



**AMENDMENT NO. 4  
TO  
CONTRACT NO. MA-042-23011382  
FOR  
Wraparound Mental Health Outpatient Services**

This Amendment (“Amendment No. 4”) to Contract No. MA-042-23011382 for Wraparound Mental Health Outpatient Services is made and entered into on July 1, 2026 (“Effective Date”) between Olive Crest (“Contractor”), with a place of business at 2130 E. Fourth Street, Suite 200, Santa Ana, CA 92705, and the County of Orange, a political subdivision of the State of California (“County”), through its Health Care Agency, with a place of business at 405 W. 5th St., Ste. 600, Santa Ana, CA 92701. Contractor and County may sometimes be referred to individually as “Party” or collectively as “Parties”.

**RECITALS**

WHEREAS, the Parties executed Contract No. MA-042-23011382 for Wraparound Mental Health Outpatient Services, effective July 1, 2023 through June 30, 2026, in an Aggregate Maximum Obligation of \$9,000,000 (“Contract”); and

WHEREAS, the Parties executed Amendment No. 1, to the Contract, effective January 5, 2024, to amend Exhibit A of the Contract, increasing the individual contract budget set forth in Paragraph II. Budget, subparagraph A., from \$555,000 to \$1,254,220 for Periods Two and Three and to amend Exhibit A of the Contract; and

WHEREAS, the Parties executed Amendment No. 2, to the Contract, effective July 1, 2025, to amend various provisions of the Contract, and Exhibit A of the Contract; and

WHEREAS, the Parties executed Amendment No. 3 to the Contract, effective February 26, 2026, to amend Exhibit A of the Contract; and

WHEREAS, the Parties now desire to enter into this Amendment No. 4 to increase the Contract’s Period Three Amount Not to Exceed; to renew the Contract for two years, effective July 1, 2026, through June 30, 2028; to amend various provisions of the Contract and Exhibit A of the Contract; and to add Exhibit D to the Contract.

NOW THEREFORE, Contractor and County agree to amend the Contract as follows:

1. The Contract’s Period Three Amount Not To Exceed is increased by \$1,500,000 from \$3,000,000 to \$4,500,000.
2. The Contract is renewed for a term of two (2) years, effective July 1, 2026, through June 30, 2028, in an amount not to exceed \$9,000,000 for this renewal term, for a revised aggregate amount not to exceed \$19,500,000.
3. Referenced Agreement Provisions, Term provision and Maximum Obligation provision, of the Contract are deleted in their entirety and replaced with the following:

**“Term:** July 1, 2023 through June 30, 2028

Period One means the period from July 1, 2023 through June 30, 2024

Period Two means the period from July 1, 2024 through June 30, 2025

Period Three means the period from July 1, 2025 through June 30, 2026

Period Four means the period from July 1, 2026 through June 30, 2027

Period Five means the period from July 1, 2027 through June 30, 2028

**Aggregate Amount Not To Exceed:**

Period One Aggregate Amount Not To Exceed:	\$3,000,000
Period Two Aggregate Amount Not To Exceed:	3,000,000
Period Three Aggregate Amount Not To Exceed:	4,500,000
Period Four Aggregate Amount Not To Exceed:	4,500,000
Period Five Aggregate Amount Not To Exceed:	<u>4,500,000</u>
TOTAL AGGREGATE AMOUNT NOT TO EXCEED:	\$19,500,000

4. All references in the Contract to “Agreement” shall be deleted in their entirety and replaced with “Contract”.
5. All references in the Contract to “Maximum Obligation” shall be deleted in their entirety and replaced with “Amount Not To Exceed”.
6. All references in the Contract to “Mental Health Plan (MHP)” shall be deleted in their entirety and replaced with “Behavioral Health Plan (BHP)”.
7. Paragraph II. Alteration of Terms, subparagraph A., of the Contract is deleted in its entirety and replaced with the following:  
  
 “A. This Contract, together with Exhibits A, B, C, and D, attached hereto and incorporated herein, fully expresses the complete understanding of COUNTY and CONTRACTOR with respect to the subject matter of this Contract.”
8. Exhibit A, Paragraph I. Common Terms and Definitions, of the Contract is deleted in its entirety and replaced with the following:

**“I. COMMON TERMS AND DEFINITIONS”**

- A. The Parties agree to the following terms and definitions, and to those terms and definitions which, for convenience, are set forth elsewhere in the Contract.
  1. 5150 is the number of the section of the Welfare and Institutions Code under California State Law which allows an adult who is experiencing a mental health crisis to be involuntarily detained for a 72-hour psychiatric hospitalization due to threat of harm to self, others, or being gravely disabled.
  2. 5585 is the number of the section of the Welfare and Institutions Code under California State Law which allows a minor who is experiencing a mental health crisis to be involuntarily detained for a 72- hour psychiatric hospitalization due to threat of harm to self, others, or being gravely disabled.
  3. Administrative Support means individual(s) who is/are responsible for providing a broad range of office support to program and management staff that includes: answering and directing phone calls, writing correspondences, entering data in spreadsheets, preparing invoices for payment, maintaining tracking reports and files, and working on special projects, as

assigned.

4. Admission means documentation, by CONTRACTOR, for completion of entry and evaluation services provided to Clients into IRIS.

5. Care Coordinator means an individual with a Bachelor's degree in human services or related field who will be responsible for developing and leading the Child and Family Team (CFT) and guiding the evolution of a Plan Of Care (POC) for a Client.

