	$1,095.00
$41,090.00	$1,095.00
$42,077.00	$499.00
$39,535.00	$1,095.00
$43,305.00	$1,095.00

$45,314.00	$499.00
$39,965.00	$1,095.00
$38,616.00	$499.00
$42,685.00	$1,095.00
$42,077.00	$499.00
CURRENTLY UNAVAILABLE	$1,095.00
CURRENTLY UNAVAILABLE	$1,095.00

$42,150.00	
$42,236.00	
$43,376.48	
$45,400.00	
$43,357.00	
$45,665.04	
$45,550.00	

$45,221.00	
$46,797.04	
$43,943.31	
$45,000.00	
$44,377.00	
$45,865.04	
$48,480.00	

$45,339.00	
$44,073.65	
$48,792.00	
$48,580.00	
$47,220.00	
$49,324.04	
$55,250.00	

$52,552.00	
$55,271.90	
$50,725.20	
$58,000.00	
$54,800.00	
$56,793.90	
$55,927.00	

$44,750.00	
$43,462.00	
$44,320.64	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	$0.00
$48,817.00	$0.00
CURRENTLY UNAVAILABLE	$0.00

CURRENTLY UNAVAILABLE	$0.00
$55,097.00	$0.00
$42,047.67	
$44,734.00	
CURRENTLY UNAVAILABLE	
$42,525.00	
$50,173.00	

CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
$57,549.00	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
$65,905.00	
$50,773.00	

CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
$57,962.00	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
$59,168.00	

CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	

CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
CURRENTLY UNAVAILABLE	
$148,523.00	

Dealer	Contract Number
DOWNTOWN FORD	1-22-23-20F
FREEWAY TOYOTA OF HANFORD	1-22-23-20C
FREEWAY TOYOTA OF HANFORD	1-22-23-20C
WINNER CHEVROLET	1-22-23-20D
FREEWAY TOYOTA OF HANFORD	1-22-23-20C

FREEWAY TOYOTA OF HANFORD	1-22-23-20C
WINNER CHEVROLET	1-22-23-20D
LITHIA NISSAN OF FRESNO	1-22-23-20A
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
LITHIA NISSAN OF FRESNO	1-22-23-20A
OCEAN HONDA	1-22-23-20B

WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
CA CAR GROUP	1-22-23-20H
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E

WINNER CHEVROLET	1-22-23-20D
CA CAR GROUP	1-22-23-20H
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E

WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D

DOWNTOWN FORD	1-22-23-20F
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
WINNER CHEVROLET	1-22-23-20D
WINNER CHEVROLET	1-22-23-20D

ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
ELK GROVE AUTO	1-22-23-20E

WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
CA CAR GROUP	1-22-23-20H
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
ELK GROVE AUTO	1-22-23-20E

WINNER CHEVROLET	1-22-23-20D
CA CAR GROUP	1-22-23-20H
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
ELK GROVE AUTO	1-22-23-20E

WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
CA CAR GROUP	1-22-23-20H
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
DOWNTOWN FORD	1-22-23-20F

ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
WATSONVILLE FLEET GROUP	1-22-23-20G
CA CAR GROUP	1-22-23-20H
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
WINNER CHEVROLET	1-22-23-20D

DOWNTOWN FORD	1-22-23-20F
DOWNTOWN FORD	1-22-23-20F
CA CAR GROUP	1-22-23-20H
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F

ELK GROVE AUTO	1-22-23-20E
RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
DOWNTOWN FORD	1-22-23-20F
WINNER CHEVROLET	1-22-23-20D
ELK GROVE AUTO	1-22-23-20E
DOWNTOWN FORD	1-22-23-20F
DOWNTOWN FORD	1-22-23-20F

ELK GROVE AUTO	1-22-23-20E
RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
DOWNTOWN FORD	1-22-23-20F
ELK GROVE AUTO	1-22-23-20E
WINNER CHEVROLET	1-22-23-20D
DOWNTOWN FORD	1-22-23-20F
DOWNTOWN FORD	1-22-23-20F

RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
SACRAMENTO TRUCK CENTER	1-22-23-20J
DOWNTOWN FORD	1-22-23-20F
RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
SACRAMENTO TRUCK CENTER	1-22-23-20J

RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
SACRAMENTO TRUCK CENTER	1-22-23-20J
SACRAMENTO TRUCK CENTER	1-22-23-20J
RIVERVIEW INTERNATIONAL TRUCKS	1-22-23-20I
SACRAMENTO TRUCK CENTER	1-22-23-20J
BONANDER TRUCK & TRAILER	1-22-23-20K

COUNTY OF TEHAMA

PURCHASE ORDER

727 OAK STREET - RED BLUFF, CA 96080
(530) 527-3365 Fax (530) 527-3764

Purchase Order No. 429003

PURCHASE ORDER

Vendor Information

Name	Downtown Ford				
Address	525 N 16th Street				
City	Sacramento	CA	Zip	95811	
Phone	(916) 299-3529				

Ship To & Bill To:

Name	Tehama County Sheriff's Department				
Address	Ship to: 22840 Antelope Blvd - Bill to: PO Box 729				
City	Red Bluff	CA	Zip	96080	
Phone	530-528-8979				

Qty	Units	Product Description	Unit Price	TOTAL
		State of California Fleet Vehicle Contract Number 1-22-23-20A		
		DGS Billing Code: V3058		
1	EA	2024 Ford F150 Regular Cab Pickup 4X4 Longbed	$40,337.00	$40,337.00
1	EA	Backup Alarm	$220.00	$220.00
1	EA	Additional Options	$1,545.00	$1,545.00
1	EA	Doc Fee	$85.00	$85.00
		Vendor is required to process the necessary DMV registration documantation for government exempt plates		
		Discount if paid within 20 days of delivery	$500.00	

DEPARTMENT COMMENTS: Insert comments in Box Below

Please note- Register the Vehicle to: County of Tehama, 727 Oak Street, Red Bluff, CA 96080, 530-527-4655. Please Contact: Nickoli Brummond at 530-528-8979 ext 1 to arrange for delivery of the vehicle.

Vendor Number	**100564**		INSURANCE ON FILE		PDR ON FILE
			INSURANCE ATTACHED		PDR ATTACHED

Product SubTotal	$42,187.00
Shipping & Handling	$508.75
Service SubTotal	
Taxes :7.25% CA	$3,058.56
P.O. TOTAL	**$45,754.31**
P.O. NOT TO EXCEED	$45,754.31

Approved By:

Debbie Schmidt Senior Buyer

Purchase Order Date:	
Department Account Number:	2072
Fixed Asset Account Number:	57605
Ordered By:	Dave Kain

Purchasing-Blue Auditor-Yellow Dept.-Pink Vendor-White

DOWNTOWN Ford SACRAMENTO

ASW-092925-1355

525 N16TH STREET, SACRAMENTO, CA 95811
PHONE: 916-299-3529

QUOTE

Customer

Name	CODY PALMER - TEHAMA COUNTY SHERIFF
Address	SHIP: 22840 ANTELOPE BLVD / BILL: PO BOX 729
City	RED BLUFF State CA Zip 96080
Phone	5308291967

DATE	9/29/2025
SALES REP	AARON
PHONE	916-929-0577
FOB	AUBURN

Qty	Description	Unit Price	TOTAL
1	**2024 FORD F150 REG CAB PICKUP 4X4 LONGBED**	$40,337.00	$40,337.00
	STATE OF CALIFORNIA CONTRACT: 1-22-23-20A		
	CLIN: 25		
	VIN: 1FTMF1L57RKF22607		
	EXTERIOR COLOR: YZ - OXFORD WHITE		
OPTIONS			
	PRICING BELOW SUBJECT TO CHANGE		
1	995 - 5.0L V8 ENGINE - INCLUDED	$0.00	$0.00
1	85H - BACKUP ALARM	$220.00	$220.00
1	90P - ALUMINUM TOOLBOX BRIGHT	$950.00	$950.00
1	96W - SPRAY-IN BEDLINER	$595.00	$595.00
1	DOC FEE	$85.00	$85.00
	SALES TAX CALCULATED AT: 7.250%		
	BASED ON REGISTRATION ADDRESS		

SubTotal	$42,187.00
DELIVERY	$500.00
SALES TAX	$3,058.56
CA Tire Tax	$8.75
TOTAL	$45,754.31

Payment Details

- ○ Cash
- ◉ Check
- ○ Credit Card

Name
CC #
Expires

Office Use Only

$500 DISCOUNT WITH PAYMENT IN 20 DAYS

COUNTY OF TEHAMA

WAIVER OF FORMAL BIDS OVER $10,000 - FINDINGS FORM

This form must be attached to an Agenda Request Form

Pursuant to Tehama County Code Sections 4.24.080 and 4.24.110, competitive procurement must be used unless there is substantial justification for waiving the formal bid process

DATE: 9/30/2025 DEPARTMENT: Sheriff's Office

REQUESTED BY: Dave Kain TITLE: Sheriff-Coroner

PROPOSED ACQUISITION: ONE 2024 FORD F-150 REGULAR CAB PICKUP 4X4 LONGBED TRUCK

REQUESTED ACTIONS BY THE BOARD OF SUPERVISORS:

a) **Request to adopt the finding(s) as indicated below**
b) **Request to find it in the best interest of the County to waive the formal bid process for the acquisition based on the finding(s)**

When requesting waiver of the bidding process, the written request shall include finding(s) which indicate that bidding procedures would not be in the best interest of the people -- Tehama County Code Section 4.24.080

Check applicable finding(s):

[ ] **Sole Source Acquisition**: Based on a finding declaring the vendor as the sole supplier who could feasibly supply the equipment or products needed by the Department.

[X] **Participation In Existing Bid**: State Contract 1-22-23-20A
Based on the finding that the existing bid meets all Tehama County Bidding Criteria and allows the County to take advantage of special low pricing without the time and expense involved with conducting a formal bid process.

[ ] **Compatibility**: Based on the finding that the acquisition of a specific type or brand of product is required by the County in order to allow for full integration with existing equipment or facilities.
Explain:

[ ] **Other, List Finding(s):**

Additional Justification:

Purchasing through the California State Contract with Downtown Ford Sales allows Tehama County to purchase the vehicle in a timely manner and at a low, competitively bid price

Recommended: Tom Provine Date: 9/30/25
Signer ID: IXTYRZHT13...

****Submittal to Purchasing must occur at least 7 working days prior to agenda deadline****

Tehama County

Agenda Request Form

File #: 25-1746 **Agenda Date:** 10/21/2025 **Agenda #:** 29.

SHERIFF / PERSONNEL - Sheriff Dave Kain

Requested Action(s)
a) OTHER THAN “A” STEP - Request approval to appoint applicant as Sheriff’s Supervising Communications Dispatcher , Range 34, Step E, upon successful completion of all pre-employment requirements

Financial Impact:
The funds for this position are currently budgeted in FY 25/26, Budget Unit 2027.

Background Information:
The selected candidate brings extensive experience and knowledge developed during more than seven years of employment with a local allied agency’s dispatch center. Their advanced technical skills, in-depth understanding of emergency communication systems, training and supervisory background, and proven ability to revise countywide operational protocols place this individual well above the standard scope of a Supervising Communications Dispatcher. Their contributions have directly improved interagency coordination, enhanced public and responder safety, and strengthened the long-term operational capacity of the Sheriff’s Office.

The candidate has played a critical role in staffing and workforce development by organizing and conducting new hire testing, administering radio proficiency assessments, and providing hands-on training to new dispatchers. In addition to emergency communications expertise, the candidate demonstrates strong technical and administrative proficiency, including processing sensitive information and ensuring compliance with law enforcement standards. They have further distinguished themselves by revising essential operational protocols such as the Tactical Dispatch Standard Operating Procedures (SOP), the Dispatch Training Manual, Fire Dispatch quick reference protocols, Volunteers in Partnership with the Sheriff (V.I.P.S.) bylaws, and Front Office message intake procedures. These protocols have increased efficiency, improved consistency, and elevated the effectiveness of dispatch operations.

The combination of this candidate’s training, experience, and demonstrated leadership justifies placement at Step E. Their hiring is a significant benefit to the Tehama County Dispatch Center and the community we serve. This position is historically difficult to fill, as many applicants either lack the required experience or do not pass the background investigation. There were two other qualified applicants that withdrew their applications prior to completing testing. Denial of this request risks losing a highly qualified candidate whose expertise and proven leadership are vital to maintaining the effectiveness of our emergency communications system.

The Personnel Office has reviewed the candidate’s qualifications and agrees with placement at Salary Range 34, Step E upon successful completion all pre-employment requirements.

OTHER THAN "A" STEP REQUEST

The Board of Supervisors, on November 13, 1990, asked to receive consistent information from Department Heads who request to hire a new employee at other than "A" step of the classification range. Board policy cites that "A" step is the normal and desired starting point in a classification unless compelling* reasons exist to start an individual at a higher step.

*Please note that the Board has previously provided direction that a pay disparity between Tehama and other counties is not, in and of itself, a sufficient compelling reason to start an employee at higher than "A" step.

FROM: Jennifer Crane, Accountant I

TO: Board of Supervisors/Personnel Office

RE: Request to hire an applicant in the following classification:
Supervising Communications Dispatcher at other than "A" step.

Please answer the following questions so that the Board may more objectively assess the request. Send the completed form along with the Agenda Request Form to the Personnel office, allowing sufficient time for review and approval/disapproval prior to the anticipated hiring date. Requests for "C" step or above will be referred to the Board of Supervisors on the regular agenda for their consideration. Requests for "B" step will be placed on the consent agenda for approval.

1. $ 29.69 Step A Range 34 Request: $ 36.09 Step E Range 34

2. **Total applications received during recruitment for this position:** 3
Total number of "qualified" applicants: 3 – 2 Applicants withdrew prior to testing.

3. **Justification for requesting higher step than A:**
The selected candidate brings extensive experience and knowledge developed during more than seven years of employment with a local allied agency's dispatch center. Their advanced technical skills, in-depth understanding of emergency communication systems, training and supervisory background, and proven ability to revise countywide operational protocols place this individual well above the standard scope of a Supervising Communications Dispatcher. Their contributions have directly improved interagency coordination, enhanced public and responder safety, and strengthened the long-term operational capacity of the Sheriff's Office.

The candidate has played a critical role in staffing and workforce development by organizing and conducting new hire testing, administering radio proficiency assessments, and providing hands-on training to new dispatchers. In addition to emergency communications expertise, the candidate demonstrates strong technical and administrative proficiency, including processing sensitive information and ensuring compliance with law enforcement standards. They have further distinguished themselves by revising essential operational protocols such as the Tactical Dispatch Standard Operating Procedures (SOP), the Dispatch Training Manual, Fire Dispatch quick reference protocols, Volunteers in Partnership with the Sheriff (V.I.P.S.) bylaws, and Front Office message intake procedures. These protocols have increased efficiency, improved consistency, and elevated the effectiveness of dispatch operations.

The combination of this candidate's training, experience, and demonstrated leadership justifies placement at Step E. Their hiring is a significant benefit to the Tehama County Dispatch Center and the community we serve. This position is historically difficult to fill, as many applicants either lack the required experience or do not pass the background investigation. Denial of this request risks losing a highly qualified candidate whose expertise and proven leadership are vital to maintaining the effectiveness of our emergency communications system.

4. **How has the Department budgeted for this additional cost?**
The department has budgeted for this position as part of the position allocation list and will not place the department over the approved budget.

I hereby certify that to the best of my knowledge, the information provided above is a true and accurate representation of all the material facts which should be considered with this request.

Department Head

Tehama County

Agenda Request Form

File #: 25-1724 **Agenda Date:** 10/21/2025 **Agenda #:** 30.

PERSONNEL - Personnel Director Coral Ferrin

Requested Action(s)
a) Request adoption of revised TCPR §1407: Political Activities

b) Request adoption of revised TCPR §2103: Recruitment

c) Request adoption of revised TCPR §2105: Screening Process

d) Request adoption of revised TCPR §2106: Interview Process

e) Request adoption of revised TCPR §2301: Probation Period Permanent Status

f) Request adoption of revised TCPR §7409: Skelly Process

g) Request adoption of revised TCPR §7410: Appeals Process

Financial Impact:
There is no fiscal impact.

Background Information:
Regular Personnel Rules review and revision is a crucial part of an effective policy and procedure management plan. Updating rules to ensure they are consistent, effective, compliant with State and Federal laws, and understood by all parties. In addition to regular review and revisions, Tehama County has been in the process of transitioning the Department of Social Services and the Department of Child Support Services to an Approved Local Merit System (ALMS) for nearly three years. As part of this transition, Tehama County must demonstrate our personnel rules are in compliance with the six merit principles established by the Code of Federal Regulations Title 5 - Administrative Personnel as well as California Code of Regulations, which are also known as Local Agency Personnel Standards (LAPS).

