



AMENDMENT NO. 4
TO
CONTRACT NO. MA-042-20010886
FOR
EARLY CHILDHOOD AND YOUTH MENTAL HEALTH CONSULTATION SERVICES

This Amendment No. 4 to Contract No. MA-042-20010886 for Early Childhood and Youth Mental Health Consultation Services is made and entered into on September 29, 2021 ("Effective Date") between Charitable Ventures of Orange County ("Contractor"), with a place of business at 1505 E. 17th St., Ste. 101, 118, 219, and 221, 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-042-20010886 ("Contract") for Early Childhood Mental Health Consultation Services, effective March 15, 2020 through June 30, 2022, in an amount not to exceed \$1,999,999, renewable for two additional one-year periods; and

WHEREAS, the Parties executed Amendment No. 1 to amend Exhibit A of the Contract to modify the facility address that includes space to support the services for the period of May 11, 2020 through June 30, 2022; and

WHEREAS, the Parties executed Amendment No. 2 to amend Exhibit A of the Contract to modify the Budget paragraph for the period of March 15, 2020 through June 30, 2022; and

WHEREAS, the Parties executed Amendment No. 3 to increase the Period Three Maximum Obligation by \$140,302, for a revised cumulative Contract total not to exceed \$2,140,301, to cover the costs to expand the services for a larger age group population and to amend Exhibit A of the Contract to reflect the expansion in services and increase in costs of the Contract; and

WHEREAS, the Parties now desire to enter into this Amendment No. 4 to increase the Period Three Maximum Obligation to cover the costs for early psychosis spectrum consultation services as a result of COVID-19 and to expand the services for a larger age group population, to amend Exhibit A to reflect the expansion in services and increase in costs of the Contract, and to change the name of this Contract and of the services provided to reflect the expansion in services.

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

1. The name of this Contract and of the services provided under this Contract is changed from "Early Childhood Mental Health Consultation Services" to "Early Childhood and Youth Mental Health Consultation Services".
2. The Period Three Maximum Obligation is increased by \$1,000,000 from \$1,000,000 to \$2,000,000, for a revised cumulative Contract total amount not to exceed \$3,140,301.

3. Referenced Contract Provisions, Maximum Obligation provision, of the Contract is deleted in its entirety and replaced with the following:

“Maximum Obligation:

Period One Maximum Obligation:	\$ 280,603
Period Two Maximum Obligation:	859,698
Period Three Maximum Obligation:	2,000,000
TOTAL MAXIMUM OBLIGATION:	\$3,140,301”

4. Exhibit A, I. Common Terms and Definitions, subparagraphs AC. through AF. are added to the Contract as follows:

“AC. Clinical high-risk (CHR) means an array of mental and behavioral health challenges (e.g., attenuated psychosis symptoms, depression, anxiety, impaired social and role functioning, trauma, etc.) that is also linked to increased risk for the development of escalating conditions such as schizophrenia.

AD. Early Psychosis Spectrum (EPS) disorders means a combined category of people at clinical high risk for psychosis and people in their first episode of psychosis.

AE. First Episode Psychosis (FEP) means the first two years of full-threshold diagnosable psychotic disorder.

AF. Psychosis means a mental health challenge defined by unusual thoughts and/or perceptual abnormalities that are adhered to tenaciously despite evidence to the contrary, that are not part of a cultural normative belief system, and cause impairment and/or distress.”

5. Exhibit A, II. Budget, subparagraph A, of the Contract is amended to add the following additional budget breakdown for Consultation Services Early Psychosis Spectrum (CSEPS):

“

Period Three

(Oct. 2021 – June 2022)

ADMINISTRATIVE COST

Indirect Costs	<u>120,000</u>
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SUBTOTAL ADMINISTRATIVE COST	\$ 120,000
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PROGRAM COST	
Salaries	\$495,756
Benefits	99,151
Services and Supplies	161,493
Subcontractor	93,600
Start-up	<u>30,000</u>
SUBTOTAL PROGRAM COST	\$880,000
TOTAL GROSS COST	\$1,000,000
REVENUE	
MHSA	<u>\$1,000,000</u>
TOTAL REVENUE	\$1,000,000
TOTAL AMOUNT NOT TO EXCEED	\$1,000,000"

6. Exhibit A, III. Payments, subparagraph A (but not including subparagraphs A.1, A.2 and A.3), of the Contract is deleted in its entirety and replaced with the following:

"A. COUNTY shall pay CONTRACTOR monthly, in arrears, (i) the provisional amount of \$83,333 per month for Period Three and (ii) the provisional amount of \$111,111 per month for CSEPS for Period Three (for the months October 2021 – June 2022); provided, however, that the total of such payments does not exceed COUNTY's Total Maximum Obligation as set forth in the Referenced Contract Provisions of the Agreement."