6. Client means any individual, referred or enrolled, for services under the Contract who is living with mental, emotional, or behavioral disorders.

7. Co-occurring means the presence of BOTH a mental health diagnosis, according to the DSM-5/ICD-10, AND either a substance use disorder OR a medical condition which is either exacerbated by, or the result of, a mental health diagnosis.

8. Credentialing is the uniform process for verifying, through a primary source, the education, training, experience, licensure and overall qualifications of behavioral health and substance use disorder service providers that plan to deliver Medi-Cal covered services. Any new hire will be required to complete credentialing prior to providing any services.

9. Crisis Assessment Team (CAT) means the team of behavioral health specialists operated by the COUNTY to provide community-based assessment and intervention for youth or adults in mental health or psychiatric crisis, operating 24/7. The CAT serves as the central point for locating psychiatric hospital beds for youth and adults and facilitating admission for those who require this level of care.

10. Crisis Intervention means a service, lasting less than twenty-four (24) hours that is provided to or on the behalf of a Client for a condition that requires more timely response than a regularly scheduled visit. Service activities may include, but are not limited to: assessment, individual therapy, collateral therapy, family therapy, case management, and psychiatric evaluation.

11. Crisis Stabilization Unit (CSU) means a psychiatric crisis stabilization program that operates twenty-four (24) hours a day and seven (7) days a week that serves Orange County residents who are experiencing a psychiatric crisis and need immediate evaluation and stabilization. Individuals receive a thorough psychiatric evaluation, crisis stabilization treatment, and referral to the appropriate level of continuing care. As a designated outpatient facility, the CSU may evaluate and treat individuals for no longer than twenty-three (23) hours and fifty-nine (59) minutes.

12. Data Collection System means software used for the collection, tracking, and reporting of data.

13. Diagnosis means identifying the nature of a Client's disorder. When formulating the Diagnosis of a Client, CONTRACTOR shall use the diagnostic codes as specified in the most current International Classification of Diseases–Clinical Modification (ICD-CM) and further defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association. DSM diagnoses will be recorded on all IRIS documents, as appropriate.

14. Direct Service Hours (DSH) means the time measured in minutes and portion of hours that a clinician spends providing services to Clients or significant others on behalf of Clients. DSH credit, both billable and non-billable minutes, is obtained by providing mental health, case management, medication support, and crisis intervention services to Clients open in Integrated Records and Information System (IRIS) which includes both billable and non-billable services.

15. Early Periodic Screening Diagnostic and Treatment (EPSDT) means the State of California's implementation of the Federal child health component of Medicaid program which provides physical, mental, and developmental health services for children and young adults.

16. Full Service Partnership (FSP) means a program model described in COUNTY's

Behavioral Health Services Act (BHSA) plan that has been approved by the State. The BHSA plan describes how COUNTY will use BHSA funds to develop and implement treatment plans for mental health Clients through an FSP. An FSP is an evidence-based and strength-based model with the focus on the individual rather than the disease. Provided services are culturally competent, provided either in-home or in the community, intensive, mental health care coordination services that will address individual and family needs as applicable, across all life domains of the Client.

17. Head of Service means an individual ultimately responsible for overseeing the program and is required to be licensed as a mental health professional.

18. Intake means the initial meeting between a Client and CONTRACTOR's staff, and includes an evaluation of the Client to determine if the Client meets program criteria and is willing to seek services.

19. Integrated Records Information System (IRIS) means the ADMINISTRATOR's database system that collects Clients' information such as registration, scheduled appointments, laboratory information system, invoice and reporting capabilities, compliance with regulatory requirements, electronic medical records, and other relevant applications.

20. Licensed Clinical Social Worker (LCSW) means a licensed individual, pursuant to the provisions of Chapter 14 of the California Business and Professions Code, who can provide clinical services to Clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and TAY.

21. Licensed Marriage Family Therapist (LMFT) means a licensed individual, pursuant to the provisions of Chapter 13 of the California Business and Professions Code, who can provide clinical services to Clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and TAY.

22. Licensed Professional Clinical Counselor (LPCC) means a licensed individual, pursuant to the provisions of Chapter 16 of the California Business and Professions Code, who can provide clinical service to Clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and TAY.

23. Licensed Psychiatric Technician (LPT) means a licensed individual, pursuant to the provisions of Chapter 10 of the California Business and Professions Code, who can provide clinical services to Clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and TAY.

24. Licensed Psychologist means a licensed individual, pursuant to the provisions of Chapter 6.6 of the California Business and Professions Code, who can provide clinical services to Clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and TAY.

25. Licensed Vocational Nurse (LVN) means a licensed individual, pursuant to the provisions of Chapter 6.5 of the California Business and Professions Code, who can provide clinical services to Clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and TAY.

26. Live Scan means an inkless, electronic fingerprint which is transmitted directly to the Department of Justice (DOJ) for the completion of a criminal record check, typically required of employees who have direct contact with Clients.

27. Medi-Cal means the State of California's implementation of the Medicaid health care program which pays for a variety of medical services for children and adults who meet eligibility criteria for these services.

28. Medical Necessity means diagnosis, impairment, and intervention related criteria as defined in the COUNTY's Behavioral Health Plan (BHP) under Medical Necessity for Medi-Cal reimbursed Specialty Mental Health Services (SMHS).

