



**AMENDMENT NO. 4  
TO  
CONTRACT NO. MA-042-24010877  
FOR  
EARLY IDENTIFICATION OF YOUTH AT CLINICAL HIGH RISK FOR PSYCHOSIS**

This Amendment No. 4 to Contract No. MA-042-24010877 for Early Identification of Youth at Clinical High Risk for Psychosis is made and entered into on July 1, 2026 (“Effective Date”) between Charitable Ventures of Orange County (“Contractor”), with a place of business at 1505 E. 17th Street, Suite 101, 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-042-24010877 (“Contract”) for Early Identification of Youth at Clinical High Risk for Psychosis, effective July 1, 2024 through June 30, 2026, in an amount not to exceed \$2,600,000, renewable for three additional one-year periods; and

WHEREAS, the Parties executed Amendment No. 1 to the Contract, effective September 1, 2024, to amend Exhibit A of the Contract; and

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

WHEREAS, the Parties executed Amendment No. 3 to the Contract, effective October 1, 2025, to amend Exhibit A of the Contract; and

WHEREAS, the Parties now desire to enter into this Amendment No. 4 to renew the Contract for one year, effective July 1, 2026 through June 30, 2027, for County to continue receiving and Contractor to continue providing the services set forth in the Contract and to replace Exhibit A of the Contract with Exhibit A-1.

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

1. The Contract is renewed for a term of one (1) year, effective July 1, 2026, through June 30, 2027, in an amount not to exceed \$1,300,000 for this renewal term, for a revised cumulative total amount not to exceed \$3,900,000.
2. Referenced Contract Provisions, Term provision and Maximum Obligation, of the Contract are deleted in their entirety and replaced with the following:

“**Term:** July 1, 2024 through June 30, 2027

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

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

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

**Maximum Obligation:**

Period One Maximum Obligation:	\$ 1,300,000
Period Two Maximum Obligation:	\$ 1,300,000
Period Three Maximum Obligation:	\$ <u>1,300,000</u>
<b>TOTAL MAXIMUM OBLIGATION:</b>	<b>\$ 3,900,000”</b>

3. Exhibit A of the Contract is deleted in its entirety and replaced with the following Exhibit A-1:

**“ EXHIBIT A-1**

**CONTRACT FOR PROVISION OF  
EARLY IDENTIFICATION OF YOUTH AT CLINICAL HIGH RISK FOR PSYCHOSIS  
BETWEEN  
COUNTY OF ORANGE  
AND  
CHARITABLE VENTURES OF ORANGE COUNTY**

**JULY 1, 2024 THROUGH JUNE 30, 2027**

**I. SERVICES TO BE PROVIDED**

- A. CONTRACTOR has agreed to provide Early Identification of Youth at Clinical High Risk for Psychosis services which include interventions that take a proactive approach to identifying and addressing mental health issues among individuals who are showing early signs, or are at risk, of a mental health disorder. These interventions, such as outreach and identification and access and linkage to clinically appropriate and medically necessary services as assessed, help avert the development of a severe and disabling condition, discourage risky behaviors and support individuals in maintaining healthy lifestyles.
- B. The funding source for the above-mentioned services is Behavioral Health Services Act (BHSA) funds. CONTRACTOR must follow BHSA guidelines as outlined in COUNTY’s three (3)-year Behavioral Health Integrated Plan (BHIP). Early Identification of Youth at Clinical High Risk for Psychosis services are contingent upon sufficient funds being made available by federal, state, and/or county governments for the term of the Contract. ADMINISTRATOR reserves the right to revise the contract terms stated in Exhibit A to this Contract.
- C. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Services To Be Provided Paragraph of this Exhibit A to the Contract.

## **II. 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. Access and Linkage to Care means activities that support screening, assessment, and referral to behavioral health services, mobile response teams, and supportive services
  2. Action Plan means a form documenting key tasks that must be completed to reach program goals and/or meet contract requirements. Action plans detail how resources are to be used to get the planned work done.
  3. Activity means an organized function designed to advance an intervention strategy or objective.
  4. Administrative Services Organization (ASO) means a designated organization that oversees and manages the administrative and fiscal functions of a program and/or service by being responsible for quality assurance as reflected in the operations manual, internal controls, audits, implementation and progress of services, evaluation of the selection and delivery of agreed upon services and regular reporting on the outcome of services rendered. It is expected that the ASO is aligned with the general principles and goals of the program and adheres to COUNTY's protocol and procedures.
  5. Admission means completion of the entry and/or intake process for program Participants.
  6. Assessment means a professional review and evaluation of an individual's behavioral health needs and conditions in order to determine the most appropriate course of services.
  7. At Risk means experiencing one or more conditions and/or exhibiting one or more behaviors that increase the likelihood of developing a behavioral health condition.
  8. Behavioral Health Services Act (BHSA) means the 2024 law reforming the 2004 Mental Health Services Act (MHSA) to integrate substance use disorder treatment, expand housing support, and boost the behavioral health workforce, prioritizing severe behavioral health needs.
  9. Behavioral Health Integrated Plan (BHIP) means a strategic, multi-year document that demonstrates the planned use of behavioral health funds and services across the County system of care, including mental health and substance use disorder (SUD) services while, aiming to integrate physical health care, to promote better outcomes, reduce stigma, and address community needs through unified planning.
  10. BHSA Planning Advisory Committee (PAC) means a local stakeholder advisory group organized at the county level that helps guide the development of Orange County's BHSA planning process

