

**NAPA COUNTY AGREEMENT NO. 230240B
AMENDMENT NO. 2**

THIS AMENDMENT NO. 2 TO AGREEMENT NO. 230240B is effective as of the 1st day of July, 2025, by and between **NAPA COUNTY**, a political subdivision of the State of California, referred to as “COUNTY” and **TRADITIONS PSYCHIATRY GROUP, P.C. dba TRADITIONS BEHAVIORAL HEALTH**, whose mailing address is 900 Larkspur Landing Circle, Suite 160, Larkspur, CA 94939, hereinafter referred to as “CONTRACTOR”. COUNTY and CONTRACTOR may be referred to below collectively as “Parties” and individually as “Party.”

RECITALS

WHEREAS, on or about December 8, 2022, COUNTY and CONTRACTOR entered into Napa County Agreement No. 230240B (hereinafter referred to as "Agreement") for CONTRACTOR to provide on-site psychiatrists and Medical Director for Napa County’s Behavioral Health Medication Clinic; and

WHEREAS, on or about July 1, 2023, the Parties amended the Agreement to replace “Exhibit A” with “Exhibit A-1” in order to reflect revised language to align with State legislation; and

WHEREAS, as of the effective date of this Amendment No. 2, the Parties wish to amend the Agreement to increase the contract maximum and replace “Exhibit B” with “Exhibit B-1”.

TERMS

NOW, THEREFORE, for good and valuable consideration, the adequacy and receipt of which are hereby acknowledged, the Parties hereby amend the Agreement as follows:

1. The maximum amount of payment on Page 1 of the Agreement shall be **Two Million Eight Hundred Thousand Dollars (\$2,669,570.00)** of which **Ninety Seven Thousand Seven Hundred Thirty Dollars (\$97,730.00)** is increased by virtue of the Amendment No. 2; provided, however, that such amounts shall not be construed as guaranteed sums, and compensation shall be based upon services actually rendered and expenses actually incurred.
2. Exhibit B is hereby replaced with “Exhibit B-1” attached hereto and incorporated by reference as set forth herein, and all references in the Agreement to Exhibit “B” shall refer to “Exhibit B-1” commencing as of the effective date of this Amendment No. 2.
3. Except as provided above, the terms and conditions of the Agreement shall remain full force and effect as originally approved.

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment No. 2 to Napa County Agreement No. 230240B as of the date first written above.

TBH MANAGEMENT, LLC. dba TRADITIONS
BEHAVIORAL HEALTH

By 

David Spaccarelli (May 5, 2025 09:25 PDT)
DAVID SPACCATELLI
Chief Executive Officer

By 

JULIANNE BHARUCHA
Chief Financial Officer

“CONTRACTOR”

NAPA COUNTY, a political subdivision of
the State of California

By: _____
ANNE COTTRELL
Chair of the Board of Supervisors

“COUNTY”

APPROVED AS TO FORM Office of County Counsel By: <i>Rachel L. Ross</i> (e- signature) Date: 4/10/2025	APPROVED BY THE NAPA COUNTY BOARD OF SUPERVISORS Date: _____ Processed By: _____ _____ Deputy Clerk of the Board	ATTEST: NEHA HOSKINS Clerk of the Board of Supervisors By: _____
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EXHIBIT B-1
COMPENSATION

July 1, 2025 through June 30, 2026
(and each subsequent automatic renewal, terminating no later than June 30, 2027)

I. COMPENSATION

COUNTY shall provide CONTRACTOR up to the total annual contract maximum amount of **\$2,669,570** for the provision of psychiatric staffing and management of the COUNTY Behavioral Health Medication Clinic.

CONTRACTOR shall provide psychiatrists that cover an average of 200 hours per week of services for 45.6 weeks per year in consultation with the COUNTY Behavioral Health. One Medical Director and four psychiatrists will provide coverage on a full-time basis. CONTRACTOR will provide one (1) Medical Director (average of 40 hours per week) plus an additional four (4) psychiatrists (average of 160 hours per week). Total contracted hours shall equal no more 9,120 hours (200 hours per week for 45.6 weeks) annually. Annual contract maximum shall not exceed **\$2,669,570**.

Fees below reflect the total annual costs to COUNTY for CONTRACTOR's provision of services of up to 5 FTE's.

Position	# FTE's	Hours/ Week	Weeks/ Year	Annual Hours	Hourly Rate	Annual Amount
Medical Director	1.0	40	45.6	1,824	\$ 306.21	\$ 558,527.04
Adult Psychiatrist	3.0	120	45.6	5,472	\$ 285.45	\$ 1,561,982.40
Child Psychiatrist	1.0	40	45.6	1,824	\$ 301.02	\$ 549,060.48
Total	5.0	200		9,120		\$ 2,669,569.92

All claims submitted for reimbursement of psychiatry services shall be accompanied by an itemized invoice. CONTRACTOR shall submit a monthly itemized invoice for payment that includes: psychiatrist name and position, date of services, rate billed, and total hours billed.

II. INVOICING

Invoices. CONTRACTOR shall submit valid and accurate *Monthly* itemized invoices to BHInvoices@countyofnapa.org by the *15th of each month* for all psychiatry services provided in the preceding *month* on agency letterhead with psychiatrist name and title, number of hours served, total amount due, and service month and year.

Validity and accuracy of invoice submission is critical to ensure timely payment of invoices for contracted services. Invoices will be paid within 60 days of receipt of invoices. If COUNTY staff requires any invoice follow-up, clarification, adjustment, or resubmission from CONTRACTOR,

the 60-day timeframe for invoice payment resets to the date all outstanding issues are resolved, and the most recently received invoice is confirmed to be valid and accurate.

Traditions Behavioral Health No. 230240B A2

Final Audit Report

2025-05-05

Created:	2025-04-28
By:	Julianne Bharucha (julianne.bharucha@tbhcare.com)
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Transaction ID:	CBJCHBCAABAAAdNyV4Y_GxfhBJwmuV9-ByrfxA9tzhR6J

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Email viewed by David Spaccarelli (david.spaccarelli@tbhcare.com)

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Document e-signed by David Spaccarelli (david.spaccarelli@tbhcare.com)

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Agreement completed.

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