29. Mental Health Services means an individual or a group therapy and intervention being provided to Clients that is designed to reduce mental disability and restores or improves daily functioning. These Mental Health Services must be consistent with goals of learning and development, as well as independent living and enhanced self-sufficiency. In addition, these services cannot be provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to: assessment, plan development, rehabilitation, and collateral. Also, Mental Health Services may be either Face-to-Face Contact, or by telephone or telehealth with Clients or significant support individuals, and services may be provided anywhere in the community.

a. Assessment means a service activity, which may include a clinical analysis of the history and current status of a Client's mental, emotional, behavioral disorder, and relevant cultural issues. The Assessment also needs to include history of services being provided, diagnosis, and use of testing procedures.

b. Collateral means significant support individual(s) in a Client's life and is/are used to define services provided to the Client with the intent of improving or maintaining the mental health status of the Client. The Client may or may not be present for this service activity.

c. Co-Occurring can refer to dual diagnoses of different conditions occurring within the same individuals. In this case, it refers to clients who have substance use disorders as well as mental health disorders.

d. Intensive Care Coordination (ICC) means a medically necessary service provided to Medi-Cal beneficiaries under the EPSDT benefit. ICC includes assessment, care planning and coordination of services across child services systems and providers, including intensive services for children/youth who meet the PWB (formerly Katie A.) Subclass criteria.

e. Intensive Home-Based Services (IHBS) means a medically necessary service provided to Medi-Cal beneficiaries under the EPSDT benefit. IHBS are individualized, strength-based mental health rehabilitative treatment interventions designed to ameliorate mental health conditions that interfere with a client's functioning. IHBS are provided only in conjunction with ICC and are recommended by the CFT. IHBS is also provided to the PWB Subclass population.

f. Medication Support Services means services provided by licensed physicians, nurse practitioners, registered nurses, or other qualified medical staff, which include: prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate symptoms of mental illness. These services also include evaluation and documentation of the clinical justification and effectiveness of medication, dosage, side effects, compliance, and response to medication. In addition, the licensed physicians, nurse practitioners, registered nurses, or other qualified medical staff must obtain informed consent from Clients prior to providing medication education and plan development related to the delivery of these services and/or assessment to Clients.

g. Rehabilitation Service means an activity which includes assistance to improving, maintaining, or restoring a Client's or group of Clients' functional skills, daily living skills, social and leisure skill, grooming and personal hygiene skills, meal preparation skills, support resources and/or medication education.

h. Targeted Case Management (TCM) means services that assist a Client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These service activities may include, but are not limited to: communicating and coordinating services through referral; monitoring service delivery to ensure Clients' access to service and the service delivery system; and tracking of Clients' progress and plan development.

i. Therapeutic Behavioral Services (TBS) means one-on-one behavioral interventions with a Client, which is designed to reduce or eliminate targeted behaviors as identified in the Client's treatment plan. Collateral services are also provided to parent(s)/guardian(s) as part of TBS. Clients must be Medi-Cal eligible and meet TBS class membership and service need requirements. Documentation in the medical record must support Medical Necessity for these intensive services. Cases in which Clients are receiving more than twenty (20) hours per week of TBS or those who are expected to receive more than four months (120 days) of TBS must be approved by ADMINISTRATOR. ADMINISTRATOR has to approve individuals that are delivering these intervention services to ensure they are qualified to deliver these services.

j. Therapy means a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to a Client or a group of Clients, which may include family therapy with Client being present.

k. Mental Health Worker means an individual who has obtained a Bachelor's degree in a mental health field or has a high school diploma along with two (2) years of experience delivering services in a mental health field.

l. Mentoring Services means non-clinical interventions provided to a client by a screened and trained mentor, in conjunction with the therapeutic services being received, to help the client reach a treatment goal, become independent and self-sufficient. The mentor is a peer or older, more experienced individual who provides one-to-one contact and support in the following areas to assist Client(s)/parent(s)/guardian(s): consistent support, guidance, and coaching in life skills, concrete help and/or other relationship-building activities, and linking the Client(s)/parent(s)/guardian(s) to other services within the COUNTY.

m. Plan Development means a service activity to develop or update a client's course of treatment, documentation of the recommended course of treatment, and monitoring a client's progress.

n. Therapeutic Foster Care (TFC) consists of intensive and highly coordinated mental health and support services provided to a foster parent or caregiver in which the foster parent/caregiver becomes an integral part of the child's treatment team.

30. National Provider Identifier (NPI) means the standard unique health identifier that was adopted by the Secretary of HHS under HIPAA of 1996 for health care providers. All HIPAA covered healthcare providers, individuals, and organizations must obtain an NPI for use to identify themselves in HIPAA standard transactions. The NPI is assigned for life.

31. Notice Of Adverse Benefit Determination (NOABD) means a Medi-Cal requirement that informs the beneficiary that she/he is not entitled to any SMHS. The COUNTY has expanded the requirement for an NOABD to all beneficiaries requesting an assessment for services and found not to meet the Medical Necessity criteria for SMHS.

32. Notice of Privacy Practices means a document that notifies Clients of uses and disclosures of PHI. The NPP may be made by, or on behalf of, the health plan or health care provider as set forth in HIPAA.

33. Nurse Practitioner means a medical professional with an advanced degree in nursing that performs a variety of duties in care settings focused around a nursing model.