In November 2024, Tehama County received conditional approval to operate as an ALMS County with the understanding further measures would be taken to correct certain areas which were identified for improvement by California Department of Human Resources (CalHR). The following revisions have been made specifically to ensure adherence to Merit System Services (MSS) standards.

TCPR §1407: Political Activities: Political Activities has been revised to include and expand on details specific to permitted and prohibited political activities with the goal of ensuring employees have a clearer understanding of the political activities they are allowed to engage in, as well as assist

with maintaining a nonpartisan workplace environment.

TCPR §2103: Recruitment: Recruitment has been revised to reflect information relative to the closing date and time of each recruitment. Additionally, methods of accepting applications has been added.

TCPR §2105: Screening Process: Screening Process has been revised to identify the grounds on which applicants can appeal actions and decisions made during the candidate selection process and how to file an appeal. Further, additional information was added relative to application screening and examinations.

TCPR §2106: Interview Process: Interview Process has been revised to include language requiring notification to candidates who are unsuccessful regardless of whether they are external or internal candidates for employment.

TCPR §2301: Probation Period / Permanent Status: Probation Period / Permanent Status has been revised to identify the length of the probation period, the frequency of performance evaluations, and the appeal process for an employee's release from probation specific to the Department of Social Services and Department of Child Support services.

TCPR §7409: Skelly Process: Skelly Process has been revised to include language which provides a clear explanation of a skelly officer's impartiality, as well as the timeline required by MSS and how to file a post-discipline appeal.

TCPR §7410: Appeals Process: Appeals Process has been revised to include language which identifies that MSS post-discipline appeals must be in writing and include a description of the relief requested.

Additional language changes have been made to provide clarity. These rules were created by the Personnel staff, then routed through the Personnel Review Ad Hoc Committee, the Department Heads, and the bargaining units. The process then continues to presentation and/or approval by the full Board, which is the current step in processing these Personnel Rules.

Overview: To maintain a workplace that is free of political distraction, the County establishes the following guidelines regarding permitted political activities. Employees are encouraged to participate in political activities before the commencement of, or at the end of any standard or overtime hours, during lunch and/or breaks, or during paid/unpaid leave. This Personnel Rule does not apply to political activities related to employee unions.

Applicable to: All employees

Definitions: The Hatch Act- A federal law passed in 1939, which limits certain political activities of federal employees, as well as some state, D.C., and local government employees who work in connection with federally funded programs.

Guidelines: For activities not listed, employees should consult the Department Head for guidance.

Employees who perform duties in connection with programs financed in whole or in part by federal loans or grants are subject to the political restrictions of the Hatch Act. The purpose of the Hatch Act is to ensure federal programs are administered in a nonpartisan fashion, to protect federal employees from political coercion in the workplace, and to ensure that federal employees are advanced based on merit and not based on political affiliation. Alleged Hatch Act complaints can be filed with the U.S. Office of Special Counsel.

Permitted Activities

An employer cannot lawfully prohibit workplace conversations about political subjects, unless it similarly prohibits all other non-work-related conversations (what they did over the weekend, TV shows they watch, etc). The law also allows employees to discuss employment-related issues while at work. Because a (local) campaign may determine who will run specific departments, conversations about a (local) campaign could be considered employment related.

Employees may wear campaign buttons or other campaign attire, providing they do not have direct contact with the public or clientele they manage or serve. Employees may display political messages such as bumper stickers on their private vehicles, which may be parked on County property. However, private vehicles displaying bumper stickers with political messages shall not be used for official County business.

Employees may register and vote in elections, participate, contribute, and assist in campaigns, run for office in a non-partisan elections, hold office in a political club or party, and attend political rallies on their own time and while not using any County issued equipment or resources.

Prohibited Activities

The following activities are prohibited while on-duty in all County workplaces, including working in the field or attending meetings on behalf of the County:

- soliciting campaign contributions, or contributions of service on behalf of a candidate or in opposition of a candidate
- debates about candidates, including advocating the nomination or election of a candidate or the defeat of an opposing candidate, or debating a candidate's position on issues or their qualifications for office
- circulating petitions
- distributing or displaying campaign materials (other than as described in Permitted Activities above), such as communications directed to voters or potential voters encouraging advocacy of the nomination or election of a candidate, proposition, or measure, or the defeat of an opposing candidate, proposition, or measure
- working on campaigns during work time or in work areas, including arranging, coordinating, developing, writing, or preparing any communication or activity, related to a campaign, such as a campaign budget or campaign disclosure statement
- using County resources for a campaign
- disrupting operations or productivity
- use of authority to influence or interfere with any election or nomination for office

Maintain a Culture of Respect

It is every employee's responsibility to maintain a culture of respect throughout the political process. While employees may have strong, opposing political views, the County will not tolerate discrimination, harassment, or retaliation. Employees should be considerate of coworkers, the public, and clients.

Time Off for Voting

Employees are eligible for paid time off for the purpose of voting only if they do not have sufficient time outside of work hours to vote. If an employee is scheduled to be at work during election day during the time that polls are open, they are allowed to take up to two hours off to vote, without loss of pay or accrued leave. Additional time may be granted, but a maximum of two hours will be paid. The time off must be at the beginning or end of the regular work shift, whichever allows the most free time for voting and the least time off from the regular working shift, unless another arrangement is made with the supervisor. If an employee needs time off for voting, they must provide their supervisor with two days' notice.

Union Activities

Employees have the right to join or support a union and to participate in union activities, wear union buttons, T-shirts, stickers, hats, or other items on the job. However, employees must still adhere to department standards for professional attire. For example, wearing a T-shirt and hat to court may be prohibited by department policy. Further, employees have the right to organize as a recognized bargaining unit with the County, as well as, sign petitions, file grievances related to wages, hours, and working conditions and other job issues. Employees may read, distribute and discuss literature, hold meetings, and vote on successor memorandums of understanding during non-work hours in non-work areas, such as breaks and lunch hours.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Employee If an employee needs time off for voting, they must provide their supervisor with two days' notice.

Supervisor A supervisor may not prohibit or intimidate an employee from participating in political activities on their own time or voting. Upon receiving proper notification of the need for leave for voting, the Department Head or designee shall review the request and follow the law in granting such leave.

Department Head Enforce rules for political activity consistently across all employees.

Forms: Request for Leave Form (for Voting Leave)

References: Govt Code §3201-3209, and §19990; National Labor Relations Act; DiRuzza v. Tehama County; The Hatch Act (5 U.S.C. 1501-1508, interpreted at 5 Code of Federal Regulations, Part 151)

Effective Date: May 15, 2018
Revision Date: March 19, 2024

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Overview: To maintain a workplace that is free of political distraction, the County establishes the following guidelines regarding permitted political activities. Employees are encouraged to participate in political activities before the commencement of, or at the end of any standard or overtime hours, during lunch and/or breaks, or during paid/unpaid leave. This Personnel Rule does not apply to political activities related to employee unions.

Applicable to: All employees

Definitions: The Hatch Act- A federal law passed in 1939, which limits certain political activities of federal employees, as well as some state, D.C., and local government employees who work in connection with federally funded programs.

Guidelines: For activities not listed, employees should consult the Department Head for guidance.

Employees who perform duties in connection with programs financed in whole or in part by federal loans or grants are subject to the political restrictions of the Hatch Act. The purpose of the Hatch Act is to ensure federal programs are administered in a nonpartisan fashion, to protect federal employees from political coercion in the workplace, and to ensure that federal employees are advanced based on merit and not based on political affiliation. Alleged Hatch Act complaints can be filed with the U.S. Office of Special Counsel.

Permitted Activities

An employer cannot lawfully prohibit workplace conversations about political subjects, unless it similarly prohibits all other non-work-related conversations (what they did over the weekend, TV shows they watch, etc). The law also allows employees to discuss employment-related issues while at work. Because a (local) campaign may determine who will run specific departments, conversations about a (local) campaign could be considered employment related.

Employees may wear campaign buttons or other campaign attire, providing they do not have direct contact with the public or clientele they manage or serve. Employees may display political messages such as bumper stickers on their private vehicles, which may be parked on County property. However, private vehicles displaying bumper stickers with political messages shall not be used for official County business.

Employees may register and vote in elections, participate, contribute, and assist in campaigns, run for office in a non-partisan elections, hold office in a political club or party, and attend political rallies on their own time and while not using any County issued equipment or resources.

Prohibited Activities

The following activities are prohibited while on-duty in all County workplaces, including working in the field or attending meetings on behalf of the County:

- soliciting campaign contributions, or contributions of service on behalf of a candidate or in opposition of a candidate
- debates about candidates, including advocating the nomination or election of a candidate or the defeat of an opposing candidate, or debating a candidate's position on issues or their qualifications for office
- circulating petitions
- distributing or displaying campaign materials (other than as described in Permitted Activities above), such as communications directed to voters or potential voters encouraging advocacy of the nomination or election of a candidate, proposition, or measure, or the defeat of an opposing candidate, proposition, or measure
- working on campaigns during work time or in work areas, including arranging, coordinating, developing, writing, or preparing any communication or activity, related to a campaign, such as a campaign budget or campaign disclosure statement
- using County resources for a campaign
- disrupting operations or productivity
- use of authority to influence or interfere with any election or nomination for office

Maintain a Culture of Respect

It is every employee's responsibility to maintain a culture of respect throughout the political process. While employees may have strong, opposing political views, the County will not tolerate discrimination, harassment, or retaliation. Employees should be considerate of coworkers, the public, and clients.

Time Off for Voting

Employees are eligible for paid time off for the purpose of voting only if they do not have sufficient time outside of work hours to vote. If an employee is scheduled to be at work during election day during the time that polls are open, they are allowed to take up to two hours off to vote, without loss of pay or accrued leave. Additional time may be granted, but a maximum of two hours will be paid. The time off must be at the beginning or end of the regular work shift, whichever allows the most free time for voting and the least time off from the regular working shift, unless another arrangement is made with the supervisor. If an employee needs time off for voting, they must provide their supervisor with two days' notice.

Union Activities

Employees have the right to join or support a union and to participate in union activities, wear union buttons, T-shirts, stickers, hats, or other items on the job. However, employees must still adhere to department standards for professional attire. For example, wearing a T-shirt and hat to court may be prohibited by department policy. Further, employees have the right to organize as a recognized bargaining unit with the County, as well as, sign petitions, file grievances related to wages, hours, and working conditions and other job issues. Employees may read, distribute and discuss literature, hold meetings, and vote on successor memorandums of understanding during non-work hours in non-work areas, such as breaks and lunch hours.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Employee If an employee needs time off for voting, they must provide their supervisor with two days' notice.

Supervisor A supervisor may not prohibit or intimidate an employee from participating in political activities on their own time or voting. Upon receiving proper notification of the need for leave for voting, the Department Head or designee shall review the request and follow the law in granting such leave.

Department Head Enforce rules for political activity consistently across all employees.

Forms: Request for Leave Form (for Voting Leave)

References: Govt Code §3201-3209, and §19990; National Labor Relations Act; DiRuzza v. Tehama County; The Hatch Act (5 U.S.C. 1501-1508, interpreted at 5 Code of Federal Regulations, Part 151)

Effective Date: May 15, 2018
Revision Date: March 19, 2024

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Overview: Tehama County is committed to ensuring the methods and techniques used in the recruitment process are effective in attracting the most qualified individuals possible for employment consideration.

Applicable to: All employees

Definitions: Emergency Appointments - Prior to Board approval, a department head may hire extra help without allocated funds in cases of urgent necessity, to preserve life, or to prevent great property loss to the County or its citizens. Approval shall be obtained for such hiring at the first regular Board meeting following hire.
Employment List - An arrangement of candidates for County employment or promotion created as a result of a recruitment or examination process. See TCPR §2111: Employment Lists.
Job Announcement - A printed job flyer or a posting on the County's recruitment website.
Job Type - Extra Help, Full-Time, Limited Term – Sunset Position, Part-Time, Seasonal or Volunteer
Online Hiring Software - The software program on which the County manages recruitments.
Open Eligibility List - An arrangement of candidates for employment who are deemed qualified as a result of an open recruitment process conducted by the Personnel Office. An open eligibility list is established, approved, and maintained by the Personnel Office and is available for use by any department in the County.
PAL - The Position Allocation List (PAL) contains the number of allocated full-time or part-time positions in each County department or budgetary division as determined by the Board of Supervisors.
Recruitment Website - The website on which applicants view County job announcements and apply for positions.

Guidelines: All regular positions and extra help positions, except emergency appointments, shall be filled by persons who have participated in the recruitment process.

Prior to requesting a recruitment, the hiring manager shall review the classification specification to verify that it accurately represents the essential functions and qualifications of the position. If no revision is necessary, the hiring manager may move forward with the recruitment process. If a revision is necessary, the department head shall request to revise the classification specification in accordance with TCPR §2204: Request to Revise a Classification Specification. If the revision is approved by the Board of Supervisors, the department may then begin the recruitment process.

To begin the recruitment process, a department must have an open allocation for a classified position, or have available funds appropriated for an extra help position. If there is no vacancy within the department's allocated positions, or there are not funds appropriated for an extra help position, or if a position is expected to become vacant

but the employee has not vacated the position, a recruitment may only be conducted to establish an employment list.

If the recruitment is for a classified position and is not allocated for in the current PAL, the department head must obtain approval from the Board of Supervisors prior to starting the recruitment process. See TCPR §2201: Request for Changes to PAL.

A department head may hire seasonal, temporary, or extra help employees without approval by the Board of Supervisors, if there are available funds appropriated. However, a recruitment must still be completed. Candidates who have completed the recruitment process and were not selected for the permanent position, may be offered an extra help position without an additional recruitment.

Types of Recruitment
The determination of the type of recruitment to be conducted shall be made by the department head or his/her designee with approval by the Personnel Director. When a position is promotional in nature, the recruitment and selection process may be limited to County or departmental employees.

- Open Recruitment - This is a general recruitment and is open for anyone to apply. This is the basis upon which most vacant positions are posted.
- Promotional County Recruitment - Open to current Tehama County employees who meet the minimum qualifications of the position.
- Promotional Departmental Recruitment - Open only to employees within the department in which the vacancy exists, and who meet the minimum qualifications of the position. This type of recruitment must be approved by the Personnel Director.

Promotional recruitments are not allowed if a current employment list exists for the classification within that department. Exceptions may apply with approval from the Personnel Director.

Open Eligibility List Recruitment
The Personnel Office may hold open eligibility list recruitments for certain classifications which are considered to be shared throughout the County. If an open eligibility list exists, a department must review the candidates on such list prior to initiating a new recruitment. Candidates who apply for an open eligibility list recruitment may be called upon from any County department.

The Personnel Office will be responsible for preparation, approval, and maintenance of open eligibility list recruitments.

Recruitment Request
To fill a vacant position, recruit for an extra help position, or recruit to establish an employment list, the department must submit a requisition to the Personnel Office via the County's online hiring software system. Requisitions must be submitted no less than three (3) consecutive business days prior to the desired posting date of the position.

The requisition shall include the following:

- Department
- Classification title
- Job type (full-time, part-time, extra help, sunset position, seasonal or volunteer)

- Type of recruitment (Regular, Promotional County Recruitment or Promotional Departmental Recruitment)
- Number of vacancies (not applicable for eligibility list recruitments)
- Position details and PAL number of the positon (not applicable for eligibility list recruitments)
- Desired closing date
- Any supplemental information to be added to the recruitment

Once a requisition has been submitted by a department, the Personnel Office shall review the request for approval. An approval or denial notification shall be sent to the department.

Job Announcement
After a recruitment request has been approved, the Personnel Office shall create a job announcement.

Job announcements and advertisements may not contain requirements for any specific knowledge, abilities, education, experience, etc., which are not specified in the classification specification. However, desirable knowledge and abilities or ideal candidate language may be included. Job announcements must include the following:

- Classification title
- Wage
- Any special requirements; i.e. licensing certification, etc.
- Minimum qualifications
- Example of duties
- Notice that an eligibility list may be established
- The statement, *Equal Opportunity Employer / Americans with Disabilities Act Compliant/ Veterans' Preference Policy / Drug Free Workplace*

Prior to posting, the Personnel Office shall send the job announcement to the department for final review and approval.

Posting of Job Announcements
Following review and approval by the department, the Personnel Office shall post the job announcement to the County's recruitment website.

