

MENTAL HEALTH SERVICES ACT  
 TRANSITION-AGE YOUTH (TAY) DROP-IN CENTER  
 FISCAL PROVISION

**1. TOTAL WORK ORDER AMOUNT:**

For Service Area: **X** located at (insert address of Drop-In Center), for a one (1) year Work Order total of \$XXXX as detailed by funding source:

Services	TAY Drop-In Services (Community and Service Supports) Per Year	Seeking Safety (Prevention and Early Intervention) Per Year	TOTAL:
Amount	\$XXXX	\$XXXX	\$XXXXX

**2. PAYMENT SCHEDULE**

The purpose of these funds is to provide Transition-Age Youth (TAY) Drop-In Center services during extended hours of operation only. The services provided will be captured on Exhibit A – SOW, Attachment 7 (Drop-In Center Report). Contractor will sustain and use other funding resources to fund normal business hours programs and services.

Payment to Contractor will be based on original invoices, submitted monthly in arrears by Contractor. Monthly invoices will detail the prorated expenses (e.g., gift cards purchased, transportation expenses, meals/snacks, motels/hotels cost, etc.) based on the percentage of use and costs incurred during the extended hours of operation and include separate details for operational and other program costs respectively. No payment will be made for TAY Drop-In Center services delivered beyond those services and supports listed in Appendix A, Exhibit A - SOW, subparagraph 2.2.1 and below, which can be substantiated with supporting documentation and receipts. Payment to Contractor for staff salary and benefits must be prorated accordingly to substantiate and validate staff working during the extended hours of operation. All reimbursement for TAY Drop-In Center services shall be based on the Fee Schedule in Section 3 below.

Funding modifications between the categories in the Fee Schedule will require written justification and approval from Los Angeles County (LAC) Department of Mental Health (DMH) prior to any such modification. Request for additional purchases under the Fee Schedule for Supports for Youth section below will require written justification and approval from LACDMH prior to any such purchase and the approval from LACDMH must accompany the corresponding invoice.

**Submission of justification is not considered to be an automatic approval.** LACDMH will review the invoices and supporting documentation to ensure that the TAY Drop-In Center services rendered are in full compliance with the requirements described in Exhibit A - SOW.

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**3. DESCRIPTION OF COSTS**

LACDMH shall pay the Contractor for all services provided under the Work Order in accordance with Paragraph 5.4, Invoices and Payments, of the Mental Health Service Act (MHSA) Master Agreement. The Contractor's annual funding amounts will remain firm and fixed for the term of the Work Order unless otherwise amended by both Parties. LACDMH will pay Contractor in accordance with the Fee Schedule below for TAY Drop-In Center services.

<b>TAY DROP-IN CENTERS MHSA/CSS FUNDING</b>
<b>Maximum Funding Amount: \$XXXXX</b>
<b>DESCRIPTION OF COSTS</b>
<p><b><u>DIRECT STAFFING:</u></b></p> <p><b><u>Up to three (3) Part Time (PT) staff:</u></b></p> <ul style="list-style-type: none"> <li>• Salary</li> <li>• Benefits</li> <li>• Training Costs for New Staff Only</li> <li>• Office Supplies</li> </ul> <p><b><u>SUPPORT STAFF:</u></b></p> <p><b>One (1) PT Employment Specialist:</b></p> <ul style="list-style-type: none"> <li>• Salary</li> <li>• Benefits</li> <li>• Training Costs for New Staff Only</li> <li>• Supplies</li> </ul> <p><b>One (1) PT Peer Support Specialist:</b></p> <ul style="list-style-type: none"> <li>• Salary</li> <li>• Benefits</li> <li>• Training Costs for New Staff Only</li> <li>• Supplies</li> </ul> <p><b>Up to seven (7) Other PT Staff, Interns, and Volunteers:</b></p> <ul style="list-style-type: none"> <li>• Salary</li> <li>• Benefits</li> <li>• Training Costs for New Staff Only</li> <li>• Supplies</li> </ul>

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**<sup>1</sup>ADMINISTRATIVE STAFF:**

- Salary
- Benefits
- Training Costs for New Staff Only
- Supplies

**SUPPORTS FOR YOUTH:**

- New and/or donated clothing and shoes - e.g., sweaters, socks, undergarments, pants, shirts, seasonal clothing, etc. If purchasing clothing and/or shoes for a specific TAY, up to \$200 allowed per TAY every three months.
- Nutritional Meals and/or Healthy Snacks, including hot meals.
- Access To Public Transportation (e.g., Metro TAP Cards) Up to \$75 allowed one time per month per TAY.
- Ride-hailing Transportation Services: (e.g., Lyft/Uber) Up to 25 miles one-way, or 50 miles round-trip, allowed one time per TAY every six months with assistance in contacting them if needed, and a safe place for pick-up.
- Basic toiletries and Hygiene Products - e.g., toilet paper, shampoo, soap, toothpaste, toothbrush, etc.
- Supplies for Group Activities (e.g., therapeutic manuals, art supplies, computer software).
- Recreational Supplies - e.g., playing cards, board games, Wi-fi access.
- Outreach and Engagement Materials and/or Fees – A purchase request with justification must be submitted for LACDMH approval prior to purchase. The LACDMH pre-approval letter must accompany the reporting month's invoice.
- Survival Kits (e.g., blankets, sleeping bags, seasonal necessities, etc.).
- Identity Documents (e.g., California Driver's License or California Identification card and/or Birth Certificates)
- Food Gift Card - Up to \$300 allowed one-time per month Per TAY.
- School Supplies/Fees - Purchases of \$250 or less are allowed one time per month per TAY. Purchases over \$250 to a maximum of \$600 are allowed two times (every six months) during the fiscal year, per TAY, and require a justification request that must be submitted to LACDMH Lead Manager for approval prior to purchase. The approval letter must accompany the reporting month's invoice. Receipts for all purchases must be placed in TAY participant folders to be provided upon request by the County.
- <sup>2</sup>Motels/Hotels – Up to \$250 per night allowed for a maximum of 10 nights stay one-time every 6 months per TAY. A purchase request with justification must be submitted to LACDMH Lead Manager for pre-approval for stays over 10 nights. The LACDMH pre-approval letter with LACDMH Lead Manager signature must accompany the reporting month's invoice.