34. Outreach means linking potential Clients to appropriate mental health services within

the community. Outreach activities will include educating the community about the services offered and requirements for participation in the programs. Such activities may result in the CONTRACTOR developing referral sources for Clients from various programs being offered within the community.

35. Parent Partner means an individual who supports and assists other parent(s)/guardian(s) with children or youth in the system and is hired due to his/her own personal experience and knowledge in raising a child or youth with emotional/behavioral disturbance. For Wraparound Orange County, it is required that this individual has exposure to COUNTY's Welfare Services, Probation, or Mental Health System and can provide support to the Family Team and the parent(s)/guardian(s) in particular.

36. Pathways to Well-Being (PWB) subclass refers to the lawsuit, Katie A. et al. v. Bonta et al., a class action lawsuit filed in Federal District Court concerning the availability of intensive mental health services to children in California who are either in foster care or at imminent risk of coming into care.

37. Plan Of Care means a written plan, including by reference any Juvenile Court order(s), developed and signed by the Family Team that includes the following elements:

- a. A statement of an overall goal or vision for the Client and Client's family.
- b. The strengths of the Client and Client's family.
- c. The needs, as defined by specific life areas that must be met to achieve the goal(s) of the Client and Client's family.
- d. Prevention and intervention Safety Plans.
- e. The type, frequency, and duration of intervention strategies.
- f. Financial responsibility for the components of the POC.
- g. Desired outcomes.

38. Protected Health Information (PHI) or Personally Identifiable Information (PII) means individually identifiable health information usually transmitted through electronic media. PHI/PII can be maintained in any medium as defined in the regulations, or for an entity such as a health plan, transmitted or maintained in any other medium. It is created or received by a covered entity and is related to the past, present, or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present, or future payment for health care provided to an individual.

39. Pre-Licensed Psychologist means an individual who has a Ph.D. or Psy.D. in Clinical Psychology and is registered with the Board of Psychology as a Registered Psychologist or Psychological Assistant, while acquiring hours for licensing and providing services under a waiver in accordance with WIC section 575.2. The waiver may not exceed five (5) years.

40. Pre-Licensed Therapist means an individual who has a Master's Degree in social work or MFT, PCC and is registered with the BBS as an associate clinical social worker, PCC intern, or MFT intern, while acquiring hours for licensing. Registration is subject to regulations adopted by BBS.

41. Program Director means an individual who is responsible for all aspects of administration and clinical operations of the mental health program, including development and adherence to the annual budget. This individual will also be responsible for the following: hiring, development and performance management of professional and support staff, and ensuring mental health treatment services are provided in concert with local and state rules and regulations.

42. Psychiatrist means an individual who meets the minimum professional and licensure requirements set forth in Title 9, CCR, Section 623, and, preferably, has at least one (1) year of experience treating children and TAY.

43. Psychology Student or Psychology Intern means an individual who is in school

pursuing a Ph.D. or Psy.D. in Clinical Psychology, and may or may not meet the criteria for a DHCS Waiver in order to provide services in accordance with DHCS Information Letter No. 10-03. The waiver may not exceed (5) years.

44. Quality Improvement Committee (QIC) means a committee that meets quarterly to review one percent (1%) of all "high-risk" Medi-Cal Clients in order to monitor and evaluate the quality and appropriateness of services provided. At a minimum, the committee is comprised of one (1) ADMINISTRATOR, one (1) clinician, and one (1) physician who are not involved in the clinical care of the cases.

45. Quality Management Services (QMS) is a Behavioral Health Services (BHS) function area that supports managed care programs, the Behavioral Health Plan, and the Drug Medi-Cal Organized Delivery System to ensure compliance with all Federal, State and Local regulations.

46. Referral means effectively linking Clients to other services within the community and documenting follow-up provided within five (5) business days to assure that Clients have made contact with the referred service(s).

47. Registered Nurse means a licensed individual, pursuant to the provisions of Chapter 6 of the California Business and Professions Code, who can provide clinical services to Clients. The license must be current and in force, and has not been suspended or revoked. Also, it is preferred that the individual has at least one (1) year of experience treating children and TAY.

48. Serious Emotional Disturbance (SED) means a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's (under the age of 18) age according to expected developmental norms. W&I 5600.3.

49. Serious Mental Impairment (SMI) means an adult with a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. W&I 5600.3.

50. Short-Term Residential Therapeutic Programs (STRTP) means a residential facility operated by a public agency or private organization and licensed by the California Department of Social Services pursuant to Section 1562.01 that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to children with the aim of moving the youth to a less restrictive environment within six (6) months. The care and supervision provided by a short-term residential therapeutic program shall be nonmedical, except as otherwise permitted by law. Private STRTPs shall be organized and operated on a nonprofit basis.

51. Student Intern means student(s) currently enrolled in an accredited graduate or undergraduate program and is/are accumulating supervised work experience hours as part of field work, internship, or practicum requirements. Acceptable programs should include programs that will assist students in meeting the educational requirements to be a LMFT, a LCSW, a Licensed Clinical Psychologist, a LPCC, or to obtain a Bachelor's degree. Individuals with graduate degrees and have two (2) years of full-time experience in a mental health setting, either post-degree or as part of the program leading to the graduate degree, are not considered as students.