Job announcements, other than Promotional Departmental Recruitments, shall be sent via email to the Clerk of the Board's Office, all department heads, personnel contacts and the recognized employee organization for the position. Promotional Departmental Recruitment announcements shall be sent to the department which the vacancy exists, as well as the recognized employee organization for the position.

The announcement shall be posted in an area easily accessible to or circulated among departmental employees. The purpose of this procedure is to afford County employees an opportunity to apply for vacant positions. An application for employment does not ensure any rights to the position.

Deleted: ¶

Deleted: A job announcement must be posted for a minimum of ten (10) calendar days prior to interviews being conducted. Due to the possibility of a potential candidate having questions or experiencing technical difficulties with the recruitment website, job announcements shall not close on a weekend or holiday. Under no circumstances, will a job posting be closed prior to the advertised closing date.¶

Closing Date
A job announcement must be posted for a minimum of ten (10) calendar days prior to interviews being conducted. Due to the possibility of a potential candidate having questions or experiencing technical difficulties with the recruitment website, job

announcements shall not close on a weekend or holiday. Under no circumstances, will a job posting be closed prior to the advertised closing date. The closing date time for all recruitments shall be 5:00 pm.

To ensure job announcements are current and competitive, continuous recruitments shall not be conducted. Alternatively, the Personnel Office will set the internal closing date sixty (60) calendar days from the date of posting. On such recruitments, a closing date will not be visible. Instead, the advertised posting date will indicate "Open Until Filled." The department may request to close the recruitment prior to the end of the sixty (60) day period. However, the ten (10) calendar day posting requirement must still be met. The Personnel Office shall then close the recruitment and notify other departments to remove the job announcement.

Employees working in the Department of Social Services and the Department of Child Support Services are governed by Merit System Services (MSS). MSS requires the job announcement includes the closing date and time. Therefore, continuous recruitments titled "Open Until Filled" are not permitted for MSS recruitments. The method for accepting applications for MSS recruitments is listed below under "Methods of Accepting Applications for Employment". Applications for employment for MSS recruitments must be received by the closing date and time listed on the job announcement.

Advertisement
Various methods of media publicity may be used to bring notice of vacancies to as many qualified persons as possible. Publication of advertisements shall not be scheduled until the Personnel Office has posted the approved job announcement on the recruitment website.

A department may use paid advertisement to promote job announcements, at the expense of the department.

The Personnel Office may assist a department with an advertisement plan.

Methods of Accepting Applications for Employment
No applications shall be accepted after the recruitment has closed.

Applicants must submit a separate application for each position in which he/she is applying for. All applications must be submitted via the recruitment website. A link to the recruitment website can be found on the Tehama County Personnel Office internet page under the tab titled "Job Opportunities". Should a paper application be accepted by the department, the application must be manually entered by the department hiring manager into the online hiring software system.

To allow a comprehensive review and evaluation of an applicant's qualifications, an application must be completed in sufficient detail. Incomplete applications may not be considered. Applications not including satisfactory evidence of certification, registration, license, or educational attainment where such requirement is stated in the classification specification / job announcement, may not be considered.

All applications must be completed and signed (may be electronically signed) by the applicant.
Applications must include:

- The applicant's name, address and personal data

- The applicant's work background

Extended Recruitment
If there are ten (10) or less qualified applicants for a recruitment, a department may request an extension. Such requests shall be submitted to the Personnel Office prior to the closing date of the recruitment. A job announcement may only be extended twice. If the second extension is unsuccessful, the department should consult with the Personnel Office.

In the event of an extension, the hiring manager shall notify all current applicants of the extension and the new closing date.

Failed Recruitment:
Should a department be unable to obtain any qualified candidates during the recruitment process, the department shall consult with the Personnel Office to determine other methods of recruitment, and/or determine if a revision of the classification specification is necessary.

To determine whether a recruitment has failed, a department will have completed the following and found no qualified candidates:

1. Posted the job announcement two consecutive times or extended a job announcement twice
2. Advertised the position on multiple advertising platforms
3. Evaluated all applications received during the recruitment period (See TCPR §2105 Screening Process)
4. Interviewed applicants that meet the minimum qualifications (See TCPR §2106: Interview Process)

In cases when the need exists to recruit for, and hire employees whose skills, professional licenses, professional degrees, or certifications by law are in such demand that Tehama County wages attract no qualified candidates, the department shall consult with the Personnel Office. In an effort to obtain qualified applicants for such positions, the Personnel Office may conduct a classification study and/or a salary survey.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Hiring Manager The hiring manager is responsible for:

- Reviewing the classification specification to verify accuracy of the essential functions and qualifications prior to requesting a recruitment
- Submitting a recruitment request to the Personnel Office, no less than three (3) business days prior to the desired posting date of the position
- Reviewing and approving the job announcement created by the Personnel Office
- Manually entering paper applications received into the online hiring software system
- Submitting a request to extend a recruitment to the Personnel Office prior to the closing date of the posting, as well as notifying all current applicants of the extension and new closing date

Department Head Department Heads or his/her designee are responsible for:

- Requesting to revise the classification specification in accordance with TCPR §2204: Request to Revise a Classification Specification, if a revision to a classification specification is necessary prior to starting the recruitment process.
- Requesting approval from the Board of Supervisors, prior to starting the recruitment process, if a position is not allocated for in the current PAL.
- Requesting approval from the Personnel Director to conduct a Promotional Departmental Recruitment.
- Consulting with the Personnel Office in the event of a failed recruitment

Personnel Office The Personnel Office is responsible for:

- The preparation, approval, and maintenance of open eligibility list recruitments
- Reviewing recruitment requests submitted by a department
- Sending an approval or denial notification to a department
- Creating job announcements
- Sending job announcements to a department for final review and approval
- Posting job announcements
- Extending job announcements at the request of a recruiting department
- Consulting with a department to determine other methods of recruitment, if a revision of the classification specification is necessary, and/or if a classification study or salary survey is necessary if a department is unable to obtain any qualified candidates during the recruitment process

Required Forms: Recruitment Request (via the current online hiring software)

References: TCPR §2105 Screening Process; TCPR §2106: Interview Process; TCPR §2111 Employment List; TCPR §2201: Request for Changes to PAL; TCPR §2204 Request for Revision to Class Spec; Tehama County Charter and Code 3.28.080; 3.28.090; Tehama County Administrative Policies & Procedures #318 Failed Recruitment; Tehama County Ordinance No. 1886

Effective Date: November 5, 2019
Revised Date: March 19, 2024

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Overview: Tehama County is committed to ensuring the methods and techniques used in the recruitment process are effective in attracting the most qualified individuals possible for employment consideration.

Applicable to: All employees

Definitions: Emergency Appointments - Prior to Board approval, a department head may hire extra help without allocated funds in cases of urgent necessity, to preserve life, or to prevent great property loss to the County or its citizens. Approval shall be obtained for such hiring at the first regular Board meeting following hire.
Employment List - An arrangement of candidates for County employment or promotion created as a result of a recruitment or examination process. See TCPR §2111: Employment Lists.
Job Announcement - A printed job flyer or a posting on the County's recruitment website.
Job Type - Extra Help, Full-Time, Limited Term – Sunset Position, Part-Time, Seasonal or Volunteer
Online Hiring Software - The software program on which the County manages recruitments.
Open Eligibility List - An arrangement of candidates for employment who are deemed qualified as a result of an open recruitment process conducted by the Personnel Office. An open eligibility list is established, approved, and maintained by the Personnel Office and is available for use by any department in the County.
PAL - The Position Allocation List (PAL) contains the number of allocated full-time or part-time positions in each County department or budgetary division as determined by the Board of Supervisors.
Recruitment Website - The website on which applicants view County job announcements and apply for positions.

Guidelines: All regular positions and extra help positions, except emergency appointments, shall be filled by persons who have participated in the recruitment process.

Prior to requesting a recruitment, the hiring manager shall review the classification specification to verify that it accurately represents the essential functions and qualifications of the position. If no revision is necessary, the hiring manager may move forward with the recruitment process. If a revision is necessary, the department head shall request to revise the classification specification in accordance with TCPR §2204: Request to Revise a Classification Specification. If the revision is approved by the Board of Supervisors, the department may then begin the recruitment process.

To begin the recruitment process, a department must have an open allocation for a classified position, or have available funds appropriated for an extra help position. If there is no vacancy within the department's allocated positions, or there are not funds appropriated for an extra help position, or if a position is expected to become vacant

but the employee has not vacated the position, a recruitment may only be conducted to establish an employment list.

If the recruitment is for a classified position and is not allocated for in the current PAL, the department head must obtain approval from the Board of Supervisors prior to starting the recruitment process. See TCPR §2201: Request for Changes to PAL.

A department head may hire seasonal, temporary, or extra help employees without approval by the Board of Supervisors, if there are available funds appropriated. However, a recruitment must still be completed. Candidates who have completed the recruitment process and were not selected for the permanent position, may be offered an extra help position without an additional recruitment.

Types of Recruitment
The determination of the type of recruitment to be conducted shall be made by the department head or his/her designee with approval by the Personnel Director. When a position is promotional in nature, the recruitment and selection process may be limited to County or departmental employees.

- Open Recruitment - This is a general recruitment and is open for anyone to apply. This is the basis upon which most vacant positions are posted.
- Promotional County Recruitment - Open to current Tehama County employees who meet the minimum qualifications of the position.
- Promotional Departmental Recruitment - Open only to employees within the department in which the vacancy exists, and who meet the minimum qualifications of the position. This type of recruitment must be approved by the Personnel Director.

Promotional recruitments are not allowed if a current employment list exists for the classification within that department. Exceptions may apply with approval from the Personnel Director.

Open Eligibility List Recruitment
The Personnel Office may hold open eligibility list recruitments for certain classifications which are considered to be shared throughout the County. If an open eligibility list exists, a department must review the candidates on such list prior to initiating a new recruitment. Candidates who apply for an open eligibility list recruitment may be called upon from any County department.

The Personnel Office will be responsible for preparation, approval, and maintenance of open eligibility list recruitments.

Recruitment Request
To fill a vacant position, recruit for an extra help position, or recruit to establish an employment list, the department must submit a requisition to the Personnel Office via the County's online hiring software system. Requisitions must be submitted no less than three (3) consecutive business days prior to the desired posting date of the position.

The requisition shall include the following:

- Department
- Classification title
- Job type (full-time, part-time, extra help, sunset position, seasonal or volunteer)

- Type of recruitment (Regular, Promotional County Recruitment or Promotional Departmental Recruitment)
- Number of vacancies (not applicable for eligibility list recruitments)
- Position details and PAL number of the positon (not applicable for eligibility list recruitments)
- Desired closing date
- Any supplemental information to be added to the recruitment

Once a requisition has been submitted by a department, the Personnel Office shall review the request for approval. An approval or denial notification shall be sent to the department.

Job Announcement
After a recruitment request has been approved, the Personnel Office shall create a job announcement.

Job announcements and advertisements may not contain requirements for any specific knowledge, abilities, education, experience, etc., which are not specified in the classification specification. However, desirable knowledge and abilities or ideal candidate language may be included. Job announcements must include the following:
- Classification title
- Wage
- Any special requirements; i.e. licensing certification, etc.
- Minimum qualifications
- Example of duties
- Notice that an eligibility list may be established
- The statement, *Equal Opportunity Employer / Americans with Disabilities Act Compliant/ Veterans' Preference Policy / Drug Free Workplace*

Prior to posting, the Personnel Office shall send the job announcement to the department for final review and approval.

Posting of Job Announcements
Following review and approval by the department, the Personnel Office shall post the job announcement to the County's recruitment website.

Job announcements, other than Promotional Departmental Recruitments, shall be sent via email to the Clerk of the Board's Office, all department heads, personnel contacts and the recognized employee organization for the position. Promotional Departmental Recruitment announcements shall be sent to the department which the vacancy exists, as well as the recognized employee organization for the position.

The announcement shall be posted in an area easily accessible to or circulated among departmental employees. The purpose of this procedure is to afford County employees an opportunity to apply for vacant positions. An application for employment does not ensure any rights to the position.

Closing Date
A job announcement must be posted for a minimum of ten (10) calendar days prior to interviews being conducted. Due to the possibility of a potential candidate having questions or experiencing technical difficulties with the recruitment website, job

announcements shall not close on a weekend or holiday. Under no circumstances, will a job posting be closed prior to the advertised closing date. The closing date time for all recruitments shall be 5:00 pm.

To ensure job announcements are current and competitive, continuous recruitments shall not be conducted. Alternatively, the Personnel Office will set the internal closing date sixty (60) calendar days from the date of posting. On such recruitments, a closing date will not be visible. Instead, the advertised posting date will indicate "Open Until Filled." The department may request to close the recruitment prior to the end of the sixty (60) day period. However, the ten (10) calendar day posting requirement must still be met. The Personnel Office shall then close the recruitment and notify other departments to remove the job announcement.

Employees working in the Department of Social Services and the Department of Child Support Services are governed by Merit System Services (MSS). MSS requires the job announcement includes the closing date and time. Therefore, continuous recruitments titled "Open Until Filled" are not permitted for MSS recruitments. The method for accepting applications for MSS recruitments is listed below under "Methods of Accepting Applications for Employment". Applications for employment for MSS recruitments must be received by the closing date and time listed on the job announcement.

Advertisement
Various methods of media publicity may be used to bring notice of vacancies to as many qualified persons as possible. Publication of advertisements shall not be scheduled until the Personnel Office has posted the approved job announcement on the recruitment website.

A department may use paid advertisement to promote job announcements, at the expense of the department.

The Personnel Office may assist a department with an advertisement plan.

Methods of Accepting Applications for Employment
No applications shall be accepted after the recruitment has closed.

Applicants must submit a separate application for each position in which he/she is applying for. All applications must be submitted via the recruitment website. A link to the recruitment website can be found on the Tehama County Personnel Office internet page under the tab titled "Job Opportunities". Should a paper application be accepted by the department, the application must be manually entered by the department hiring manager into the online hiring software system.

To allow a comprehensive review and evaluation of an applicant's qualifications, an application must be completed in sufficient detail. Incomplete applications may not be considered. Applications not including satisfactory evidence of certification, registration, license, or educational attainment where such requirement is stated in the classification specification / job announcement, may not be considered.

All applications must be completed and signed (may be electronically signed) by the applicant.
Applications must include:

- The applicant's name, address and personal data

- The applicant's work background

Extended Recruitment
If there are ten (10) or less qualified applicants for a recruitment, a department may request an extension. Such requests shall be submitted to the Personnel Office prior to the closing date of the recruitment. A job announcement may only be extended twice. If the second extension is unsuccessful, the department should consult with the Personnel Office.

In the event of an extension, the hiring manager shall notify all current applicants of the extension and the new closing date.

Failed Recruitment:
Should a department be unable to obtain any qualified candidates during the recruitment process, the department shall consult with the Personnel Office to determine other methods of recruitment, and/or determine if a revision of the classification specification is necessary.

To determine whether a recruitment has failed, a department will have completed the following and found no qualified candidates:
1. Posted the job announcement two consecutive times or extended a job announcement twice
2. Advertised the position on multiple advertising platforms
3. Evaluated all applications received during the recruitment period (See TCPR §2105 Screening Process)
4. Interviewed applicants that meet the minimum qualifications (See TCPR §2106: Interview Process)

In cases when the need exists to recruit for, and hire employees whose skills, professional licenses, professional degrees, or certifications by law are in such demand that Tehama County wages attract no qualified candidates, the department shall consult with the Personnel Office. In an effort to obtain qualified applicants for such positions, the Personnel Office may conduct a classification study and/or a salary survey.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Hiring Manager The hiring manager is responsible for:
- Reviewing the classification specification to verify accuracy of the essential functions and qualifications prior to requesting a recruitment
- Submitting a recruitment request to the Personnel Office, no less than three (3) business days prior to the desired posting date of the position
- Reviewing and approving the job announcement created by the Personnel Office
- Manually entering paper applications received into the online hiring software system
- Submitting a request to extend a recruitment to the Personnel Office prior to the closing date of the posting, as well as notifying all current applicants of the extension and new closing date

Department Head Department Heads or his/her designee are responsible for:

- Requesting to revise the classification specification in accordance with TCPR §2204: Request to Revise a Classification Specification, if a revision to a classification specification is necessary prior to starting the recruitment process.
- Requesting approval from the Board of Supervisors, prior to starting the recruitment process, if a position is not allocated for in the current PAL.
- Requesting approval from the Personnel Director to conduct a Promotional Departmental Recruitment.
- Consulting with the Personnel Office in the event of a failed recruitment

Personnel Office The Personnel Office is responsible for:

- The preparation, approval, and maintenance of open eligibility list recruitments
- Reviewing recruitment requests submitted by a department
- Sending an approval or denial notification to a department
- Creating job announcements
- Sending job announcements to a department for final review and approval
- Posting job announcements
- Extending job announcements at the request of a recruiting department
- Consulting with a department to determine other methods of recruitment, if a revision of the classification specification is necessary, and/or if a classification study or salary survey is necessary if a department is unable to obtain any qualified candidates during the recruitment process

Required Forms: Recruitment Request (via the current online hiring software)

References: TCPR §2105 Screening Process; TCPR §2106: Interview Process; TCPR §2111 Employment List; TCPR §2201: Request for Changes to PAL; TCPR §2204 Request for Revision to Class Spec; Tehama County Charter and Code 3.28.080; 3.28.090; Tehama County Administrative Policies & Procedures #318 Failed Recruitment; Tehama County Ordinance No. 1886

Effective Date: November 5, 2019
Revised Date: March 19, 2024

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Overview: Tehama County is committed to ensuring the methods and techniques used in our hiring practices result in the appointment of the most qualified applicants. The intent of this rule is to provide effective tools for screening and evaluating all potential job candidates.