11. Case Management means the delivery of individual guidance and support services. Case Management services include; but are not limited to, referrals and linkages to needed services such as: resources, coaching, and assistance with translation and transportation.
12. Case Manager means healthcare professionals who develop and implement individualized service plans to eliminate barriers and/or address needs, provide psychoeducation, and provide assistance in the overall coordination of services. They connect Participants with needed healthcare resources, both physical and behavioral through linkages and referrals.
13. Clinical high-risk (CHR) means an array of mental and behavioral health challenges that may be associated with an increased risk for the development of escalating conditions such as psychotic disorders.
14. Closed Loop referral means the people, processes and technologies that are deployed to coordinate and refer Participants to available community resources (i.e., physical health care, behavioral health services, and/or other support services) and follow-up to verify if services were rendered.
15. Culturally and Linguistically Appropriate Services (CLAS) Standards means standard intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to implement culturally and linguistically appropriate services.
16. Collaboration means a process of participation through which people, groups, and agencies work toward unified goals.
17. Community-Defined Practices means culturally relevant strategies developed by and for specific communities, especially marginalized groups, that have proven effective through shared experience, consensus, and continued use.
18. Community Outreach Activities means outreach events that are organized by other entities or by CONTRACTOR where the public can attend and receive information about available services (for example but not limited to health fairs, religious organizations, schools, gathering places, shelters, community festivals, etc.).
19. Community Program Planning means a collaborative process to engage diverse local stakeholders, consumers, families, providers, and other partners to identify unmet mental health & substance use needs, and develop strategies that shape the funding and delivery of behavioral health services, ensuring programs reflect community voices and promote equity.
20. Consultation means services designed to educate and build capacity, increase knowledge and awareness to provide appropriate behavior support for those exhibiting ongoing challenging behaviors, and promote development of healthy identities.
21. Cultural Competency means a set of congruent behaviors, attitudes, and policies

that come together in a system, agency or professionals to work effectively in cross-cultural situations to deliver services that meet the social, cultural, and linguistic needs of patients.

22. Early Intervention means a program that is designed to intervene early in the onset of a serious mental illnesses and/or substance use disorder to deter the condition from becoming severe and disabling and to reduce disparities in behavioral health.
23. 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.
24. Education/Skill Building Workshop/Class means a workshop/class conducted which has a primary focus of providing information and/or teaching a skill.
25. Engagement means the process by which a trusting relationship between a worker and Participant is established with the goal to link the Participant to appropriate services.
26. Enrollment means the data entry of a Participant's program information into COUNTY's database, or other County approved/required system, for purposes of recording and tracking a Participant's involvement in the program.
27. Evaluation means the systematic investigation of the value and impact of an intervention or program.
28. Events means events organized or attended by CONTRACTOR where staff provide information and referrals to targeted organizations.
29. Evidence-based Practice means proven methods, integrating research with clinical expertise, patient values, and cultural needs, to reduce adverse outcomes like homelessness, incarceration, and substance use.
30. Family Member means any traditional and/or non-traditional support system, significant other, or natural support designated by the Participant.
31. First Episode Psychosis (FEP) means the initial period of up to five years after the first emergence of psychosis symptoms. .
32. Follow-up means ensuring that the Participant has linked to the referred service and/or successfully transitioned from one service to another and/or contact with a Participant within sixty (60) calendar days of discharge from the program to determine if the Participant needs further assistance.
33. Group Intervention means the delivery of services to more than one individual or family.
34. Individual Intervention means any strategies or services rendered to a Participant on a person-to-person level. Examples include, but are not limited to, education, case management, therapy, and life coaching to address individualized goals and objectives.

