Exhibit B

Fee Schedule*

	Maximum
Behavioral Health Service Activities	Rate /
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LEVEL I: PREVENTION SERVICES / MENTAL HEALTH FIRST AID	riouny
All required administrative or contract	\$35
meetings	\$135
Faculty In-service Trainings Parent Workshops	\$135
Psychoeducational Groups & Assemblies	\$135
for Student Body Student-centered advocacy	\$35
LEVEL II: EARLY INTERVENTION & MEASURED	
RESPONSE	
Case Management / Consultation Collateral to significant natural supports Community Rehabilitation (individual, group) Crisis Response & Intervention Inactivity Room Rate (No Scheduled Student or Student No-show)	\$40 \$40 \$50 \$75 \$25
School-based Counseling Therapeutic Education & Process Groups Threat Assessment Treatment Plan Development & Implementation Triage Assessment & Diagnostic Evaluation (including psychometric testing, as appropriate)	\$75 \$75 \$75 \$40 \$75

^{*} Administrative / Overhead rate of 12% will be applied to total