Applicable to: All employees

Definitions: Application Screening Matrix - A numeric rating system used for comparing candidates' qualifications with both the essential functions of the job
Screening Checklist - A simple delineation of required or preferred criteria listed in the classification specification or on the job announcement
Subject Matter Expert (SME) - A person who has expertise or knowledge in a particular career field, job, or topic

Guidelines: The importance of identifying intelligent, motivated, and dedicated employees and placing those employees in critical positions within Tehama County cannot be overemphasized. Tehama County must ensure the selection process is nondiscriminatory, reliable, valid, legal, and cost-effective.

A comprehensive screening process not only assists with ensuring Tehama County maintains an exceptional level of employees in our work force, but also contributes to minimizing challenges which may arise from ineffective hiring practices. Because each hiring decision can have long term ramifications, fair, honest, and consistent applicant screening practices are essential to preserving the integrity of our organization and may contribute to reducing agency liability.

Applications and accompanying materials may contain sensitive information, such as the applicant's home address and driver's license number. This information must be kept confidential and shall not be shared outside those directly involved in the screening process.

Application materials must be screened by at least two reviewers. Screening of applications may be done by the Department Head, supervisor, manager, personnel staff, or a subject matter expert. Sufficient time should be spent to ensure a fair and thorough review of all applications, including all attached materials.

The following information has been identified as effective strategies and tactics for screening applications. Department heads or designees may utilize their own methods and techniques for screening applications, as long as they align with the basic fundamentals of this rule, unless otherwise identified below.

Deleted: .

Social Services and Child Support Service Employees

Deleted: Merit System Services

Formatted: Font: Bold

The screening process for **Social Services and Child Support Service Employees** (Merit System Services (MSS)) applicants will be conducted in a manner which recognizes only a candidate's knowledge, skills, and abilities to perform the work prescribed in the classification specification. All candidates who meet the minimum

requirements as outlined in the classification specification will be invited to participate in the examination process to establish their merit and eligibility for hire. Subjective screening criteria, such as neatness, grammar, or spelling errors, shall not be used in either the pre-screening or secondary screening process.

MSS applicants may appeal decisions made during the selection process in accordance with Cal. Code Regs. Title 2, §17036. Specifically, the grounds on which applicants can appeal actions and decisions made during the selection process are:

- Irregularity, discrimination, bias, or fraud in one or more examination steps
- Improper acts or circumstances leading to erroneous interpretation and application of skills, knowledge, and abilities considered essential for the job

Appeals must be filed with the applicable Department within 30 calendar days of the date on which the appellant receives notice of the decision that he or she is appealing. Information on how to file a selection process appeal and who will review the appeal and make the final decision can be found in the applicable Department selection process appeal policy.

EEO Policy Statement
Tehama County provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic, protected by federal, state, or local laws.

Pre-screening Applications
The first step in the screening process is to review applications and confirm the candidates have met the minimum qualifications, or other pre-determined criteria for appointment. A screening checklist may be utilized to help the reviewer verify the qualifications for employment.

Those applicants who do not meet the minimum qualifications, or other preferred criteria, should be removed from consideration. Only well-qualified candidates will be forwarded to the next phase in the selection process.

Meeting the minimum qualifications does not guarantee a candidate will advance to the next step in the selection process. Other considerations may be made when evaluating applications, such as neatness, expired certifications or licensures, important areas left blank, grammar or spelling errors.

Application Screening
Applicants who have moved through the first tier in the screening process will receive a more thorough evaluation for completeness, education, training, and experience. All considerations and judgements will be based on the requirements outlined in the classification specification. An application screening matrix may be used for this portion of the application screening.

Employees working in the Department of Social Services and the Department of Child Support Services are governed by Merit System Services (MSS). Applications for MSS recruitments will be screened according to the MSS screening process. After the recruitment closing date, representatives of the hiring department and / or Personnel Office will screen applications to set criteria. Applicants that do not meet

Deleted: dures
Deleted:
Formatted: Font: Not Bold
Formatted: Font: Not Bold
Formatted: Indent: Left: 0.5", No bullets or numbering
Deleted: ¶ ... [1]

the minimum requirements will be notified they have not been selected for an interview.

Examinations
Those applicants who pass the second phase of application screening may be asked to undergo an examination process to further assess their qualifications for the position. This process may include written and/or oral examinations. Examinations will serve as a valid measurement of an individual's knowledge and understanding of factors associated with successful job performance. The County will determine the passing score for each examination.

All MSS applicants who meet the minimum requirements as outlined in the classification specification will be invited to participate in the examination process to establish their merit and eligibility for hire. The examination process can include a variety of testing instruments, including written exams, education and experience (E & E), training and experience (T & E), and / or structured oral exams. Testing instruments will examine candidate's knowledge, skills, abilities, and potential to effectively perform the duties relative to the classification. Written examinations will be weighted 100% of the final score.

A final passing score must be attained to be placed on the eligibility list. In addition to evaluating applicants' knowledge, skills, and abilities, as demonstrated by quality and breadth of education and / or experience, emphasis in each exam component will be measuring competitively relative job demands and each applicant's ability.

Veteran's Preference Points
After the examination process is complete, Veterans' Preference points may be added to those who are eligible and have provided proper documentation in accordance with TCPR §2107: Veterans' Preference.

Recommendation to Interview Chairman
Upon completion of the screening and examination processes, the candidate ratings will be provided to the interview chairman or designee.

Any candidate who is eliminated during any part of the screening process shall be notified by mail, regular or electronic, by the hiring department.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Department Head All applications and screening materials should be retained in a recruitment file for a period not to exceed two years, reference TCPR §1201: Record Retention Policy for Human Resources Division.

Personnel Office The Personnel Office is able to assist at any stage of the screening process. Example materials may be made available upon request.

Required Forms: None

References: TCPR §1201: Record Retention Policy for Human Resources Division; TCPR §2102: Non-Discrimination in Hiring; TCPR §2103: Recruitment; TCPR §2106: Interview Process; TCPR §2110: Pre-Employment Background Investigations; TCPR §2111: Eligibility and Employment Lists; Americans with Disabilities Act www.ada.gov;

Department of Fair Employment and Housing www.dfeh.ca.gov; U.S. Equal Employment Opportunity Commission www.eeoc.gov, Tehama County Charter and Code §3.12.80 Eligibility List

Effective Date: April 16, 2019
Revised Date: March 19, 2024

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Page 2: [1] Deleted	Coral Ferrin	8/13/2025 2:19:00 PM

Overview: Tehama County is committed to ensuring the methods and techniques used in our hiring practices result in the appointment of the most qualified applicants. The intent of this rule is to provide effective tools for screening and evaluating all potential job candidates.

Applicable to: All employees

Definitions: Application Screening Matrix - A numeric rating system used for comparing candidates' qualifications with both the essential functions of the job
Screening Checklist - A simple delineation of required or preferred criteria listed in the classification specification or on the job announcement
Subject Matter Expert (SME) - A person who has expertise or knowledge in a particular career field, job, or topic

Guidelines: The importance of identifying intelligent, motivated, and dedicated employees and placing those employees in critical positions within Tehama County cannot be overemphasized. Tehama County must ensure the selection process is nondiscriminatory, reliable, valid, legal, and cost-effective.

A comprehensive screening process not only assists with ensuring Tehama County maintains an exceptional level of employees in our work force, but also contributes to minimizing challenges which may arise from ineffective hiring practices. Because each hiring decision can have long term ramifications, fair, honest, and consistent applicant screening practices are essential to preserving the integrity of our organization and may contribute to reducing agency liability.

Applications and accompanying materials may contain sensitive information, such as the applicant's home address and driver's license number. This information must be kept confidential and shall not be shared outside those directly involved in the screening process.

Application materials must be screened by at least two reviewers. Screening of applications may be done by the Department Head, supervisor, manager, personnel staff, or a subject matter expert. Sufficient time should be spent to ensure a fair and thorough review of all applications, including all attached materials.

The following information has been identified as effective strategies and tactics for screening applications. Department heads or designees may utilize their own methods and techniques for screening applications, as long as they align with the basic fundamentals of this rule, unless otherwise identified below

Social Services and Child Support Service Employees
The screening process for **Social Services and Child Support Service Employees** (Merit System Services (MSS)) applicants will be conducted in a manner which recognizes only a candidate's knowledge, skills, and abilities to perform the work prescribed in the classification specification. All candidates who meet the minimum

requirements as outlined in the classification specification will be invited to participate in the examination process to establish their merit and eligibility for hire. Subjective screening criteria, such as neatness, grammar, or spelling errors, shall not be used in either the pre-screening or secondary screening process.

MSS applicants may appeal decisions made during the selection process in accordance with Cal. Code Regs. Title 2, §17036. Specifically, the grounds on which applicants can appeal actions and decisions made during the selection process are;

- Irregularity, discrimination, bias, or fraud in one or more examination steps
- Improper acts or circumstances leading to erroneous interpretation and application of skills, knowledge, and abilities considered essential for the job

Appeals must be filed with the applicable Department within 30 calendar days of the date on which the appellant receives notice of the decision that he or she is appealing. Information on how to file a selection process appeal and who will review the appeal and make the final decision can be found in the applicable Department selection process appeal policy.

EEO Policy Statement
Tehama County provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic, protected by federal, state, or local laws.

Pre-screening Applications
The first step in the screening process is to review applications and confirm the candidates have met the minimum qualifications, or other pre-determined criteria for appointment. A screening checklist may be utilized to help the reviewer verify the qualifications for employment.

Those applicants who do not meet the minimum qualifications, or other preferred criteria, should be removed from consideration. Only well-qualified candidates will be forwarded to the next phase in the selection process.

Meeting the minimum qualifications does not guarantee a candidate will advance to the next step in the selection process. Other considerations may be made when evaluating applications, such as neatness, expired certifications or licensures, important areas left blank, grammar or spelling errors.

Application Screening
Applicants who have moved through the first tier in the screening process will receive a more thorough evaluation for completeness, education, training, and experience. All considerations and judgements will be based on the requirements outlined in the classification specification. An application screening matrix may be used for this portion of the application screening.

Employees working in the Department of Social Services and the Department of Child Support Services are governed by Merit System Services (MSS). Applications for MSS recruitments will be screened according to the MSS screening process. After the recruitment closing date, representatives of the hiring department and / or Personnel Office will screen applications to set criteria. Applicants that do not meet

the minimum requirements will be notified they have not been selected for an interview.

Examinations
Those applicants who pass the second phase of application screening may be asked to undergo an examination process to further assess their qualifications for the position. This process may include written and/or oral examinations. Examinations will serve as a valid measurement of an individual's knowledge and understanding of factors associated with successful job performance. The County will determine the passing score for each examination.

All MSS applicants who meet the minimum requirements as outlined in the classification specification will be invited to participate in the examination process to establish their merit and eligibility for hire. The examination process can include a variety of testing instruments, including written exams, education and experience (E & E), training and experience (T & E), and / or structured oral exams. Testing instruments will examine candidate's knowledge, skills, abilities, and potential to effectively perform the duties relative to the classification. Written examinations will be weighted 100% of the final score.

A final passing score must be attained to be placed on the eligibility list. In addition to evaluating applicants' knowledge, skills, and abilities, as demonstrated by quality and breadth of education and / or experience, emphasis in each exam component will be measuring competitively relative job demands and each applicant's ability.

Veteran's Preference Points
After the examination process is complete, Veterans' Preference points may be added to those who are eligible and have provided proper documentation in accordance with TCPR §2107: Veterans' Preference.

Recommendation to Interview Chairman
Upon completion of the screening and examination processes, the candidate ratings will be provided to the interview chairman or designee.

Any candidate who is eliminated during any part of the screening process shall be notified by mail, regular or electronic, by the hiring department.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Department Head All applications and screening materials should be retained in a recruitment file for a period not to exceed two years, reference TCPR §1201: Record Retention Policy for Human Resources Division.

Personnel Office The Personnel Office is able to assist at any stage of the screening process. Example materials may be made available upon request.

Required Forms: None

References: TCPR §1201: Record Retention Policy for Human Resources Division; TCPR §2102: Non-Discrimination in Hiring; TCPR §2103: Recruitment; TCPR §2106: Interview Process; TCPR §2110: Pre-Employment Background Investigations; TCPR §2111: Eligibility and Employment Lists; Americans with Disabilities Act www.ada.gov;

Department of Fair Employment and Housing www.dfeh.ca.gov; U.S. Equal Employment Opportunity Commission www.eeoc.gov, Tehama County Charter and Code §3.12.80 Eligibility List

Effective Date: April 16, 2019
Revised Date: March 19, 2024

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Overview: Tehama County is committed to hiring qualified individuals who will contribute to the overall strategic success of our organization. With each new appointment, our goal is to hire an individual who is committed to making a significant impact to Tehama County. The intent of this rule is to outline the process for interviewing applicants.

Applicable to: All employees

Definitions: Follow Up Questions – A question that is asked after a structured interview question to provide the interviewee with a better understanding of the candidate's initial answer. For example, "What was the outcome of this project?", "Can you expand on that?", "Can you provide an example of a time when you used the method you described?"
Open Ended Questions – Questions that require more than a simple one word answer and typically allow for a more thought-out or meaningful response.
Soft Skills – Personal attributes that enable someone to interact effectively and harmoniously with others.
Structured Interview – An interview in which a particular set of questions are predetermined and prepared in advance of the interview, and each applicant is asked the exact same questions in the same order.

Guidelines: Well planned interviews are an invaluable tool for assessing an applicant's suitability for a position. Successful hiring decisions can lead to long-term employment, which may deter costs associated with recruitment and retention. In turn, applicants will also benefit individually from an effective interview structure, because it enables them to decide if their own employment needs and interests are going to be met. Structured interviews may enable employers to adequately gauge whether an applicant's experience and skills~~skills, experience, and personality~~ will be suitable ~~a good fit~~ within the department culture.

Applications for Tehama County positions are submitted through the on-line recruitment software program. Interviews may not take place until after the application deadline has closed. The department may review the applications anytime during the recruitment process and begin making appointments for interviews with the candidates. However, the review process is not over until the deadline listed on the job posting and all candidates have been considered. When scheduling interviews, it is important to allow enough time for each candidate to fully answer the structured questions and for the candidate to comment or ask questions.

Interviews are generally administered by the department, however Personnel Office staff is available to participate or assist departments with interviews upon request. For more information on screening applications, reference the Tehama County Personnel Rule for Recruitment and Screening Process.

Panel Selection
Interview panels are advantageous because hiring decision input is provided from multiple sources, rather than one source. (Merit Systems require that a panel is

utilized in the interview process.) Each department will be responsible for selecting who will participate on the interview panel and how the interview will be administered. Interview panels for the first round of interviews should consist of three to five members. Panel members may be employees who work within the department, someone who works directly with the department, someone who may have experience or knowledge with hiring practices and procedures, an objective outsider, or a subject matter expert within the specific occupational field.

One of the panel members should be designated to lead the applicant through the interview process. This person should welcome the applicant, introduce the panel members, confirm the job title and department, and provide the applicant with a brief overview of how the interview will be administered. The overview should inform the candidate of the time limit and the number of questions to be asked.