52. Token means the security device which allows an end-user to access the ADMINISTRATOR's computer based IRIS.

53. Transition Age Youth (TAY) means an individual aged 16 through 25 years of age, until the individual turns 26.

54. Uniform Method of Determining Ability to Pay (UMDAP) means the method used for determining the annual Client liability for mental health services received from the COUNTY's mental health system and is set by the State of California.

55. W6000 – Voluntary admission of a minor to a mental hospital by the minor's parents, or by the parent, guardian, conservator, or other person entitled to the minor's custody pursuant to Welfare and Institutions Code Section 6000(a)(2), (b)–(d), and/or (f) –(i).

56. Wraparound Orange County (WOC) means the wraparound program administered by the COUNTY SSA and is available to children and TAY who are returning from or being considered for placement in out of home care.

57. Wrap Supervisor means a licensed or licensed eligible individual who is responsible for supervising and training of Wraparound model integrity and documentation compliance, which includes monitoring, service utilization, reviewing monthly reports, POC, Prevention and Safety Plans, and provide feedback to Care Coordinators, Parent Partners and Youth Partners. Also, it is preferred that the individual has at least one (1) year of experience treating children and TAY.

58. Youth Partner/Specialist means an individual who has a high school diploma, preferably a bachelor's degree in human services or a related field, and has a background working with children and TAY. This individual is to provide consistent, reinforcing support to Clients by allowing opportunities for Clients to learn and practice social behavior, problem solving skills, and coping skills. It is preferred that when hiring for this position the candidate have personal experience with a behavioral/emotional disturbance.

B. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Common Terms and Definitions Paragraph of this Exhibit A to the Contract.”

9. Exhibit A, Paragraph II. Budget, Subparagraph E., of the Contract is deleted in its entirety and replaced with the following:

“A. Periods Three, Four and Five are paid through a Fee for Service Structure, as outlined in the Payments Paragraph of this Exhibit A to the Contract. The Total Amount Not to Exceed is listed for reference. For Periods One and Two, COUNTY shall pay CONTRACTOR monthly, in arrears, the actual costs of providing services each month. CONTRACTOR and ADMINISTRATOR mutually agree that the Total Amount Not to Exceed identified in Subparagraph 2.A. of this Exhibit A to the Contract includes Indirect Costs not to exceed fifteen percent (15%) of Direct Costs, and which may include operating income estimated at two percent (2%). For the aforementioned periods, final settlement paid to CONTRACTOR shall include Indirect Costs and such Indirect Costs may include operating income.”

10. Exhibit A, Paragraph II. Budget, Subparagraph E., of the Contract is deleted in its entirety and replaced with the following:

“E. BUDGET/STAFFING MODIFICATIONS - CONTRACTOR shall make written application to ADMINISTRATOR, in advance, for the purpose of meeting specific program needs or for providing continuity of care to its members, by utilizing a Budget/Staffing Modification Request form provided by ADMINISTRATOR. CONTRACTOR shall submit a properly completed Budget/Staffing Modification Request to ADMINISTRATOR for consideration, in advance, which shall include a justification narrative specifying the purpose of the request, the amount of said funds to be shifted, and the sustaining impact of the shift as may be applicable to the current contract period and/or future contract periods. CONTRACTOR shall obtain written approval of any Budget/Staffing Modification Request(s)

from ADMINISTRATOR prior to implementation by CONTRACTOR. Failure of CONTRACTOR to obtain written approval from ADMINISTRATOR for any proposed Budget/Staffing Modification Request(s) may result in disallowance of those costs.”

11. Exhibit A, Paragraph IV. Reports, of the Contract is deleted in its entirety and replaced with the following:

**“IV. REPORTS**

A. CONTRACTOR shall maintain records and make statistical reports available as required by ADMINISTRATOR and the DHCS on forms provided by either agency.

B. FISCAL

1. CONTRACTOR shall submit monthly Expenditure and Revenue Reports to ADMINISTRATOR. These reports shall be on a form acceptable to, or provided by, ADMINISTRATOR and shall report all billable services entered into IRIS at the time of invoice submission for services described in the Services Paragraph of this Exhibit A to the Contract. Any changes, modifications, or deviations must be approved in advance and in writing by ADMINISTRATOR and annotated on the monthly Expenditure and Revenue Report or said cost deviations may be subject to disallowance. Such reports shall be received by ADMINISTRATOR no later than twenty (20) calendar days following the end of the month being reported.

C. ADDITIONAL REPORTS – Upon ADMINISTRATOR’s request, CONTRACTOR shall make such additional reports available as required by ADMINISTRATOR concerning CONTRACTOR’s activities as they affect the services hereunder. ADMINISTRATOR shall be specific as to the nature of information requested and allow up to thirty (30) calendar days for CONTRACTOR to respond.

D. CONTRACTOR must request in writing any extensions to the due date of the monthly required report. If an extension is approved by ADMINISTRATOR, the total extension will not exceed more than five (5) calendar days.

E. CONTRACTOR agrees to enter psychometrics into COUNTY’s EHR system as requested by ADMINISTRATOR. Said psychometrics are for COUNTY’s analytical uses only and shall not be relied upon by CONTRACTOR to make clinical decisions. CONTRACTOR agrees to hold COUNTY harmless, and indemnify pursuant to Section XIV, from any claims that arise from non-COUNTY use of said psychometrics.

F. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Reports Paragraph of this Exhibit A to the Contract.”