7. Exhibit A, VII. Consultation Services for Early Psychosis Spectrum is added to the Contract as follows:

"A. CONSULTATION SERVICES FOR EARLY PSYCHOSIS SPECTRUM

1. CONTRACTOR shall establish Consultation Services for Early Psychosis Spectrum concerns to support the effective identification, assessment, care planning and treatment for children and youth through age 25 years old who are at increased risk for developing symptoms of early psychosis spectrum disorders. Consultation services shall be designed to educate and build capacity, increase knowledge and awareness of healthcare providers to provide appropriate mental and behavioral health support for those exhibiting ongoing challenging experiences, and promote development of healthy

identities in youth. Consultation services shall include didactic training, practice-based coaching, direct observation, and follow-up support.

2. CONTRACTOR shall provide Consultation Services for Early Psychosis Spectrum concerns to a range of healthcare providers, which can include, but are not limited to, licensed therapists, supervised unlicensed therapists, pediatricians, psychiatrists, social workers, school psychologists and counselors, mental health specialists and other professionals who may work with or encounter youth at risk of developing psychosis symptoms. Consultation services will be open to all healthcare providers in Orange County. These services will be prioritized for OC CREW staff and providers working with youth identified as having early psychosis through CONTRACTOR'S screening and assessment protocol. Consultation services will also be provided to family members, caregivers and other important people in the life of the young person who is referred for assessment for EPS experiences.

3. CONTRACTOR shall utilize a practice-based mental health consultation model that utilizes a systematic evidence-based and trauma-informed approach to building the skills and expertise of the healthcare providers and family members. These practices can include, but are not limited to, the Modular Approach to Care for Individuals at CHR (Thompson et al., 2015). CONTRACTOR is responsible for identifying and implementing the consultation materials that are age-appropriate to be part of a "tool-box" of strategies from which healthcare providers can select.

4. Consultation services will include multi-tiered support and be available for between three (3) to six (6) months or based on the healthcare provider and/or family needs. Consultation must include up to six (6) components:

a. Initiation: Once a referral for services is received, CONTRACTOR shall determine readiness and eligibility of healthcare provider for consultation services. CONTRACTOR shall meet with the healthcare provider to initiate the consultation process and review the Participation Guidelines and Commitment packet with the healthcare provider.

b. Needs Assessment: CONTRACTOR shall establish a needs assessment battery specific to Early Psychosis Spectrum consultation services that will consist of the PRIME Screen Revised-Provider, as well as other data collection tools to determine the course and level of service needed.

c. Collaborative Action Plan: CONTRACTOR shall ensure that healthcare providers complete a Collaborative Action Plan to determine the goals and areas of focus for consultation services.

d. Plan Implementation: CONTRACTOR shall guide the Participants to implement the identified goals in the Collaborative Action Plan. CONTRACTOR shall monitor the Participants' progress toward the established goals and provide ongoing support to healthcare providers as deemed necessary.

e. Sustainability and Transition Plan: CONTRACTOR shall collaborate with the healthcare providers in the development of the Transition and Sustainability Plan for identifying the healthcare provider's strengths and areas of need, resources, strategies, and steps for continuous improvement, timeline, as well as person(s) responsible. CONTRACTOR's staff shall follow-up with Participants at three (3) and six (6) months following the completion of the Collaborative Action Plan.

f. Communities of Practice (CoP): To continually share experiences and build a trusted network of support within the provider community, CONTRACTOR shall facilitate collaborative learning groups. CoP's shall be held in-person and/or via video conference (depending on the preference of the Participants) on a monthly basis, to establish needs and gaps as determined by the Participants.

5. CONTRACTOR shall establish links to local universities to identify students in relevant applied academic programs who may benefit from training components of consultation.

6. CONTRACTOR shall provide culturally informed and linguistically appropriate Consultation services for Early Psychosis Spectrum to Orange County residents that are consistent with the current COUNTY MHSA Plan.