Interview Questions
The best practice for creating questions would be to determine the ideal qualities of the candidate and formulate the questions to best address those qualities. It is also useful to ask questions that will have unique responses from each candidate to determine individual abilities. Avoid questions that provoke the usual rehearsed responses. Questions should be open-ended to allow candidates to expand on their personal strengths and characteristics. In addition, open ended questions help the panel members evaluate the applicant's communication skills, ability to problem solve, and their level of interest in the occupational field. Therefore, the usefulness of each interview question should be examined thoroughly.

Interview questions may only be asked if they are exclusively job related, so questions must be limited to an applicant's knowledge, education, skills (including soft skills) and experience. Keep in mind that federal and state employment laws prohibit employers from asking questions which are irrelevant to whether or not the candidate is capable of performing the essential functions of the position. It is pertinent interviewers avoid asking questions which could be construed as evidence of unlawful discrimination. The interview panel may not ask questions relating to:

- A persons protected class, such as; race, color, sex, sexual orientation, citizenship, marital status, ethnicity, age, religion, gender identity, gender expression, genetic information, national origin and ancestry, political affiliation, creed, military or veteran status (type of discharge), physical disability, mental disability, medical condition or any other characteristic protected by state or federal law
- Citizenship
- A physical or mental disability (even if the candidate is clearly disabled)
- Financial status (credit history or bankruptcy)
- Arrests or convictions
- Prior salary, compensation, or benefits (You may ask candidates about their salary expectations.)
- Place of residence
- Physical appearance
- Birthplace
- Relatives not employed by Tehama County
- Membership in nonprofessional organizations

To ensure interview questions are appropriate and legal, interview questions may be forwarded to the Personnel Office for review at least 48 hours prior to the

interview date and time. Questions repeated in subsequent interviews within the calendar year do not need to be reviewed again. The Personnel Office cannot accept responsibility for the legality or appropriateness of questions if they are not provided for review in advance. Departments who choose not to submit questions in advance will submit them to Personnel with the results of the selection process.

Initial Interview Process
Applicants may be interviewed in person, by phone, or by other technological means. Regardless of the format, to reduce liability and ensure fair and legal employment practices, departments shall conduct "structured" interviews. In a structured interview, candidates are asked the same series of interview questions in the same order by the same interview panel. A typical interview will include ten to twelve questions, divided equally among the panel, so each panel member has an opportunity to interact with the candidate.

Panel members are free to ask additional inquiries or follow up questions throughout the interview process. Prior to the interviews, the panel may wish to discuss what would be ideal responses so that follow up questions would provide the intended information. Candidates should be allowed additional time to elaborate on their responses and ask clarifying questions. Statements which could be construed as an offer of employment or creating an employment contract should be avoided.

At the end of the interview, the applicant should be given an opportunity to provide additional information or ask questions of the panel members. This is also the candidate's opportunity to make sure the position will be a good fit for them.

Each panel member should use a method of scoring or ranking candidates with predetermined criteria. The Personnel Office will provide a sample candidate evaluation form upon request.

Subsequent Interview Process (Optional)
Departments may elect to conduct more than one interview. Subsequent interviews may be conducted with a panel or as a one-on-one with the Department Head. If multiple interviews are held, the first interview is typically intended to be a screening interview in which the interview panel's function is to assess whether the applicant has the basic skills to perform the job.

Subsequent interviews are an opportunity for reexamination and clarification. The subsequent interview should include more detailed questions with the goal of narrowing the focus to specific qualifications or personal characteristics which are of particular interest. The department may want to include different panel members in order to gather input from a broader selection of sources. As with the first interview, interview questions should be prepared in advance and all applicants should be asked the same series of questions, in the same order.

The Department Head may want to conduct the subsequent interviews as a one-on-one with the top candidate/s. Although the process may be more personable and less structured, the Department Head should still adhere to the law when asking questions. This is an additional opportunity for candidates to make sure the position will be a good fit for them.

Interviewees Not Selected
The Interview Chairman or their designee will contact unsuccessful candidates to

inform them that they were not selected for the position. Notification to unsuccessful candidates will occur regardless of whether the candidate is an external candidate or an internal candidate. Notification can be made verbally or in writing through the on-line recruitment software program or via email.

Commented [TS1]: Added per Tonya's suggestion

Accommodations
Disabled applicants may make a request for a reasonable accommodation during the interview process. Under the Americans with Disability Act (ADA), Employers are required to provide a reasonable accommodation throughout all aspects of employment. Therefore, changes or adjustments should be made to ensure disabled applicants receive the same benefits and privileges as non-disabled applicants. If there are questions or concerns about an applicant's request for an accommodation, contact the Personnel Office for guidance.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Department Head To ensure interview questions are appropriate and legal, the Department Head or their designee may forward interview questions to the Personnel Office for review at least 48 hours prior to the interview date and time. Departments who choose not to submit questions in advance will submit them to Personnel with the results of the selection process.

Personnel Office The Personnel Office will review interview questions as submitted by the departments to ensure compliance in state and federal employment laws and usefulness of interview questions. The Personnel Office staff may also offer guidance as to the ADA accommodations.

Required Forms: None

References: TCPR §2102: Non-Discrimination in Hiring; TCPR §2103: Recruitment; TCPR §2105: Screening Process; Americans With Disabilities Act www.ada.gov; California Department of Fair Employment and Housing www.dfeh.ca.gov; California Government Code §12952; California Labor Code §432.3; Civil Rights Act of 1964 §7, 42 U.S.C. §2000e et seq (1964); Military and Veterans Code §395-395.9; United States Code Title 38 §4301-4334 Uniformed Services Employment and Reemployment Rights Act of 1994; U.S. Equal Employment Opportunity Commission www.eeoc.gov

Effective Date: October 2, 2018

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Overview: Tehama County is committed to hiring qualified individuals who will contribute to the overall strategic success of our organization. With each new appointment, our goal is to hire an individual who is committed to making a significant impact to Tehama County. The intent of this rule is to outline the process for interviewing applicants.

Applicable to: All employees

Definitions: Follow Up Questions – A question that is asked after a structured interview question to provide the interviewee with a better understanding of the candidate's initial answer. For example, "What was the outcome of this project?", "Can you expand on that?", "Can you provide an example of a time when you used the method you described?"
Open Ended Questions – Questions that require more than a simple one word answer and typically allow for a more thought-out or meaningful response.
Soft Skills – Personal attributes that enable someone to interact effectively and harmoniously with others.
Structured Interview – An interview in which a particular set of questions are predetermined and prepared in advance of the interview, and each applicant is asked the exact same questions in the same order.

Guidelines: Well planned interviews are an invaluable tool for assessing an applicant's suitability for a position. Successful hiring decisions can lead to long-term employment, which may deter costs associated with recruitment and retention. In turn, applicants will also benefit individually from an effective interview structure, because it enables them to decide if their own employment needs and interests are going to be met. Structured interviews may enable employers to adequately gauge whether an applicant's experience and skills will be suitable within the department culture.

Applications for Tehama County positions are submitted through the on-line recruitment software program. Interviews may not take place until after the application deadline has closed. The department may review the applications anytime during the recruitment process and begin making appointments for interviews with the candidates. However, the review process is not over until the deadline listed on the job posting and all candidates have been considered. When scheduling interviews, it is important to allow enough time for each candidate to fully answer the structured questions and for the candidate to comment or ask questions.

Interviews are generally administered by the department, however Personnel Office staff is available to participate or assist departments with interviews upon request. For more information on screening applications, reference the Tehama County Personnel Rule for Recruitment and Screening Process.

Panel Selection
Interview panels are advantageous because hiring decision input is provided from multiple sources, rather than one source. (Merit Systems require that a panel is

utilized in the interview process.) Each department will be responsible for selecting who will participate on the interview panel and how the interview will be administered. Interview panels for the first round of interviews should consist of three to five members. Panel members may be employees who work within the department, someone who works directly with the department, someone who may have experience or knowledge with hiring practices and procedures, an objective outsider, or a subject matter expert within the specific occupational field.

One of the panel members should be designated to lead the applicant through the interview process. This person should welcome the applicant, introduce the panel members, confirm the job title and department, and provide the applicant with a brief overview of how the interview will be administered. The overview should inform the candidate of the time limit and the number of questions to be asked.

Interview Questions

The best practice for creating questions would be to determine the ideal qualities of the candidate and formulate the questions to best address those qualities. It is also useful to ask questions that will have unique responses from each candidate to determine individual abilities. Avoid questions that provoke the usual rehearsed responses. Questions should be open-ended to allow candidates to expand on their personal strengths and characteristics. In addition, open ended questions help the panel members evaluate the applicant's communication skills, ability to problem solve, and their level of interest in the occupational field. Therefore, the usefulness of each interview question should be examined thoroughly.

Interview questions may only be asked if they are exclusively job related, so questions must be limited to an applicant's knowledge, education, skills (including soft skills) and experience. Keep in mind that federal and state employment laws prohibit employers from asking questions which are irrelevant to whether or not the candidate is capable of performing the essential functions of the position. It is pertinent interviewers avoid asking questions which could be construed as evidence of unlawful discrimination. The interview panel may not ask questions relating to:

- A persons protected class, such as; race, color, sex, sexual orientation, citizenship, marital status, ethnicity, age, religion, gender identity, gender expression, genetic information, national origin and ancestry, political affiliation, creed, military or veteran status (type of discharge), physical disability, mental disability, medical condition or any other characteristic protected by state or federal law
- Citizenship
- A physical or mental disability (even if the candidate is clearly disabled)
- Financial status (credit history or bankruptcy)
- Arrests or convictions
- Prior salary, compensation, or benefits (You may ask candidates about their salary expectations.)
- Place of residence
- Physical appearance
- Birthplace
- Relatives not employed by Tehama County
- Membership in nonprofessional organizations

To ensure interview questions are appropriate and legal, interview questions may be forwarded to the Personnel Office for review at least 48 hours prior to the

interview date and time. Questions repeated in subsequent interviews within the calendar year do not need to be reviewed again. The Personnel Office cannot accept responsibility for the legality or appropriateness of questions if they are not provided for review in advance. Departments who choose not to submit questions in advance will submit them to Personnel with the results of the selection process.

Initial Interview Process
Applicants may be interviewed in person, by phone, or by other technological means. Regardless of the format, to reduce liability and ensure fair and legal employment practices, departments shall conduct "structured" interviews. In a structured interview, candidates are asked the same series of interview questions in the same order by the same interview panel. A typical interview will include ten to twelve questions, divided equally among the panel, so each panel member has an opportunity to interact with the candidate.

Panel members are free to ask additional inquiries or follow up questions throughout the interview process. Prior to the interviews, the panel may wish to discuss what would be ideal responses so that follow up questions would provide the intended information. Candidates should be allowed additional time to elaborate on their responses and ask clarifying questions. Statements which could be construed as an offer of employment or creating an employment contract should be avoided.

At the end of the interview, the applicant should be given an opportunity to provide additional information or ask questions of the panel members. This is also the candidate's opportunity to make sure the position will be a good fit for them.

Each panel member should use a method of scoring or ranking candidates with predetermined criteria. The Personnel Office will provide a sample candidate evaluation form upon request.

Subsequent Interview Process (Optional)
Departments may elect to conduct more than one interview. Subsequent interviews may be conducted with a panel or as a one-on-one with the Department Head. If multiple interviews are held, the first interview is typically intended to be a screening interview in which the interview panel's function is to assess whether the applicant has the basic skills to perform the job.

Subsequent interviews are an opportunity for reexamination and clarification. The subsequent interview should include more detailed questions with the goal of narrowing the focus to specific qualifications or personal characteristics which are of particular interest. The department may want to include different panel members in order to gather input from a broader selection of sources. As with the first interview, interview questions should be prepared in advance and all applicants should be asked the same series of questions, in the same order.

The Department Head may want to conduct the subsequent interviews as a one-on-one with the top candidate/s. Although the process may be more personable and less structured, the Department Head should still adhere to the law when asking questions. This is an additional opportunity for candidates to make sure the position will be a good fit for them.

Interviewees Not Selected
The Interview Chairman or their designee will contact unsuccessful candidates to

inform them that they were not selected for the position. Notification to unsuccessful candidates will occur regardless of whether the candidate is an external candidate or an internal candidate. Notification can be made verbally or in writing through the on-line recruitment software program or via email.

Accommodations
Disabled applicants may make a request for a reasonable accommodation during the interview process. Under the Americans with Disability Act (ADA), Employers are required to provide a reasonable accommodation throughout all aspects of employment. Therefore, changes or adjustments should be made to ensure disabled applicants receive the same benefits and privileges as non-disabled applicants. If there are questions or concerns about an applicant's request for an accommodation, contact the Personnel Office for guidance.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Department Head To ensure interview questions are appropriate and legal, the Department Head or their designee may forward interview questions to the Personnel Office for review at least 48 hours prior to the interview date and time. Departments who choose not to submit questions in advance will submit them to Personnel with the results of the selection process.

Personnel Office The Personnel Office will review interview questions as submitted by the departments to ensure compliance in state and federal employment laws and usefulness of interview questions. The Personnel Office staff may also offer guidance as to the ADA accommodations.

Required Forms: None

References: TCPR §2102: Non-Discrimination in Hiring; TCPR §2103: Recruitment; TCPR §2105: Screening Process; Americans With Disabilities Act www.ada.gov; California Department of Fair Employment and Housing www.dfeh.ca.gov; California Government Code §12952; California Labor Code §432.3; Civil Rights Act of 1964 §7, 42 U.S.C. §2000e et seq (1964); Military and Veterans Code §395-395.9; United States Code Title 38 §4301-4334 Uniformed Services Employment and Reemployment Rights Act of 1994; U.S. Equal Employment Opportunity Commission www.eeoc.gov

Effective Date: October 2, 2018

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

PROBATION PERIOD / PERMANENT STATUS

§2301

Overview: All Tehama County employees must serve an initial probation period, including promotional appointments, within any regularly established classification which has been authorized pursuant to the Board of Supervisors' position allocation list (PAL) resolution.

Applicable to: All employees except elected officials

Definitions: Permanent Status: The status of a regular employee who has no pre-determined end date to employment
Probation Period: A fixed period of time which allows an employer to assess the employee's skills, knowledge, and work conduct before making a final determination regarding an employee's suitability for the position
Probationary Employee: An employee serving an initial probation period
Regular Employee: An employee who has successfully completed an initial probation period

Guidelines: A probation period is considered an extension of the selection process and is the most important phase in the hiring process. The probationary period shall be used by the appointing authority to determine an employee's suitability for permanent status. Throughout the probationary period, the employee's skills, abilities, and overall job performance will be monitored on a regular and consistent basis.

Each employee serving a six month probationary period shall be evaluated in writing by the Department Head or designee no less than two times during probation: once in the first three months, and again in the three to six month period.

For employees serving a twelve month probationary period, the employee shall be evaluated in writing by the Department Head or designee no less than three times during probation: once in the first four months, again in the four to eight month period, and again in the eight to twelve month period. Reference TCPR §7101: Performance Evaluations for additional information on performance evaluations.

Status of Employee
All Tehama County employees will be designated as regular or probationary.

Both regular employees and probationary employees are entitled to the same rights and benefits including, but not limited to sick leave, vacation, holiday, group health insurance, and participation in the retirement plan.

Duration of Probationary Period
Probation periods may vary in length based on the type of work and are defined on the classification specification. Some classifications may require a longer probation period because the duration of the required training is such that it is not possible to adequately evaluate performances within a six month period. Probationary periods shall not be less than a period of six (6) months.

Employees working in the Department of Social Services and the Department of Child Support Services are governed by Merit System Services (MSS). Employees hired pursuant to conditions and regulations imposed by MSS, will serve a probationary period whose length is defined by the system. The probationary period is used to evaluate the employee's performance and suitability for the position. For MSS employees, the length of the probationary period varies between six (6) months and (12) months depending on the job classification. For more information on probationary periods and the frequency of performance evaluations for MSS employees, reference TCPR §7101: Performance Evaluations and / or the applicable department policy and procedure on performance evaluations and timelines.

Formatted: Justified

Deleted: the State Merit System

A probationary employee shall be required to complete the balance of his/her probationary period when he/she is restored to employment following a suspension, leave of absence, or because of a lay-off or other displacement.

Time served as an extra-help employee shall not be counted toward the completion of a probationary period.

Dismissal of Probationary Employee

At any time during the probationary period, including a probationary period for a promotional appointment, the probationary employee may be released by the Department Head or designee for any non-discriminatory reason. Employees released during their probationary period shall be without a right of appeal. Employees covered by the state Merit System Services (MSS) program may appeal a probationary dismissal to the California Department of Human Resources as set forth in Cal. Code Regs. Tit. 2, §17045 within 30 calendar days. The appeal must be in writing and include a description of the basis of the appeal and the relief requested. Any time a probationary employee is released, notification of release shall be made in writing to the employee by the Department Head or designee.