12. Exhibit A, Paragraph V. Services, Subparagraph A.3b through Subparagraph H., of the Contract are deleted in their entirety and replaced with the following:

“b. CONTRACTOR shall provide twenty-four (24) hour crisis intervention services and provide a plan for twenty-four (24) hour psychiatric emergency services to minors which includes informing Clients and their families whom to contact for emergency services when the CONTRACTOR’s facility is closed. In an effort to prevent psychiatric hospitalization or to stabilize a crisis, CONTRACTOR shall provide in person response to crisis calls during and after business hours.

4. Upon COUNTY’s certification of the provider’s existing site, the CONTRACTOR shall be responsible for making any necessary changes to meet Medi-Cal site standards.

B. INDIVIDUALS TO BE SERVED – CONTRACTOR shall provide the services hereunder

to Clients, between the ages of 0 through 20 (until 21st birthday) and their families, who have been referred or approved by ADMINISTRATOR. Services to Clients shall be individualized and delivered in the language preferred by the Client.

#### C. WRAPAROUND BEHAVIORAL HEALTH OUTPATIENT SERVICES

1. CONTRACTOR shall provide targeted case management, therapy, medication support services, crisis intervention, assessment, and rehabilitation services to Clients identified by the Orange County SSA as eligible for Wraparound services.

2. CONTRACTOR shall provide community-based intervention services that emphasize the strengths of the child and family and include the delivery of coordinated, highly individualized, unconditional services to address needs and achieve positive outcomes in their lives.

3. CONTRACTOR shall identify Clients who may be eligible to receive intensive mental health services as members under Pathways to Well-Being or Clients with more intensive needs who are in, or at risk of, placement in residential or hospital settings, but could be effectively served in the home and community. CONTRACTOR will use the "Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), & Therapeutic Foster Care for Medi-Cal Beneficiaries" to determine eligibility, provide services, and guide documentation of these services. CONTRACTOR will coordinate with COUNTY on all aspects of mental health services provided to Pathways to Well-Being Clients. CONTRACTOR may act as the mental health representative in CFT meetings if needed.

4. CONTRACTOR shall open a Medi-Cal case and complete a Psychosocial Assessment for all Clients who are eligible for and/or should be eligible for Medi-Cal. The Psychosocial Assessment shall be used to determine medical necessity, eligibility for Wrap services, and to identify Clients who meet Pathways to Well-Being Subclass or ICC/IBHS services criteria but who may not have been identified previously. The Psychosocial Assessment shall be updated as clinically appropriate or at least once every three years.

5. CONTRACTOR will assess all Clients for Substance Use Disorders (SUD) and diagnose SUD as appropriate. Clients may be linked to a Drug Medi-Cal provider but CONTRACTOR is also expected to have the competency and abilities to treat co-occurring disorders.

6. CONTRACTOR shall complete an annual review of the ICC/IHBS Care Plan for all eligible Wraparound Clients when due.

7. CONTRACTOR shall obtain advance written approval from SSA for all Medi-Cal eligible Clients that CONTRACTOR will not bill Medi-Cal for, in any given month.

8. CONTRACTOR shall conduct Supervisory Reviews at a minimum of once per month in accordance with procedures developed by ADMINISTRATOR. CONTRACTOR shall ensure that all file documentation complies with all Federal, State and local guidelines and standards for a Representative Payee. CONTRACTOR shall ensure that all chart documentation is completed within the appropriate timelines.

9. Contractor shall ensure that every Client is engaged in behavioral health treatment appropriate to his/her diagnosis and level of distress. Clinicians, psychiatrist, and others providing SMHS will be included on the Wrap team unless otherwise approved in writing by ADMINISTRATOR.

#### D. CONTRACTOR RESPONSIBILITIES

1. CONTRACTOR shall ensure that all staff are trained and have a clear understanding of CONTRACTOR's administrative and program P&Ps. CONTRACTOR shall provide signature confirmation of its P&P training for each staff member and place in their personnel files.

2. CONTRACTOR shall ensure that all staff complete the COUNTY's Annual Provider Training, and staff responsible for input into IRIS complete IRIS New User Training.

3. CONTRACTOR shall ensure that Annual Compliance Training is completed as set forth in Subparagraph C. of the Compliance Paragraph of the Contract.

4. CONTRACTOR shall agree to adopt and comply with the written Quality Improvement Implementation Plan and procedures provided by ADMINISTRATOR which describe the requirements for quality improvement, supervisory review, and medication monitoring.

5. CONTRACTOR shall agree to adopt and comply with the documentation standards as per ADMINISTRATOR's Standards of Care practices; P&P's, New Provider Training, Annual Provider Training; DHCS State Contract; Title IX; the State EPSDT Documentation Manual; the State EPSDT TBS Documentation Manual; Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) & Therapeutic Foster Care (TFC) for Medi-Cal Beneficiaries, and the EPSDT TBS Coordination of Care Best Practices Manual as provided by ADMINISTRATOR, which describe, but are not limited to, the requirements for Medi-Cal and ADMINISTRATOR charting standards; and any State regulatory requirements.

6. CONTRACTOR shall regularly review their charting, IRIS data input, and invoice systems to ensure compliance with COUNTY and State P&Ps and establish mechanisms to prevent inaccurate claim submissions.

7. CONTRACTOR shall maintain on file at the facility minutes and records of all quality improvement meetings and processes. Such records and minutes shall also be subject to regular review by ADMINISTRATOR in the manner specified in the Quality Improvement Implementation Plan and ADMINISTRATOR's P&Ps.