7. CONTRACTOR shall promote the program by establishing relationships with entities that can include, but are not limited to, child-focused organizations such as the Regional Center, hospitals, faith-based organizations, school sites and districts, community centers, behavioral health programs, YMCAs, Boys and Girls Clubs, pediatricians, community-based organizations, especially those serving monolingual ethnic communities, FRCs, and other entities that can support Consultation Services for Early Psychosis within the community. CONTRACTOR shall promote services throughout Orange County using a variety of strategies including but not limited to presentations, trainings, offering of screening and assessment services, and website promotions to educate the community about Early Psychosis Spectrum concerns, the services offered, and to promote healthy development.

8. CONTRACTOR shall promote the program by providing training on the Early Psychosis Spectrum to OC CREW staff and other community healthcare providers and organizations.

9. CONTRACTOR shall actively collaborate with OC CREW staff and other organizations that provide focused services related to first episode psychosis to ensure that the needs of the youth who cross a threshold for psychosis are addressed.

10. CONTRACTOR shall establish a Protocol for Screening for Early Psychosis Spectrum concerns among, youth, with the initial focus on youth who have tested positive for COVID-19 in OC and drawing upon, where applicable, the measures and tools identified in the Early Psychosis Learning Health Care Network (EP LHCN) Innovation project. Screening questions will be embedded in a QUALTRICS survey stratified by age with questionnaires targeting age ranges based on developmental appropriateness.

11. CONTRACTOR shall define cut points for screening based on prior literature and/or recommendations from the EP LHCN Innovation Project. For those who score at or above the cut point, the comprehensive Psychosocial Early Psychosis Spectrum Assessment will be offered. Families will be contacted and provided the option to participate in the Psychosocial Early Psychosis Spectrum Assessment in person or by secure video teleconference depending on preference and pandemic - related safety guidelines of in-person facilities.

12. CONTRACTOR shall establish a detailed, comprehensive Psychosocial Early Psychosis Spectrum Assessment to follow the Screening for Early Psychosis Spectrum, when applicable. The Psychosocial Early Psychosis Spectrum Assessment will consist of evidence-based and clinically applicable assessment measures to 1) establish an understanding of strengths, challenges, and concerns, 2) determine whether criteria for CHR are met, and 3) identify applicable mental health diagnoses. The assessment battery will be customizable and can include, but is not limited to, the following measures: such as the Structured Interview for Psychosis Risk Syndromes (SIPS), the Schedule for Affective Disorders and Schizophrenia (K-SADS), Behavioral Assessment Schedule for Children-3rd edition (BASC-3), Cornblatt Global Functioning: Social & Role, the UCLA Child/Adolescent PTSD Reaction Index for DSM-5, and COVID-19 related stressors and complications, or other similar screening and assessment tools. CONTRACTOR will draw upon, where applicable, the measures and tools identified in the EP LHCN Innovation Project.

13. CONTRACTOR shall work directly with the identified client and family members to administer the Psychosocial Early Psychosis Spectrum Assessment. This process involves several hours of interviews and self-report measures.

14. CONTRACTOR shall use the information obtained from the Psychosocial Early Psychosis Spectrum Assessment to create a comprehensive written report that can

include, but is not limited to, 1) a description of family and client strengths, 2) comments on client mental status, 3) determination and justification for early psychosis spectrum status, 4) any applicable diagnoses identified through the K-SADS, 5) a clinical formulation, and 6) evidence-informed and individually tailored recommendations. The written report will be provided to family and/or current or future healthcare providers.

15. Referrals/Linkages: CONTRACTOR shall provide appropriate referrals and linkages for clinical and other direct services, if recommended, following the Psychosocial Early Psychosis Spectrum Assessment. Participants and Participant families in need of services shall be referred to other organizations within their community, as appropriate for their specific needs. CONTRACTOR shall ensure that all families in need of resources will receive appropriate referrals to community providers. CONTRACTOR staff shall follow-up with Participants and/or Participant families to confirm successful linkages for referred services. CONTRACTOR shall confirm that the Participant family has attended the first appointment to be considered a successful linkage. CONTRACTOR shall report confirmed linkages to ADMINISTRATOR on a monthly basis and upon request, as needed.