A regular employee who is to be displaced by an employee who has failed a promotional probationary period or promotional appointment shall have a right to return to their previous classification.

Probation & Dismissal for Promotions or Appointments to Higher Classifications

All promotional appointments and appointments to a higher classification will be subject to a probationary period. The probationary period is defined by the length indicated on the classification specification.

When an employee's promotion or promotional appointment is terminated during the probationary period, the employee shall either be returned to the previous classification in which the employee successfully completed the probationary period; or be assigned to another vacant classification which is mutually acceptable. Employees who promote to a higher classification without completing the probationary period in the lower classification have forfeited their right to return to the lower classification and therefore, will be considered terminated. Employees in this situation may apply for, but cannot be assigned to vacant positions.

Extension of Probationary Period

At the discretion of the Department Head, an initial probationary period may be extended for a period not to exceed six months. The purpose of the probation extension shall be to allow for a more thorough review and evaluation prior to the

employee attaining permanent status. In addition, an employee's probationary period may be extended by the duration of any leave of absence for ten (10) or more consecutive workdays.

In the event an employee's probationary period is to be extended, the Department Head or designee shall provide written notice to the employee prior to the expiration of the initial probation period. A Personnel Action Form (PAF) documenting the probation extension shall be completed and forwarded to the Personnel Office along with a copy of the employee's notification letter.

Permanent Status
Upon satisfactory completion of the probationary period, an employee shall be given the status of a regular employee. The Department Head or designee shall document the employee's permanent status within the performance evaluation. A signed copy of the employee's performance evaluation shall be forwarded to the Personnel Office to be placed in the employee's personnel file.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Department Head The Department Head or designee is responsible for ensuring the probationary employee receives a performance evaluation in accordance with the guidelines outlined in TCPR §7101: Performance Evaluations. In the event a probationary employee is released, and the employee exercises their right to return to a former classification to which they held permanent status, the Personnel Director shall be notified.

In the event the employee's probation period is extended, the Department Head or designee shall provide the employee with written notification. A copy of the written notification should be forwarded with a PAF to the Personnel Office.

In the event the employee is released during their probation period, the Department Head or designee shall provide the employee with written notification. A copy of the written notification should be forwarded with the completed separation packet to the Personnel Office.

Personnel Office The Personnel Office will be responsible for reviewing performance evaluations, personnel action forms and written notification. In addition, the Personnel Office may provide guidance to the department and / or employee.

Required Forms: Personnel Action Form (PAF), Performance Evaluation

References: Cal. Code Regs. Tit. 2, §17045; TCPR §7101: Performance Evaluations; MOUs

Effective Date: July 21, 2020
Revised: March 19, 2024

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

PROBATION PERIOD / PERMANENT STATUS

§2301

Overview: All Tehama County employees must serve an initial probation period, including promotional appointments, within any regularly established classification which has been authorized pursuant to the Board of Supervisors' position allocation list (PAL) resolution.

Applicable to: All employees except elected officials

Definitions: Permanent Status: The status of a regular employee who has no pre-determined end date to employment
Probation Period: A fixed period of time which allows an employer to assess the employee's skills, knowledge, and work conduct before making a final determination regarding an employee's suitability for the position
Probationary Employee: An employee serving an initial probation period
Regular Employee: An employee who has successfully completed an initial probation period

Guidelines: A probation period is considered an extension of the selection process and is the most important phase in the hiring process. The probationary period shall be used by the appointing authority to determine an employee's suitability for permanent status. Throughout the probationary period, the employee's skills, abilities, and overall job performance will be monitored on a regular and consistent basis.

Each employee serving a six month probationary period shall be evaluated in writing by the Department Head or designee no less than two times during probation: once in the first three months, and again in the three to six month period.

For employees serving a twelve month probationary period, the employee shall be evaluated in writing by the Department Head or designee no less than three times during probation: once in the first four months, again in the four to eight month period, and again in the eight to twelve month period. Reference TCPR §7101: Performance Evaluations for additional information on performance evaluations.

Status of Employee
All Tehama County employees will be designated as regular or probationary.

Both regular employees and probationary employees are entitled to the same rights and benefits including, but not limited to sick leave, vacation, holiday, group health insurance, and participation in the retirement plan.

Duration of Probationary Period
Probation periods may vary in length based on the type of work and are defined on the classification specification. Some classifications may require a longer probation period because the duration of the required training is such that it is not possible to adequately evaluate performances within a six month period. Probationary periods shall not be less than a period of six (6) months.

Employees working in the Department of Social Services and the Department of Child Support Services are governed by Merit System Services (MSS). Employees hired pursuant to conditions and regulations imposed by MSS will serve a probationary period whose length is defined by the system. The probationary period is used to evaluate the employee's performance and suitability for the position. For MSS employees, the length of the probationary period varies between six (6) months and (12) months depending on the job classification. For more information on probationary periods and the frequency of performance evaluations for MSS employees, reference TCPR §7101: Performance Evaluations and / or the applicable department policy and procedure on performance evaluations and timelines.

A probationary employee shall be required to complete the balance of his/her probationary period when he/she is restored to employment following a suspension, leave of absence, or because of a lay-off or other displacement.

Time served as an extra-help employee shall not be counted toward the completion of a probationary period.

Dismissal of Probationary Employee
At any time during the probationary period, including a probationary period for a promotional appointment, the probationary employee may be released by the Department Head or designee for any non-discriminatory reason. Employees released during their probationary period shall be without a right of appeal. Employees covered by the state Merit System Services (MSS) program may appeal a probationary dismissal to the California Department of Human Resources as set forth in Cal. Code Regs. Tit. 2, §17045 within 30 calendar days. The appeal must be in writing and include a description of the basis of the appeal and the relief requested. Any time a probationary employee is released, notification of release shall be made in writing to the employee by the Department Head or designee.

A regular employee who is to be displaced by an employee who has failed a promotional probationary period or promotional appointment shall have a right to return to their previous classification.

Probation & Dismissal for Promotions or Appointments to Higher Classifications
All promotional appointments and appointments to a higher classification will be subject to a probationary period. The probationary period is defined by the length indicated on the classification specification.

When an employee's promotion or promotional appointment is terminated during the probationary period, the employee shall either be returned to the previous classification in which the employee successfully completed the probationary period; or be assigned to another vacant classification which is mutually acceptable. Employees who promote to a higher classification without completing the probationary period in the lower classification have forfeited their right to return to the lower classification and therefore, will be considered terminated. Employees in this situation may apply for, but cannot be assigned to vacant positions.

Extension of Probationary Period
At the discretion of the Department Head, an initial probationary period may be extended for a period not to exceed six months. The purpose of the probation extension shall be to allow for a more thorough review and evaluation prior to the

employee attaining permanent status. In addition, an employee's probationary period may be extended by the duration of any leave of absence for ten (10) or more consecutive workdays.

In the event an employee's probationary period is to be extended, the Department Head or designee shall provide written notice to the employee prior to the expiration of the initial probation period. A Personnel Action Form (PAF) documenting the probation extension shall be completed and forwarded to the Personnel Office along with a copy of the employee's notification letter.

Permanent Status
Upon satisfactory completion of the probationary period, an employee shall be given the status of a regular employee. The Department Head or designee shall document the employee's permanent status within the performance evaluation. A signed copy of the employee's performance evaluation shall be forwarded to the Personnel Office to be placed in the employee's personnel file.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Department Head The Department Head or designee is responsible for ensuring the probationary employee receives a performance evaluation in accordance with the guidelines outlined in TCPR §7101: Performance Evaluations. In the event a probationary employee is released, and the employee exercises their right to return to a former classification to which they held permanent status, the Personnel Director shall be notified.

In the event the employee's probation period is extended, the Department Head or designee shall provide the employee with written notification. A copy of the written notification should be forwarded with a PAF to the Personnel Office.

In the event the employee is released during their probation period, the Department Head or designee shall provide the employee with written notification. A copy of the written notification should be forwarded with the completed separation packet to the Personnel Office.

Personnel Office The Personnel Office will be responsible for reviewing performance evaluations, personnel action forms and written notification. In addition, the Personnel Office may provide guidance to the department and / or employee.

Required Forms: Personnel Action Form (PAF), Performance Evaluation

References: Cal. Code Regs. Tit. 2, §17045; TCPR §7101: Performance Evaluations; MOUs

Effective Date: July 21, 2020
Revised: March 19, 2024

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Overview: Disciplinary action which will result in suspension without pay for a period of more than five (5) days, salary step reduction, involuntary demotion, or termination, shall follow pre-disciplinary procedures as outlined in this rule.

Applicable to: All permanent status employees - unrepresented, elected, probationary, and extra-help employees are excluded

Definitions: Due Process- Due process is the course of formal proceedings carried out regularly and in accordance with established rules and principles.
Skelly Process- California Supreme Court decision (Skelly v. State Personnel Board) establishing public sector employees have property rights to their job and cannot be deprived of it without proper due process.
Weingarten Rights- United States Supreme Court decision (National Labor Relations Board (NLRB) v. J. Weingarten, Inc.) establishing employees have a right to union representation at investigatory interviews and pre-disciplinary meetings.

Guidelines: In *Skelly v. State Personnel Board*, the California Supreme Court ruled, as part of constitutionally guaranteed due process, public employees are entitled to certain procedural safeguards before discipline, which is sufficiently severe to constitute a deprivation of a liberty or property right if imposed on them.

The "Skelly Process" is the mechanism for providing this guaranteed due process.

Written Notice of Proposed Disciplinary Action
The first step in the Skelly process is to provide the employee with a written Notice of Proposed Disciplinary Action to impose disciplinary action. This must be done before any disciplinary action is implemented. The written Notice of Proposed Disciplinary Action shall include the following:

- Description of the proposed discipline, including charges
- Date the proposed discipline is intended to be effective
- Specific grounds for the proposed discipline and facts upon which the proposed discipline is based, including rules, policies, provisions, or statutes which have been violated
- Copies of any documents, evidence, or other materials relied upon in proposing the discipline
- Statement warning the employee about future related misconduct
- Statement warning the employee against prohibited retaliation against any and all witnesses
- Statement indicating the employee's personnel file was relied on, and advise the employee he / she may inspect their personnel file upon request
- Date and time for the Skelly meeting
- Name of the Skelly officer
- Statement indicating the employee has a right to respond orally or in writing
- Statement advising the employee if he / she does not provide a response indicating a request for a Skelly meeting within five (5) calendar days of

service of the written Notice of Proposed Disciplinary Action shall constitute a waiver of the right to the Skelly meeting
- Statement advising the employee of the right to be represented by a representative of his/her choice at the Skelly meeting

The County shall serve the written Notice of Proposed Disciplinary Action personally on the employee or mail to the employee's last known address by registered mail. If mailing the notice by registered mail, additional days should be added to the applicable response time to ensure the employee receives notice of the Skelly meeting within five (5) calendar days.

Without consent of the employee, the Skelly meeting shall not be held fewer than five (5) calendar days after service of the written Notice of Proposed Disciplinary Action. The response time is calculated beginning the first day after the notice is served on the employee. If the written Notice of Proposed Disciplinary Action is mailed, two additional days will be added to the applicable response time. Reasonable extensions may be provided if an employee makes a timely request.

Pre-Discipline Skelly Meeting
The second step in the Skelly process is the Skelly meeting. Skelly meetings are intended to allow an employee the opportunity to respond to allegations of misconduct prior to the imposition of any disciplinary action. In *National Labor Relations Board (NLRB) v. J. Weingarten, Inc.* the United States Supreme Court ruled employees subject to an investigation or pre-disciplinary meeting have a right to union representation. Therefore, an employee may elect to be represented by a representative of his / her choice at the Skelly meeting. Those in attendance of the Skelly meeting may include the employee, the employee's union representation or an attorney obtained by the employee at the employee's expense, the Department Head or designee, the Skelly officer, a representative from the Personnel Office, and / or a legal representative for the County.

The Skelly meeting is simply providing the employee with an opportunity to provide information and / or offer mitigating factors which may help the Skelly officer reach a conclusion regarding whether or not there are reasonable grounds to justify the discipline. The employee may choose to explain what happened and / or why it happened. The Skelly officer may ask the employee clarifying questions.

The pre-discipline Skelly meeting is not an evidentiary hearing. The Skelly officer may respond to procedural questions from the employee, however should not respond to substantive questions regarding the proposed discipline.

If the employee elects to respond to the written Notice of Proposed Disciplinary Action in writing, there is no need to hold the Skelly meeting. The Skelly officer will simply consider the written response instead.

Skelly Officer
A Skelly officer must be objective, impartial, uninvolved, and unbiased. However, this does not necessarily mean the Skelly officer must be unfamiliar with all aspects of the persons involved. It is preferable the Skelly officer be as far removed as possible from the circumstances, giving rise to the case and has an understanding as to his / her appropriate function as a Skelly officer. Any person holding a position above the employee in the chain of command has the inherent authority to act as a Skelly officer. This level of authority is necessary because of the requirement that

the employee be provided a fair and meaningful opportunity to respond to the charges. The selection of the Skelly officer may be made by the Department Head and / or the Personnel Director

The function of the Skelly officer is to provide an objective review of the proposed discipline and ensure the employee has the opportunity to respond to the charges against him or her and then, in consideration of the employee's response, to evaluate: 1) whether there is a reasonable basis to believe the employee engaged in the misconduct charged, and 2) whether the proposed disciplinary action is within the range of reasonable penalties. Essentially, the Skelly officer's function is to objectively decide whether there are reasonable grounds to believe the charges against the employee are true and support the proposed disciplinary action.

Deleted: A Skelly officer must be impartial and uninvolved. However, this does not necessarily mean the Skelly officer must be unfamiliar with all aspects of the persons involved. It is preferable the Skelly officer be as far removed as possible from the circumstances giving rise to the case and has an understanding as to his / her appropriate function as a Skelly officer. Any person holding a position above the employee in the chain of command has the inherent authority to act as a Skelly officer. This level of authority is necessary because of the requirement the employee be provided a fair and meaningful opportunity to respond to the charges. The selection of the Skelly officer may be made by the Department Head and / or the Personnel Director

The Skelly officer has the responsibility of reading the Notice of Proposed Disciplinary Action and any other materials upon which the discipline is based. The Skelly officer should also consider any information provided by the employee. The Skelly officer should then utilize all the information provided to decide whether the proposed discipline should be sustained, modified, or rejected. If the Skelly officer concludes additional information is needed, the Skelly officer may contact the Department Head, the authority imposing discipline, or the Personnel Director for advice or assistance in obtaining the information.

Once the Skelly officer has decided how to proceed, the Skelly officer will then draft a written recommendation to the authority who is proposing the discipline. The written recommendation should describe the charges, what was done in the course of the Skelly officer's review, and the reasons for the Skelly officer's conclusion. If the employee submitted anything to the Skelly officer in writing, it should be attached. If the employee responded orally, the employee's response should be summarized by the Skelly officer.

The Skelly officer's recommendation should be completed within a reasonable period of time. Generally speaking, the recommendation should be received by the authority imposing discipline within three working days.

Written Notice of Final Discipline

The third step in the Skelly process is to provide the employee with a written Notice of Final Discipline. The County shall serve the written Notice of Final Discipline personally on the employee or mail to the employee's last known address by registered mail.

A written Notice of Final Discipline should not contain any new evidence or charges which were not set forth in the written Notice of Proposed Disciplinary Action. If there are new charges or evidence, they should be included in an amended written Notice of Proposed Disciplinary Action letter, and another Skelly meeting should be provided to the employee.

If the Skelly officer recommends the discipline as originally proposed should be implemented, the written Notice of Final Discipline will be, in most respects, very similar to the written Notice of Proposed Disciplinary Action.

The Skelly officer may recommend to modify or reject the discipline. If this occurs, the Department Head or the authority imposing discipline will still be considered the final decision maker. The employee will be notified if the proposed final discipline is changed.

Post-Discipline Appeal
Employees who are disciplined may appeal using contract dispute procedures. However, execution of the written Notice of Final Discipline will be implemented upon conclusion of all pre-disciplinary procedures.