8. CONTRACTOR shall attend:

a. Case conferences, as requested by ADMINISTRATOR to address any aspect of clinical care.

b. Monthly meetings with ADMINISTRATOR to discuss contractual and other issues related to, but not limited to compliance with P&Ps, statistics and clinical services.

c. Clinical staff training for individuals by ADMINISTRATOR. Such training shall be conducted by CONTRACTOR and/or ADMINISTRATOR.

d. Quarterly QIC meetings.

e. CONTRACTOR will attend CFT meetings in order to ensure collaboration between multidisciplinary team and to best support Client's needs. Clinician will attend CFT meetings monthly and administer, interpret and review the Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist 35 (PSC-35).

9. CONTRACTOR shall allow ADMINISTRATOR to attend, and if necessary conduct, QIC and medication monitoring meetings.

#### E. PERFORMANCE OUTCOMES

1. CONTRACTOR shall complete Performance Outcome Measures as required by State and/or COUNTY.

2. ADMINISTRATOR shall develop and provide CONTRACTOR with performance outcome measure guidelines for the purpose of evaluating the impact and/or contribution of CONTRACTOR's services on the well-being of COUNTY residents being served under the terms of the Contract. The expected outcomes for the Monitoring Plan are to enable Clients to adaptively function at a higher and more appropriate level and to provide a quantifiable and repeatable measure to assess overall program effectiveness.

3. CONTRACTOR shall cooperate in data collection in order to develop baseline figures for future evaluation and report performance in terms of Client satisfaction, length of stay, and duration of services.

F. TOKENS – ADMINISTRATOR shall provide CONTRACTOR the necessary number of Tokens for appropriate individual staff to access IRIS at no cost to the CONTRACTOR.

1. CONTRACTOR recognizes Tokens are assigned to a specific individual staff member with a unique password. Tokens and passwords will not be shared with anyone.

2. CONTRACTOR shall maintain an inventory of the Tokens, by serial number and the staff member to whom each is assigned.

3. CONTRACTOR shall indicate in the monthly staffing report, the serial number of the Token for each staff member assigned a Token.

4. CONTRACTOR shall return to ADMINISTRATOR all Tokens under the following conditions:

- a. Token of each staff member who no longer supports the Contract;
- b. Token of each staff member who no longer requires access to IRIS;
- c. Token of each staff member who leaves employment of CONTRACTOR; or
- d. Token is malfunctioning;
- e. Termination of the Contract.

5. ADMINISTRATOR shall issue Tokens for CONTRACTOR's staff members who require access to IRIS upon initial training or as a replacement for malfunctioning Tokens.

6. CONTRACTOR shall reimburse the COUNTY for Tokens lost, stolen, or damaged through acts of negligence.

7. CONTRACTOR shall input all IRIS data following COUNTY procedure and practice. All statistical data used to monitor CONTRACTOR shall be compiled using only COUNTY IRIS reports, if available, and if applicable.

G. CONTRACTOR shall obtain a NPI.

1. All HIPAA covered healthcare providers, individuals and organizations must obtain a NPI for use to identify themselves in HIPAA standard transactions.

2. CONTRACTOR, including each employee that provides services under the Contract, will obtain a NPI upon commencement of the Contract or prior to providing services under the Contract.

CONTRACTOR shall report to ADMINISTRATOR, on a form approved or supplied by ADMINISTRATOR, all NPI as soon as they are available.

H. CONTRACTOR shall provide the NPP for the COUNTY, as the BHP, at the time of the first service provided under the Contract to individuals who are covered by Medi-Cal and have not previously received services at a COUNTY operated clinic. CONTRACTOR shall also provide, upon request, the NPP for the COUNTY, as the BHP, to any individual who received services under the Contract.”

13. Exhibit A, Paragraph VI. Staffing, Subparagraph B., of the Contract is deleted in its entirety and replaced with the following:

“B. CONTRACTOR shall include bilingual/bicultural services to meet the needs of threshold languages as determined by COUNTY. Whenever possible, bilingual/bicultural staff should be retained. Any vacancies occurring at a time when bilingual and bicultural composition of the clinical staffing does not meet the above requirement must be filled with bilingual and bicultural staff unless ADMINISTRATOR consents, in writing, to the filling of those positions with non-bilingual staff.”

- 14. Exhibit A, Paragraph VI. Staffing, Subparagraphs I.2. and I.3., of the Contract are deleted in their entirety.
- 15. Exhibit D attached hereto is added to the Contract as Exhibit D.

This Amendment No. 4 modifies the Contract, including all previous amendments, only as expressly set forth herein. Wherever there is a conflict in the terms or conditions between this Amendment No. 4 and the Contract, including all previous amendments, the terms and conditions of this Amendment No. 4 prevail. In all other respects, the terms and conditions of the Contract, including all previous amendments, not specifically changed by this Amendment No. 4 remain in full force and effect.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE**

IN WITNESS WHEREOF, the Parties have executed this Amendment No. 4. If Contractor is a corporation, Contractor shall provide two signatures as follows: 1) the first signature must be either the Chairman of the Board, the President, or any Vice President; 2) the second signature must be either the Secretary, an Assistant Secretary, the Chief Financial Officer, or any Assistant Treasurer. In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution or by-laws demonstrating the legal authority of the signature to bind the company.