16. CONTRACTOR shall, upon consent of participating families, share the results of the Psychosocial Early Psychosis Spectrum Assessment with linked healthcare providers. Further, CONTRACTOR shall offer consultation services as described above to the family's healthcare provider.

B. UNITS OF SERVICE

1. CONTRACTOR shall achieve, track, and report, at a minimum, the following units of service. For metrics b-j, numbers are estimated based on number of youth who complete the initial screener in metric a. Thus, if the number of youth initially screened per metric a differs from current projections, the resulting numbers in metrics b-j are also subject to change:

	Estimated Outputs	
a. Estimated youth and families provided with initial screener as a result of HCA and provider outreach	10,000 Estimated	
	Anticipated Outputs	Currently Estimated #s
b. Youth screened	3% of youth responding to initial screener (a)	300
c. Youth with general mental health concerns identified	25% of youth screened in (b)	75

d. Referrals to Community Behavioral Health Services	100% of youth identified with general mental health concerns (c)	75
e. Youth with positive psychosis risk screens identified	18% of all screened youth (b)	55
f. Psychosis risk assessments completed with youth	82% of total positive risk screens (e)	45
g. Assessment Reports w/ Care Plan Recommendations	96% of risk assessments initiated (f)	43
h. Youth identified as meeting criteria for an Early Psychosis Spectrum disorder	40% of youth with initiated assessments (f)	18
i. Referrals for youth who have an Early Psychosis Spectrum disorder	100% of youth identified as meeting criteria for an Early Psychosis Spectrum disorder (h)	18
j. Confirmed healthcare linkages	100% of youth who have an Early Psychosis Spectrum disorder and are referred (i)	18
k. Consultations provided to healthcare providers	45	
l. Consultation provided to families	37	
m. Outreach and training sessions with community healthcare providers	14	
n. Outreach and training sessions with other community organizations	7	

C. OUTCOME MEASURES

1. CONTRACTOR shall track and implement ADMINISTRATOR approved output and outcome measures. The primary deliverable will be the number of screenings implemented, assessments conducted, consultations offered, and the results of these consultations. The following outcome measures will be reported upon:

- a. Number of screens implemented
- b. Number of youth who screen positive for Early Psychosis Spectrum concerns
- c. Number of comprehensive evaluations conducted
- d. Number of youth who meet diagnostic criteria for an Early Psychosis Spectrum disorder
- e. Number of reports written
- f. Number of consultations provided to healthcare providers

- g. Number of consultations provided to families
- h. Number of hours providing consultations
- i. Number of referrals made
- j. Number of linkages confirmed
- k. Number of consultations provided to healthcare providers
- l. Number of consultations provided to families
- m. Number of outreach and training sessions provided to community healthcare providers

The duration of consultations may vary widely so reporting on consultations will provide the number of hours spent in addition to the number of consultations offered.

2. CONTRACTOR shall measure satisfaction of assessment and consultation services through satisfaction surveys.
 3. CONTRACTOR shall provide COUNTY with monthly data reports, or as needed upon request of ADMINISTRATOR.
 4. CONTRACTOR shall, on an ongoing basis and in partnership with ADMINISTRATOR, develop, modify, and incorporate different and/or additional outcome measurements, as approved by ADMINISTRATOR.
 5. CONTRACTOR shall conduct on-going evaluations of the program and provide analysis to ADMINISTRATOR on a regular basis and in a format approved by ADMINISTRATOR.
 6. CONTRACTOR shall utilize ADMINISTRATOR approved forms to collect pertinent data, which would be entered and analyzed for Participant's level of satisfaction, program management, and quality improvement purposes. In addition, CONTRACTOR shall utilize any data collection systems for tracking Participant enrollment, demographics, trends, and service utilization. CONTRACTOR shall provide COUNTY with monthly data reports or as needed upon request.
 7. CONTRACTOR shall develop a system to track and record the following demographics: number of individuals served based on age groups; race; ethnicity; primary language; gender identity; sexual orientation; and others.
 - D. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Consultation Services for Early Psychosis Spectrum of this Exhibit A to the Agreement."
8. Exhibit A, VIII. Staffing for Consultation Services for Early Psychosis Spectrum is added to the Contract as follows:
- "A. CONTRACTOR shall, at a minimum, provide the following staffing pattern expressed in Full-Time Equivalents (FTEs) continuously throughout the term of the Agreement. One (1) FTE shall be equal to an average of forty (40) hours work per week.