Post-discipline appeals must be filed with the employee's Department Head within fourteen (14) calendar days of receiving the written Notice of Final Discipline. If the written Notice of Final Discipline is mailed, two additional days will be added to the applicable response time. Disciplinary appeals for Merit Systems Services (MSS) employees are governed by Cal. Code Regs. Tit. 2, §17045. MSS standards allow for a 30-calendar day filing period for post-discipline appeals. MSS appeals must be in writing and include a description of the basis of the appeal and the relief requested. See TCPR §7410: Appeals Process for additional information on post-discipline appeal.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Employee Employees receiving a written Notice of Proposed Disciplinary Action may respond orally or in writing to the Skelly officer within five (5) calendar days of receiving the notice. Employees who do not respond indicating a request for a Skelly meeting within five (5) calendar days of receiving a written Notice of Proposed Disciplinary Action, will be considered to have waived their right to a Skelly meeting. An employee who receives a written Notice of Proposed Disciplinary Action should consider consulting with their Union representation for further guidance.

Department Heads and Supervisors Department Heads or their designee are responsible for ensuring pre-disciplinary procedures are provided to employees in accordance with this rule. Disciplinary actions which may result in a suspension, reduction in pay, involuntary demotion, or termination should be reported to the Personnel Office.

Personnel Office The Personnel Office is responsible for advising Department Heads or their designee on disciplinary matters, and ensuring pre-disciplinary procedures are imposed in accordance with this rule.

Required Forms: None

References: TCPR §1202: Personnel Files; TCPR §7401: Disciplinary Procedures; TCPR §7410: Appeals Process; Skelly v. State Personnel Bd., 15 Cal.3d 194; NLRB v. J. Weingarten, Inc. 420 U.S. 251

Effective Date: September 12, 2023

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Overview: Disciplinary action which will result in suspension without pay for a period of more than five (5) days, salary step reduction, involuntary demotion, or termination, shall follow pre-disciplinary procedures as outlined in this rule.

Applicable to: All permanent status employees - unrepresented, elected, probationary, and extra-help employees are excluded

Definitions: Due Process- Due process is the course of formal proceedings carried out regularly and in accordance with established rules and principles.
Skelly Process- California Supreme Court decision (Skelly v. State Personnel Board) establishing public sector employees have property rights to their job and cannot be deprived of it without proper due process.
Weingarten Rights- United States Supreme Court decision (National Labor Relations Board (NLRB) v. J. Weingarten, Inc.) establishing employees have a right to union representation at investigatory interviews and pre-disciplinary meetings.

Guidelines: In *Skelly v. State Personnel Board*, the California Supreme Court ruled, as part of constitutionally guaranteed due process, public employees are entitled to certain procedural safeguards before discipline, which is sufficiently severe to constitute a deprivation of a liberty or property right if imposed on them.

The "Skelly Process" is the mechanism for providing this guaranteed due process.

Written Notice of Proposed Disciplinary Action
The first step in the Skelly process is to provide the employee with a written Notice of Proposed Disciplinary Action to impose disciplinary action. This must be done before any disciplinary action is implemented. The written Notice of Proposed Disciplinary Action shall include the following:

- Description of the proposed discipline, including charges
- Date the proposed discipline is intended to be effective
- Specific grounds for the proposed discipline and facts upon which the proposed discipline is based, including rules, policies, provisions, or statutes which have been violated
- Copies of any documents, evidence, or other materials relied upon in proposing the discipline
- Statement warning the employee about future related misconduct
- Statement warning the employee against prohibited retaliation against any and all witnesses
- Statement indicating the employee's personnel file was relied on, and advise the employee he / she may inspect their personnel file upon request
- Date and time for the Skelly meeting
- Name of the Skelly officer
- Statement indicating the employee has a right to respond orally or in writing
- Statement advising the employee if he / she does not provide a response indicating a request for a Skelly meeting within five (5) calendar days of

service of the written Notice of Proposed Disciplinary Action shall constitute a waiver of the right to the Skelly meeting
- Statement advising the employee of the right to be represented by a representative of his/her choice at the Skelly meeting

The County shall serve the written Notice of Proposed Disciplinary Action personally on the employee or mail to the employee's last known address by registered mail. If mailing the notice by registered mail, additional days should be added to the applicable response time to ensure the employee receives notice of the Skelly meeting within five (5) calendar days.

Without consent of the employee, the Skelly meeting shall not be held fewer than five (5) calendar days after service of the written Notice of Proposed Disciplinary Action. The response time is calculated beginning the first day after the notice is served on the employee. If the written Notice of Proposed Disciplinary Action is mailed, two additional days will be added to the applicable response time. Reasonable extensions may be provided if an employee makes a timely request.

Pre-Discipline Skelly Meeting
The second step in the Skelly process is the Skelly meeting. Skelly meetings are intended to allow an employee the opportunity to respond to allegations of misconduct prior to the imposition of any disciplinary action. In *National Labor Relations Board (NLRB) v. J. Weingarten, Inc.* the United States Supreme Court ruled employees subject to an investigation or pre-disciplinary meeting have a right to union representation. Therefore, an employee may elect to be represented by a representative of his / her choice at the Skelly meeting. Those in attendance of the Skelly meeting may include the employee, the employee's union representation or an attorney obtained by the employee at the employee's expense, the Department Head or designee, the Skelly officer, a representative from the Personnel Office, and / or a legal representative for the County.

The Skelly meeting is simply providing the employee with an opportunity to provide information and / or offer mitigating factors which may help the Skelly officer reach a conclusion regarding whether or not there are reasonable grounds to justify the discipline. The employee may choose to explain what happened and / or why it happened. The Skelly officer may ask the employee clarifying questions.

The pre-discipline Skelly meeting is not an evidentiary hearing. The Skelly officer may respond to procedural questions from the employee, however should not respond to substantive questions regarding the proposed discipline.

If the employee elects to respond to the written Notice of Proposed Disciplinary Action in writing, there is no need to hold the Skelly meeting. The Skelly officer will simply consider the written response instead.

Skelly Officer
A Skelly officer must be objective, impartial, uninvolved, and unbiased. However, this does not necessarily mean the Skelly officer must be unfamiliar with all aspects of the persons involved. It is preferable the Skelly officer be as far removed as possible from the circumstances, giving rise to the case and has an understanding as to his / her appropriate function as a Skelly officer. Any person holding a position above the employee in the chain of command has the inherent authority to act as a Skelly officer. This level of authority is necessary because of the requirement that

the employee be provided a fair and meaningful opportunity to respond to the charges. The selection of the Skelly officer may be made by the Department Head and / or the Personnel Director

The function of the Skelly officer is to provide an objective review of the proposed discipline and ensure the employee has the opportunity to respond to the charges against him or her and then, in consideration of the employee's response, to evaluate: 1) whether there is a reasonable basis to believe the employee engaged in the misconduct charged, and 2) whether the proposed disciplinary action is within the range of reasonable penalties. Essentially, the Skelly officer's function is to objectively decide whether there are reasonable grounds to believe the charges against the employee are true and support the proposed disciplinary action.

.

The Skelly officer has the responsibility of reading the Notice of Proposed Disciplinary Action and any other materials upon which the discipline is based. The Skelly officer should also consider any information provided by the employee. The Skelly officer should then utilize all the information provided to decide whether the proposed discipline should be sustained, modified, or rejected. If the Skelly officer concludes additional information is needed, the Skelly officer may contact the Department Head, the authority imposing discipline, or the Personnel Director for advice or assistance in obtaining the information.

Once the Skelly officer has decided how to proceed, the Skelly officer will then draft a written recommendation to the authority who is proposing the discipline. The written recommendation should describe the charges, what was done in the course of the Skelly officer's review, and the reasons for the Skelly officer's conclusion. If the employee submitted anything to the Skelly officer in writing, it should be attached. If the employee responded orally, the employee's response should be summarized by the Skelly officer.

The Skelly officer's recommendation should be completed within a reasonable period of time. Generally speaking, the recommendation should be received by the authority imposing discipline within three working days.

Written Notice of Final Discipline

The third step in the Skelly process is to provide the employee with a written Notice of Final Discipline. The County shall serve the written Notice of Final Discipline personally on the employee or mail to the employee's last known address by registered mail.

A written Notice of Final Discipline should not contain any new evidence or charges which were not set forth in the written Notice of Proposed Disciplinary Action. If there are new charges or evidence, they should be included in an amended written Notice of Proposed Disciplinary Action letter, and another Skelly meeting should be provided to the employee.

If the Skelly officer recommends the discipline as originally proposed should be implemented, the written Notice of Final Discipline will be, in most respects, very similar to the written Notice of Proposed Disciplinary Action.

The Skelly officer may recommend to modify or reject the discipline. If this occurs, the Department Head or the authority imposing discipline will still be considered the final decision maker. The employee will be notified if the proposed final discipline is changed.

Post-Discipline Appeal
Employees who are disciplined may appeal using contract dispute procedures. However, execution of the written Notice of Final Discipline will be implemented upon conclusion of all pre-disciplinary procedures.

Post-discipline appeals must be filed with the employee's Department Head within fourteen (14) calendar days of receiving the written Notice of Final Discipline. If the written Notice of Final Discipline is mailed, two additional days will be added to the applicable response time. Disciplinary appeals for Merit Systems Services (MSS) employees are governed by Cal. Code Regs. Tit. 2, §17045. MSS standards allow for a 30-calendar day filing period for post-discipline appeals. MSS appeals must be in writing and include a description of the basis of the appeal and the relief requested. See TCPR §7410: Appeals Process for additional information on post-discipline appeal.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Employee Employees receiving a written Notice of Proposed Disciplinary Action may respond orally or in writing to the Skelly officer within five (5) calendar days of receiving the notice. Employees who do not respond indicating a request for a Skelly meeting within five (5) calendar days of receiving a written Notice of Proposed Disciplinary Action, will be considered to have waived their right to a Skelly meeting. An employee who receives a written Notice of Proposed Disciplinary Action should consider consulting with their Union representation for further guidance.

Department Heads and Supervisors Department Heads or their designee are responsible for ensuring pre-disciplinary procedures are provided to employees in accordance with this rule. Disciplinary actions which may result in a suspension, reduction in pay, involuntary demotion, or termination should be reported to the Personnel Office.

Personnel Office The Personnel Office is responsible for advising Department Heads or their designee on disciplinary matters, and ensuring pre-disciplinary procedures are imposed in accordance with this rule.

Required Forms: None

References: TCPR §1202: Personnel Files; TCPR §7401: Disciplinary Procedures; TCPR §7410: Appeals Process; Skelly v. State Personnel Bd., 15 Cal.3d 194; NLRB v. J. Weingarten, Inc. 420 U.S. 251

Effective Date: September 12, 2023

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Overview: An employee may request a post discipline appeal for disciplinary action which results in an adverse action, such as an unpaid suspension, salary step reduction, involuntary demotion, or termination.

Applicable to: All employees; unrepresented, elected, probationary, and extra-help employees are excluded

Definitions: Appeal - In context of this Tehama County Personnel Rule, a procedure by which a disciplinary action is brought before a higher authority for review
POBR – The Public Safety Officers' Procedural Bill of Rights (Government Code Sections 3300-3312, or AB301) applies to public safety officers' when subject to investigation or discipline

Guidelines:

Request for Appeal

Employees may elect to appeal a suspension, salary step reduction, involuntary demotion, or termination by filing a post-discipline appeal. Post-discipline appeal notices shall be filed with an employee's Department Head or the Personnel Director within fourteen (14) calendar days of the employee receiving a written Notice of Final Discipline. Disciplinary appeals for Merit Systems Services (MSS) employees are governed by Cal. Code Regs. Tit. 2, §17045. MSS standards allow for a 30-calendar day filing period for post-discipline appeals. MSS appeals must be in writing and include a description of the basis of the appeal and the relief requested. A post-discipline appeal notice may be made by the employee or their representative in-person, by electronic mail, or any other form of written notification. The response time for a post-discipline appeal notice will be calculated beginning the first day after the written Notice of Final Discipline is served on the employee. The process for initiating a post-discipline appeal shall begin at Step Four (4) of the dispute resolution process, reference TCPR §9103: Grievance Procedure for more information.

Public Safety Officers have additional protections under certain conditions. The Public Safety Officers Procedural Bill of Rights Act (POBR) specifies elements which must be afforded to "public safety officers" when subjected to punitive actions and administrative appeals and must be adhered to accordingly.

Once a post-discipline appeal notice has been received, the Personnel Director shall request a mediator from the California State Mediation Conciliation Service (CSMCS) within twenty (20) calendar days to assist the parties in reaching a resolution. If either party does not agree with the mediator's recommendation as to resolution of the dispute, the parties may continue through the prescribed dispute resolution procedure outlined in the applicable memorandum of understanding. Referral to the next step in the grievance procedure shall not occur until the mediator has released the parties from the mediation process.

Special Note: Filing a post-discipline appeal does not postpone the disciplinary process. Execution of the written Notice of Final Discipline will be implemented upon

conclusion of all pre-disciplinary procedures, reference TCPR §7409: Skelly Process.

Eligibility for Appeal

Employees eligible to file a post-discipline appeal:

- Employees who have attained permanent status by satisfactorily completing the required initial probationary period.

Employees not eligible to file a post-discipline appeal:

- Employees who have received a counseling, or an oral or written reprimand.
- Employees who have not successfully completed an initial probationary period.
- Employees who have not successfully completed a promotional probationary period.
- Employees who have failed to file a post-discipline appeal notice with the Department Head or the Personnel Director within fourteen (14) calendar days (within thirty (30) calendar days for MSS employees as noted above).

Employees who are not eligible to appeal a disciplinary action will be notified by the Personnel Director.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Employee Employees may file a post-discipline appeal notice by notifying the Department Head or the Personnel Director in writing within fourteen (14) calendar days (within thirty (30) calendar days for MSS employees) of receiving a Final Notice of Discipline.

Department Head Upon receiving a notification of post-discipline appeal, the Department Head shall notify the Personnel Director right away.

Personnel Office Upon receiving notification of a post-discipline appeal, the Personnel Director shall contact the California State Mediation and Conciliation Service within twenty (20) calendar days. The Personnel Director will notify an employee when they are not eligible to file a post-discipline appeal.

Required Forms: None

References: TCPR §7409: Skelly Process; TCPR §9103: Grievance Procedure; Public Safety Officers' Procedural Bill of Rights Government Code Section 3300-3312, or AB301

Effective Date: July 12, 2022

Revised Date: March 26, 2024

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Overview: An employee may request a post discipline appeal for disciplinary action which results in an adverse action, such as an unpaid suspension, salary step reduction, involuntary demotion, or termination.

Applicable to: All employees; unrepresented, elected, probationary, and extra-help employees are excluded

Definitions: Appeal - In context of this Tehama County Personnel Rule, a procedure by which a disciplinary action is brought before a higher authority for review
POBR – The Public Safety Officers' Procedural Bill of Rights (Government Code Sections 3300-3312, or AB301) applies to public safety officers' when subject to investigation or discipline

Guidelines: **Request for Appeal**
Employees may elect to appeal a suspension, salary step reduction, involuntary demotion, or termination by filing a post-discipline appeal. Post-discipline appeal notices shall be filed with an employee's Department Head or the Personnel Director within fourteen (14) calendar days of the employee receiving a written Notice of Final Discipline. Disciplinary appeals for Merit Systems Services (MSS) employees are governed by Cal. Code Regs. Tit. 2, §17045. MSS standards allow for a 30-calendar day filing period for post-discipline appeals. MSS appeals must be in writing and include a description of the basis of the appeal and the relief requested. A post-discipline appeal notice may be made by the employee or their representative in-person, by electronic mail, or any other form of written notification. The response time for a post-discipline appeal notice will be calculated beginning the first day after the written Notice of Final Discipline is served on the employee. The process for initiating a post-discipline appeal shall begin at Step Four (4) of the dispute resolution process, reference TCPR §9103: Grievance Procedure for more information.

Public Safety Officers have additional protections under certain conditions. The Public Safety Officers Procedural Bill of Rights Act (POBR) specifies elements which must be afforded to "public safety officers" when subjected to punitive actions and administrative appeals and must be adhered to accordingly.

Once a post-discipline appeal notice has been received, the Personnel Director shall request a mediator from the California State Mediation Conciliation Service (CSMCS) within twenty (20) calendar days to assist the parties in reaching a resolution. If either party does not agree with the mediator's recommendation as to resolution of the dispute, the parties may continue through the prescribed dispute resolution procedure outlined in the applicable memorandum of understanding. Referral to the next step in the grievance procedure shall not occur until the mediator has released the parties from the mediation process.

Special Note: Filing a post-discipline appeal does not postpone the disciplinary process. Execution of the written Notice of Final Discipline will be implemented upon

conclusion of all pre-disciplinary procedures, reference TCPR §7409: Skelly Process.

Eligibility for Appeal

Employees eligible to file a post-discipline appeal:

- Employees who have attained permanent status by satisfactorily completing the required initial probationary period.