**Contractor: Olive Crest**

Donald A. Verleur	CEO
_____ Print Name	_____ Title
<small>Signed by:</small> <i>Donald A. Verleur</i>	3/11/2026
_____ <small>7791E411851B478...</small>	_____ Date

**County of Orange**, a political subdivision of the State of California

Purchasing Agent/Designee Authorized Signature:

_____ Print Name	_____ Title
_____ Signature	_____ Date

**APPROVED AS TO FORM**  
OFFICE OF THE COUNTY COUNSEL  
ORANGE COUNTY, CALIFORNIA

Brittany McLean	Deputy County Counsel
_____ Print Name	_____ Title
<small>Signed by:</small> <i>Brittany McLean</i>	3/12/2026
_____ <small>71CFE638662E411...</small>	_____ Date



EXHIBIT D  
TO MASTER CONTRACT FOR PROVISION OF  
WRAPAROUND MENTAL HEALTH OUTPATIENT SERVICES  
BETWEEN  
COUNTY OF ORANGE  
AND  
OLIVE CREST  
JULY 1, 2026 THROUGH JUNE 30, 2028  
SEE ATTACHMENT

HOMELESS SERVICE SYSTEM PILLARS ATTESTATION

## Commission to End Homelessness Homeless Service System Pillars Attestation



### Background:

The Commission to End Homelessness developed the Homeless Service System Pillars Report, which includes four pillars – Prevention, Outreach & Supportive Services, Shelter, and Housing – that provide key interventions to assist individuals and families at risk of homelessness or experiencing homelessness. The Homeless Service System Pillars Report provides a definition and goal for each pillar thus establishing a collective understanding of the interventions, programming and outcomes expected for each pillar. Additionally, the Homeless Service System Pillars Report identifies the best practices, principles, and commitments to be followed by each Pillar.



On October 18, 2022, the Orange County Board of Supervisors received the Commission to End Homelessness' Homeless Service System Pillars Report and also directed the Homeless Service System Pillars Report be utilized as a framework in the design and development of programs that address the needs of individuals and families at risk of homelessness or experiencing homelessness across the County of Orange.

The Homeless Service System Pillars Report can be found here:

- Full Report - <https://ceo.ocgov.com/sites/ceo/files/2022-11/CEO-DCEO22-000856%20Attachment%20A.pdf>
- Summary Document - <https://ceo.ocgov.com/sites/ceo/files/2023-02/Pillars.pdf>

**EXHIBIT X**

Commission to End Homelessness  
Homeless Service System Pillars Attestation



Please select which of the Homeless Service System Pillar(s) that applies to the services being proposed/bid.

- PREVENTION
- OUTREACH & SUPPORTIVE SERVICES
- SHELTER
- HOUSING

Please provide a brief description to outline how your proposal/bid meets the best practices and guiding principles of the selected Homeless Service System Pillar(s). If additional space is needed, please attach separate pages to this Exhibit X.

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
The delivery of High-Fidelity Wraparound services to young people will mitigate the risk factors that increase homelessness. We utilize the 10 principles of High Fidelity Wraparound to guide our work with participants. Whenever possible, we assign a team that best aligns with the cultural needs of the person. We also match the linguistic requirements. Teams are trained to meet people where they are, both literally and figuratively. We deliver services, face-to-face, in the community. They understand that we must first build relationship and trust with participants before they will partner with the team to work towards self-sufficiency. We also know that change is not a linear process. Participants can not always engage consistently due to stressors in their lives. We aim to remove barriers to engagement and we allow participants to join at a pace that feels comfortable for them. We develop an individualized plan that focuses on the participant's goals and works toward decreased systems dependence. The plan is built on the strengths of the participant and intentionally includes the natural support systems in their community. When the person, their support system, and the team focus on all domains of wellness, the participant is more likely to avoid homelessness, become housed, or remain housed.

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# Commission to End Homelessness Homeless Service System Pillars Attestation



1. Provider recognizes the Commission to End Homelessness as an advisory body to the Orange County Board of Supervisors, was created to advise on policy and direction related to addressing homelessness in Orange County.

Initial 

2. Provider acknowledges that the Commission to End Homelessness created the Homeless Service System Pillars Report with the assistance of local and national industry experts and people with lived experience to establish a collective understanding of the interventions, programming and outcomes expected for each pillar. Additionally, the Homeless Service System Pillars Report also identifies the best practices, principles, and commitments to be followed by each Pillar.

Initial 

3. Provider acknowledges that the Homeless Service System Pillar Report was received and filed by the Orange County Board of Supervisors during the October 16, 2022, meeting. The Orange County Board of Supervisors directed the use of the Homeless Service System Pillars Report be utilized as a framework in the design and development of programs that address the needs of individuals and families at risk of homelessness or experiencing homelessness across the County of Orange.

Initial 

4. Provider recognizes that through the solicitation process for the proposed project, services must clearly demonstrate and meet the definition, goal, best practices, and guiding principles of the above checked Homeless Service System Pillar(s), based on the Commission to End Homelessness' Homeless Service System Pillars Report.

Initial 

5. Provider attests the contract renewal submitted meets the standards of identified best practices and guiding principles defined in the Commission to End Homelessness' Homeless Service System Pillar Report. Provider also acknowledges that they may be asked to report and/or demonstrate their adherence to the above stated at any point during the duration of the Contract.

  
(Signature Required)

2-24-26  
(Date)