PROGRAM	<u>FTEs</u>
Program Director	1.00
Lead Assessment Specialist	1.00
Assessment Specialist	2.00
Outreach & Referral Specialist	1.00
Consultation Specialist	1.00
Peer/Family Specialist	0.50
Administrative Support	1.00
Clinical Trainee	1.00
Training & Content Specialist	<u>1.00</u>
TOTAL FTEs	9.50

B. CONTRACTOR shall make best effort to include multilingual/multicultural services to meet the diverse needs of the community threshold languages as determined by COUNTY. Whenever possible, multilingual/multicultural staff should be recruited and retained. Any staffing vacancies occurring at a time when multilingual and multicultural composition of the staffing does not meet the above requirement must be filled with multilingual and multicultural staff unless ADMINISTRATOR consents, in writing, to the filling of those positions with non-multilingual staff. Salary savings resulting from such vacant positions may not be used to cover costs other than salaries and employees benefits unless otherwise authorized in writing, in advance, by ADMINISTRATOR.

C. CONTRACTOR shall make its best effort to provide services pursuant to the Agreement in a manner that is culturally and linguistically appropriate for the population(s) served. CONTRACTOR shall maintain documents of such efforts which may include, but not be limited to: records of participation in COUNTY-sponsored or other applicable training; recruitment and hiring P&Ps; copies of literature in multiple languages and formats, as appropriate; and descriptions of measures taken to enhance accessibility for, and sensitivity to, individuals who are physically challenged.

D. CONTRACTOR is highly encouraged to augment the above paid staff with qualified and trained volunteers and/or interns upon written approval of ADMINISTRATOR. CONTRACTOR shall provide ongoing supervision to volunteers and/or interns consistent with the prevailing educational and practice standards or as specified by ADMINISTRATOR.

E. CONTRACTOR shall maintain personnel files for each staff member, both administrative and programmatic, both direct and indirect, which shall include, but not be limited to, an application for employment, qualifications for the position, documentation of multicultural/multilingual capabilities (if applicable), pay rate and evaluations justifying pay increases.

F. CONTRACTOR shall establish clear P&Ps pertaining to staff's work location options (i.e., office vs. field/home) and equipment usage (e.g., cell phones, texting devices, and computers). The P&Ps shall address at the minimum the following:

1. Eligibility and selection criteria;

2. Staff's field/home on-duty conduct and responsibilities;
3. Supervision plan of staff and equipment including emergency procedure; and
4. Confidentiality and records keeping.

G. CONTRACTOR shall notify ADMINISTRATOR, in writing, within seventy-two (72) hours, of any staffing vacancies that occur during the term of the Agreement. CONTRACTOR's notification shall include at a minimum the following information: employee name(s), position title(s), date(s) of resignation, date(s) of hire, and a description of recruitment activity.

H. CONTRACTOR shall notify ADMINISTRATOR, in writing, at least seven (7) days in advance, of any new staffing changes: including promotions, temporary FTE changes and internal or external temporary staffing assignment requests that occur during the term of the Agreement.

I. CONTRACTOR shall ensure that all staff, albeit paid or unpaid, complete necessary training prior to discharging duties associated with their titles and any other training necessary to assist CONTRACTOR and COUNTY to be in compliance with prevailing standards of practice as well as State and Federal regulatory requirements.

J. CONTRACTOR shall provide ongoing supervision throughout all shifts to all staff, albeit paid or unpaid, direct line staff or supervisors/directors, to enhance service quality and program effectiveness. Supervision methods should include debriefings and consultation as needed, individual supervision or one-on-one support, and team meetings. Supervision should be provided by a supervisor who has extensive knowledge regarding mental health issues.

K. 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.

L. CONTRACTOR shall not engage in, or permit any of its employees or subcontractors, to conduct research activity on COUNTY Participants without obtaining prior written authorization from ADMINISTRATOR.

M. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Staffing for Consultation Services for Early Psychosis Spectrum Paragraph of this Exhibit A to the Agreement."

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 shall 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 that of 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: CHARITABLE VENTURES OF ORANGE COUNTY

Ted Kim

Chief Financial officer

Print Name

Title

DocuSigned by:



9/17/2021

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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 FORMOffice of the County Counsel
Orange County, California


Brittany McLean

Deputy County Counsel

Print Name

Title

DocuSigned by:



9/18/2021

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Date