Employees not eligible to file a post-discipline appeal:

- Employees who have received a counseling, or an oral or written reprimand.
- Employees who have not successfully completed an initial probationary period.
- Employees who have not successfully completed a promotional probationary period.
- Employees who have failed to file a post-discipline appeal notice with the Department Head or the Personnel Director within fourteen (14) calendar days (within thirty (30) calendar days for MSS employees as noted above).

Employees who are not eligible to appeal a disciplinary action will be notified by the Personnel Director.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Employee Employees may file a post-discipline appeal notice by notifying the Department Head or the Personnel Director in writing within fourteen (14) calendar days (within thirty (30) calendar days for MSS employees) of receiving a Final Notice of Discipline.

Department Head Upon receiving a notification of post-discipline appeal, the Department Head shall notify the Personnel Director right away.

Personnel Office Upon receiving notification of a post-discipline appeal, the Personnel Director shall contact the California State Mediation and Conciliation Service within twenty (20) calendar days. The Personnel Director will notify an employee when they are not eligible to file a post-discipline appeal.

Required Forms: None

References: TCPR §7409: Skelly Process; TCPR §9103: Grievance Procedure; Public Safety Officers' Procedural Bill of Rights Government Code Section 3300-3312, or AB301

Effective Date: July 12, 2022

Revised Date: March 26, 2024

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Tehama County

Agenda Request Form

File #: 25-1779 **Agenda Date:** 10/21/2025 **Agenda #:** 31.

PERSONNEL - Personnel Director Coral Ferrin

Requested Action(s)
a) Request adoption of revised TCPR §4201: Holidays

Financial Impact:
There is no financial impact.

Background Information:
Regular Personnel Rules review and revision is a crucial part of an effective policy and procedure management plan. Updating rules to ensure they are consistent, effective, compliant with State and Federal laws, and understood by all parties.

As part of the most recent negotiation cycle, all five Tehama County bargaining units agreed to modify the County's recognized holidays. Accordingly, this rule has been revised to reflect the changes in the holiday schedule.

- Juneteenth (June 19) has been added as a recognized holiday.
- César Chávez Day (March 31) has also been added as a recognized holiday.
- In exchange for César Chávez Day, Lincoln's Birthday (February 12) has been removed from the list of recognized holidays.

These updates align with the negotiated agreements and ensure consistency across all bargaining units.

Overview: Regular or probationary Tehama County employees shall receive holiday pay or holiday time off as described in this rule.

Applicable to: All employees, excluding elected officials, extra-help, and temporary employees hired through an employment agency

Definitions: Holiday-In-Lieu (HIL) – Holiday-in-Lieu is a bank used to hold accrued holiday time off.
Holiday Pay – Holiday pay is a monetary compensation an employee may receive for an observed holiday.
Holiday Time Off – Holiday time off is time off accrued in lieu of receiving holiday pay. Holiday time off may accrue only when the holiday lands on an employee's regularly scheduled day off or when an employee is scheduled to work on a holiday.

Guidelines: **Holidays – Observed**
Tehama County observes the following holidays:

1. New Year's Day, January 1*
~~2.~~ Martin Luther King Jr. Day, the third Monday in January
~~3.~~2. ~~Lincoln's Birthday, February 12*~~
3. President's Day, the third Monday in February
4. Cesar Chavez Day, March 31st*
5. Memorial Day, the last Monday in May
~~5.~~6. Juneteenth, June 19th*
~~6.~~7. Independence Day, July 4th*
~~7.~~8. Labor Day, the first Monday in September
~~8.~~9. Columbus Day, the second Monday in October
~~9.~~10. Veteran's Day, November 11*
~~10.~~11. Thanksgiving Day, the fourth Thursday in November
~~11.~~12. The Friday following Thanksgiving Day
~~12.~~13. Christmas Day, December 25*
~~13.~~14. Either the day before Christmas Day or the day before New Year's Day – as agreed upon between the department head or designee and the employee

*Date specific holidays

If any of the foregoing holidays fall on a Saturday, the preceding Friday shall be the County observed holiday. If any of the foregoing holidays fall on a Sunday, the following Monday shall be the County observed holiday. Those employees who work on Saturday or Sunday will observe date specific holidays on the actual day on which the holiday falls.

Holidays – Compensation
Holiday pay and holiday time off will be calculated based on eight (8) hours. Part-time employees will be granted a pro-rated number of hours based on the ratio of hours worked.

Holiday pay will be compensated at the employee's base rate, excluding shift differential, premium pays, or other specialty pays, unless authorized by the applicable memorandum of understanding.

Holiday pay does not constitute or represent actual hours worked, and will consequently be paid at the straight-time rate, and will not be subject to paid overtime.

Employees who are in an unpaid status on both the employee's workdays immediately adjacent to the holiday, shall not receive pay for the holiday.

County observed holidays which fall within the period of an employee's scheduled vacation shall receive pay for the holiday. Employees will not be required to use their vacation accruals for the paid holiday unless their scheduled vacation day exceeds the eight (8) hours of holiday pay.

Holiday Time Off
Holidays which fall on an employee's non-work day or employees who are scheduled to work on holidays, will be entitled to receive another work day off with pay to be scheduled as mutually agreed upon between the department head or their designee and the employee. Until used, holiday time off shall be placed in the employee's "Holiday-In-Lieu" (HIL) bank. In some instances, holiday time off is placed in the employee's vacation bank, reference the applicable memorandum of understanding for more information on the placement of holiday time off. Employees scheduled to work on holidays will also be compensated at their regular rate of pay for their actual hours worked, including any overtime hours worked if applicable.
The maximum accumulation l for HIL shall not exceed forty-eight (48) hours. If an employee has met the maximum accrual of 48 hours at the time of the next holiday they are scheduled to work, and has not been scheduled to take another day off during the pay period in which the holiday falls, the employee will receive holiday pay in the following pay period.

Employees who separate from County service shall be entitled to a payment for all unused HIL as of the employee's last day of work. Payment shall be computed based on the employee's regular rate of pay at the time of separation.

Personal Holiday
Tehama County employees who are eligible for a personal holiday will receive eight (8) hours (members of Tehama County Peace Officers Association receive ten (10) hours) of personal holiday time in their vacation bank annually on July 1st. Reference the applicable memorandum of understanding for eligibility.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Employee	Employees requesting to use their accrued HIL or personal holiday time shall submit an absence request form to their supervisor or designee in the same manner used for scheduling vacation.
Department Head	Department Heads and supervisors shall approve or disapprove accrued HIL and personal holiday time in the same manner as vacation days.
Personnel Office	If requested, the Personnel Office may provide guidance to the Department Head or supervisor.
Required Forms:	Absence Request Form
References:	
Effective Date:	July 13, 2021
Revised:	

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Overview: Regular or probationary Tehama County employees shall receive holiday pay or holiday time off as described in this rule.

Applicable to: All employees, excluding elected officials, extra-help, and temporary employees hired through an employment agency

Definitions: Holiday-In-Lieu (HIL) – Holiday-in-Lieu is a bank used to hold accrued holiday time off.
Holiday Pay – Holiday pay is a monetary compensation an employee may receive for an observed holiday.
Holiday Time Off – Holiday time off is time off accrued in lieu of receiving holiday pay. Holiday time off may accrue only when the holiday lands on an employee's regularly scheduled day off or when an employee is scheduled to work on a holiday.

Guidelines: **Holidays – Observed**
Tehama County observes the following holidays:

1. New Year's Day, January 1*
2. Martin Luther King Jr. Day, the third Monday in January
3. President's Day, the third Monday in February
4. Cesar Chavez Day, March 31st*
5. Memorial Day, the last Monday in May
6. Juneteenth, June 19th*
7. Independence Day, July 4th*
8. Labor Day, the first Monday in September
9. Columbus Day, the second Monday in October
10. Veteran's Day, November 11*
11. Thanksgiving Day, the fourth Thursday in November
12. The Friday following Thanksgiving Day
13. Christmas Day, December 25*
14. Either the day before Christmas Day or the day before New Year's Day – as agreed upon between the department head or designee and the employee

*Date specific holidays

If any of the foregoing holidays fall on a Saturday, the preceding Friday shall be the County observed holiday. If any of the foregoing holidays fall on a Sunday, the following Monday shall be the County observed holiday. Those employees who work on Saturday or Sunday will observe date specific holidays on the actual day on which the holiday falls.

Holidays – Compensation
Holiday pay and holiday time off will be calculated based on eight (8) hours. Part-time employees will be granted a pro-rated number of hours based on the ratio of hours worked.

Holiday pay will be compensated at the employee's base rate, excluding shift differential, premium pays, or other specialty pays, unless authorized by the applicable memorandum of understanding.

Holiday pay does not constitute or represent actual hours worked, and will consequently be paid at the straight-time rate, and will not be subject to paid overtime.

Employees who are in an unpaid status on both the employee's workdays immediately adjacent to the holiday, shall not receive pay for the holiday.

County observed holidays which fall within the period of an employee's scheduled vacation shall receive pay for the holiday. Employees will not be required to use their vacation accruals for the paid holiday unless their scheduled vacation day exceeds the eight (8) hours of holiday pay.

Holiday Time Off
Holidays which fall on an employee's non-work day or employees who are scheduled to work on holidays, will be entitled to receive another work day off with pay to be scheduled as mutually agreed upon between the department head or their designee and the employee. Until used, holiday time off shall be placed in the employee's "Holiday-In-Lieu" (HIL) bank. In some instances, holiday time off is placed in the employee's vacation bank, reference the applicable memorandum of understanding for more information on the placement of holiday time off. Employees scheduled to work on holidays will also be compensated at their regular rate of pay for their actual hours worked, including any overtime hours worked if applicable.
The maximum accumulation l for HIL shall not exceed forty-eight (48) hours. If an employee has met the maximum accrual of 48 hours at the time of the next holiday they are scheduled to work, and has not been scheduled to take another day off during the pay period in which the holiday falls, the employee will receive holiday pay in the following pay period.

Employees who separate from County service shall be entitled to a payment for all unused HIL as of the employee's last day of work. Payment shall be computed based on the employee's regular rate of pay at the time of separation.

Personal Holiday
Tehama County employees who are eligible for a personal holiday will receive eight (8) hours (members of Tehama County Peace Officers Association receive ten (10) hours) of personal holiday time in their vacation bank annually on July 1st. Reference the applicable memorandum of understanding for eligibility.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Employee Employees requesting to use their accrued HIL or personal holiday time shall submit an absence request form to their supervisor or designee in the same manner used for scheduling vacation.

Department Head Department Heads and supervisors shall approve or disapprove accrued HIL and personal holiday time in the same manner as vacation days.

Personnel Office If requested, the Personnel Office may provide guidance to the Department Head or supervisor.

Required Forms: Absence Request Form

References:
Effective Date: July 13, 2021
Revised:

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Tehama County

Agenda Request Form

File #: 25-1741 **Agenda Date:** 10/21/2025 **Agenda #:** 32.

BOARD OF SUPERVISORS

Requested Action(s)
a) RESOLUTION - Request adoption of resolution affirming Tehama County's commitment to fair treatment and condemning caste-based discrimination

Financial Impact:
No Financial Impact.

Background Information:
Caste discrimination is the practice of treating individuals unfairly or unequally based on their caste identity or perceived position within a caste hierarchy. This type of discrimination can result in systemic barriers to education, employment, housing, and participation in public life. While historically rooted in specific cultural contexts, caste-based inequities can persist across regions and communities. Addressing caste discrimination is essential to ensuring equal opportunity, fostering inclusion, and upholding nondiscrimination standards. During Future Agenda Items on August 26, 2025, consensus was received for the Board of Supervisors to consider the adoption of the attached Caste Equity Resolution.

RESOLUTION NO. _____

RESOLUTION AFFIRMING THE COUNTY'S COMMITMENT TO FAIR TREATMENT AND CONDEMNING CASTE-BASED DISCRIMINATION

WHEREAS, the County of Tehama, California is committed to upholding the principles of justice and impartial treatment for all individuals, regardless of background or heritage; and

WHEREAS caste-based discrimination is a form of social hierarchy that can lead to unjust treatment of individuals based on their birth, lineage, or perceived social standing; and

WHEREAS, while caste-based discrimination may not always be visible, it persists within communities across the country, including within Tehama County, California, and it is important to ensure that all residents are protected from such mistreatment; and

WHEREAS the Tehama County Board of Supervisors recognizes its responsibility to promote fair treatment and ensure that no person within the county is subject to discrimination on the basis of caste or any inherited status;

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors of Tehama County, California:

Acknowledges that caste-based discrimination exists and causes real harm to individuals and families.

Denounces all forms of caste-based discrimination within Tehama County and affirms the County's commitment to ensuring that all County policies, services, and institutions remain free from caste-based bias or exclusion

Supports continued state and national efforts to prevent and address caste-based discrimination through legislation and public awareness.

APPROVED AND ADOPTED

The foregoing resolution was offered on a motion by Supervisor _____, seconded by Supervisor _____ and carried by the following vote of the Board:

AYES:

NOES:

ABSENT OR NOT VOTING:

STATE OF CALIFORNIA)

) SS
COUNTY OF TEHAMA)

I, SEAN HOUGHTBY, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of a resolution adopted by said Board of Supervisors on the ___ day of _____, 2025.

DATED: This _____ day of _____, _____

SEAN HOUGHTBY, County Clerk
and Ex-Officio Clerk of the Board
of Supervisors of the County of
Tehama, State of California

By_____
Deputy

Tehama County

Agenda Request Form

File #: 25-1736 **Agenda Date:** 10/21/2025 **Agenda #:** 33.

BOARD OF SUPERVISORS

Requested Action(s)
a) STUDY SESSION - To review and receive input regarding an increase to the current monthly fuel stipend for the Board of Supervisors

Financial Impact:
To be determined based on Board discussion and any proposed changes. Any increase would come from the General Fund

Background Information:
On July 7, 2025 Supervisor Burroughs requested an increase to the monthly fuel stipend each Supervisor receives for travel while conducting County Business. This study session is intended to provide the Board with an opportunity to discuss potential adjustments and offer suggestions.

Tehama County

Agenda Request Form

File #: 25-1750 **Agenda Date:** 10/21/2025 **Agenda #:** 34.

BOARD OF SUPERVISORS

Requested Action(s)

a) STUDY SESSION - To review and receive input regarding the Public Safety Sales Tax Initiative

Financial Impact:

To be determined based on Board discussion

Background Information:

On September 16,2025, Board of Supervisors meeting Supervisor Jones requested a discussion regarding polling for the Public Safety Sales Tax Initiative

Tehama County

Agenda Request Form

File #: 25-1591 **Agenda Date:** 10/21/2025 **Agenda #:** 35.

CLOSED SESSION

Requested Action(s)
a)PERSONNEL / PUBLIC EMPLOYEE PERFORMANCE EVALUATION (Government Code Section 54957)

Title: Part Two of the Environmental Health Director Annual Performance Evaluation Process

Financial Impact:
None.

Background Information:
None.

Tehama County

Agenda Request Form

File #: 25-1723 **Agenda Date:** 10/21/2025 **Agenda #:** 36.

CLOSED SESSION

Requested Action(s)
a) EMPLOYEE NEGOTIATIONS - CONFERENCE WITH LABOR NEGOTIATORS (Government Code Section 54957.6)

Agency Negotiators: Che Johnson & Coral Ferrin

Employee Organization: Joint Council of International Union of Operating Engineers, Local 39

Financial Impact:
None.

Background Information:
None.

Tehama County

Agenda Request Form

File #: 25-1744 **Agenda Date:** 10/21/2025 **Agenda #:** 37.

CLOSED SESSION

Requested Action(s)
a) PERSONNEL / PUBLIC APPOINTMENT OR EMPLOYMENT (Government Code Section 54957)

Title: Interim Public Works Director

Financial Impact:
None.

Background Information:
None.

Tehama County

Agenda Request Form

File #: 25-1789 **Agenda Date:** 10/21/2025 **Agenda #:** 38.

CLOSED SESSION

Requested Action(s)
a) EMPLOYEE NEGOTIATIONS - CONFERENCE WITH LABOR NEGOTIATORS (Government Code Section 54957.6)

Agency Negotiators: Gabriel Hydrick

Employee: Social Services Director

Financial Impact:
None.

Background Information:
None.

Tehama County

Agenda Request Form

File #: 25-1809 **Agenda Date:** 10/21/2025 **Agenda #:** 39.

CLOSED SESSION

Requested Action(s)
a) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (54956.9 (d) (2))

Financial Impact:
Click here to enter Financial Impact.

Background Information:
Click here to enter Background Info.