<sup>1</sup> Administrative Support total is limited to 15% of expenses.

<sup>2</sup> TAY who does not qualify for any other program and have no benefits.

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- <sup>3</sup>Gift Card Incentives – (e.g., coffee shops, online stores, etc.) - Up to \$50 per card, including any processing fees, as incentive for participating in activities, such as group meetings, activities, attendance, etc.
- On-site operational washer and dryer including laundry items (detergent, dryer sheets, etc).

**<sup>4</sup>OPERATIONAL COST:**

- Utilities
- Insurance
- Housekeeping/Janitorial
- Security Guard(s)

**TAY DROP-IN CENTER FEE SCHEDULE  
(PEI FUNDING - SEEKING SAFETY or OTHER TRAUMA INFORMED CARE)**

**Maximum Funding Amount: \$XXXXX**

**DESCRIPTION OF COSTS**

**DIRECT STAFF:**

**One (1) Part-Time (PT) Mental Health Clinician AND One (1) PT Clinical Staff**

- Salary
- Benefits
- Training Costs for New Staff Only
- Supplies

**<sup>5</sup>ADMINISTRATIVE SUPPORT:**

- Salary
- Benefits
- Office Supplies

**4. PAYMENT PROCEDURES**

Contractor **must** submit <sup>6</sup>SOW Attachment 7 (Drop-In Center Report) of Exhibit A – SOW and other supporting documents (e.g. receipts) along with SOW Attachment 8 (MHSA Services Cost Invoice) of Exhibit A – SOW and SOW Attachment 9 (PEI Cost Invoices) of Exhibit A - SOW 15 calendar days from the last day in the service month to support the actual cost incurred for services provided under the SOW.

<sup>3</sup> Internal controls must be in place and adhere to DMH policy number 804.08.

<sup>4</sup> Operational Costs must be prorated based on usage during the extended hours of operation.

<sup>5</sup> Administrative Support total is limited to 15% of expenses.

<sup>6</sup> SOW Attachment 7 (Drop-In Center Report) will be provided on the 10<sup>th</sup> of the month for staff reporting purposes and 15 days after the service month as supporting documentation with the invoices.

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All invoices submitted by the Contractor for payment must have the written approval of the County's Program Manager or designee prior to any payment thereof. In no event will the County be liable or responsible for any payment prior to such written approval. Approval for payment will not be unreasonably withheld.

If the attachments, supporting documents and invoices are not received within the 15 calendar days, payment may be denied. If the 15th day is a County holiday and/or weekend, the invoice shall be submitted no later than the next business day. Contractor must retain all relevant supporting documents and make them available to LACDMH at any time for audit purposes.

At any time, if the County reasonably determines from a review or an audit of Contractor's service and billing records that the Contractor failed to deliver required services associated with this Contract, County shall have the right to adjust and/or recover payment(s) associated with such service(s). The recovery from the Contractor shall be made through cash payment and/or County offsets from future payment(s).

At any time, DMH has the discretion to deny payment, in full or in part, if the Contractor did not meet the outcomes/performance requirements outlined in Exhibit A - Statement of Work of this contract.

Upon receipt and approval of original invoices from Contractor, LACDMH will make payment to Contractor within 30 days of the date the invoice was approved for payment. If any portion of the invoice is disputed by LACDMH, LACDMH will reimburse Contractor for the undisputed services contained in the invoice and work diligently with the Contractor to resolve the disputed portion of the claim in a timely manner.

This Contract is also subject to any additional restrictions, limitations, or conditions imposed by the State, and federal government which may in any way affect the provisions of payment or funding of this Contract.

LACDMH will make reimbursements payable to Contractor and send payments to:

**Name of Agency:** \_\_\_\_\_  
**Address of Agency:** \_\_\_\_\_  
**City, State Zip:** \_\_\_\_\_

**5. DESIGNATED LACDMH CONTACT PERSON**

All questions and invoices should be directed to:

Elizabeth Powers, LCSW  
County of Los Angeles – Department of Mental Health  
510 S. Vermont Avenue, 15<sup>th</sup> Floor  
Los Angeles, CA 90020  
(213) 947-6681  
epowers@dmh.lacounty.gov

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**6. FUNDING PROVISIONS**

The MHSA CSS and PEI funding available each FY through this Work Order are intended to be utilized solely for the services provided at the Drop-In Center during extended hours of operation as outlined in Exhibit A - SOW.

Ongoing funding for this program is contingent upon the availability of funds from the State as well as continued approval of monthly Drop-In Center Services Cost invoices submitted by the Contractor.

**FUNDING LIMITATION**

- Funding shall not be used for services provided at a temporary or new location without prior written approval from the LACDMH Lead Manager.
- All utilities incurred and invoiced should be reflective of the percentage of total costs based on the extended hours of operation only.
- Funding shall not be used for staff parties/luncheons (this also includes Holiday celebrations).
- Funding shall not be used to purchase gift cards/gifts for staff.
- Funding shall not be used for mortgage, rent, and/or lease.
- Funding shall not be used for vehicle maintenance (and/or insurance).
- Funding shall not be used for payments on leased/purchased vehicles.
- Funding shall not be used for relocation expenses.
- Funding shall not be used for planning and/or building upgrades.