35. Intake means the initial meeting between a Participant and qualified staff to evaluate a Participant's issue(s) of concern and determine how a program could best meet his/her needs.
36. LGBTQIA+ is an inclusive umbrella term used to represent diverse gender identities and sexual orientations.
37. Level of Well-Being means the state of satisfaction or functioning a Participant feels about their present situation, as measured by a validated instrument.
38. Linkage means when a Participant has attended at least one appointment or made one visit to the identified program or service for which the Participant has received a referral.
39. Live Scan means the technique and the technology used by law enforcement agencies and private facilities to capture fingerprints and palm prints electronically, without the need for the more traditional method of ink and paper.
40. Mental Health Condition means conditions that significantly impair thought, mood, perception, or memory, impacting judgment, behavior, reality recognition, or daily functioning
41. Outcome means measurable change that occurs as a result of a program's overall performance in implementing its planned Activities.
42. Outcome Measure means a statement that specifies the measurable result or direct impact of a program or activity in reference to a quantitative criterion and a timeframe that aligns with the identified measures in the Behavioral Health Integrated Plan Measures and data collection tools shall be approved by Asministrator.
43. Outreach means activities and events designed to locate, identify and engage individuals or families who could benefit from services. Includes contact with potential Participants to link them to appropriate behavioral health and supportive services, which may include activities that educate the community about services offered and the requirements for participation in the program.
44. Participant means an individual who receives services or participates in activities funded under this Contract or elsewhere in the BH system of care.
45. Protected Health Information (PHI) means individually identifiable health information usually transmitted by electronic media 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.
46. Personally Identifiable Information (PII) means any information that could be

readily used to identify a specific person, including but not limited to: name, address, telephone number, email address, driver's license number, Social Security number, bank account information, credit card information, or any combination of data that could be used to identify a specific person, such as birth date, zip code, mother's maiden name and gender.

47. Priority Populations include - eligible children and youth, adults and older adults who satisfy one of the following: a) Are chronically homeless or experiencing homelessness or at risk of homelessness, b) Are in, or at risk of being in, the justice system or juvenile justice system, c) Are reentering the community from a state prison, county jail or youth correctional facility, d) Are in the child welfare system, e) Are at risk of conservatorship, f) Are at risk of institutionalization
48. Program Goals means the type of activities, number and types of services, or number of Participants served that will be fulfilled during a contractual Contract period.
49. Promising Practice means programs and strategies that have some quantitative data showing positive outcomes over a period, but do not have enough research or replication to support generalized outcomes.
50. Protective Factors means characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact.
51. Psychoeducation (classes/workshops) means providing education and skill-building for individuals and/or families who are at risk and experiencing early clinical signs of a mental health or substance use disorder
52. 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.
53. Referral means the process of sending a Participant from one service provider to another service provider for physical health care, behavioral health services, and/or other support services, by electronic transmission, in writing or verbally, regardless of Linkage status.
54. Resiliency means the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.
55. Resource Recommendation means the process of providing a Participant with one or more suggested resources, without plans and/or an ability to follow up on Linkage status.
56. Risk Factors means conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness or substance use disorder. Risk factors include, but are not limited to, biological including family

history and neurological, behavioral, social/economic, and environmental.

57. Self-Referral means when a Participant or family member directly contacts a service provider with the goal of receiving services for themselves or a family member, regardless of Linkage status.
58. Social Media means a group of internet-based communication tools/applications that allow the creation and exchange of user-generated content; social media is media for social interaction. Types of social media include collaborative projects, blogs and microblogs, content communities, and social networking sites.
59. Social Supports means essential, non-clinical services designed to help individuals with or at risk of serious mental health conditions and/or substance use disorders access and maintain stability in the community, with a strong focus on those experiencing or at risk of homelessness.
60. Stigma and Discrimination Reduction means activities to change negative attitudes, beliefs, and discriminatory practices related to mental illness and substance use disorders (SUD). The goal is to increase acceptance, dignity, inclusion, and equity for individuals with behavioral health challenges and their families.
61. Support Group means a meeting/group, facilitated by program staff, consisting of two (2) or more people (or a number mutually agreed upon in the Contract) who have similar experiences and concerns and who meet in order to provide emotional help, advice and encouragement for one another.
62. Technical Assistance means services provided by staff to guide providers, community organizations, and individuals to conduct, strengthen, or enhance specific behavioral health activities.
63. Training means an instructional process that is intended to impart the knowledge, skills, and competencies required for the performance of a particular job, project, or task. Training is a skill building activity that teaches a person how to do something and carries the expectation that the person will take direct, purposeful action by applying the skills developed.
64. Trauma-Exposed Participant means Participants who are exposed to traumatic events or prolonged traumatic conditions, including grief, loss, and isolation, including Participants who are unlikely to seek help from any traditional mental health or substance use disorder service.
65. Unduplicated Participant means Participant who is counted only once, despite how many services the Participant is enrolled in during a Contract period. For example, if a Participant receives individual and group services, they can only be counted once.
66. Unserved and Underserved means specific populations who experience significant barriers to accessing necessary behavioral health care. These groups are prioritized to address historical disparities and ensure equitable access.

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

**III. BUDGET**

- A. COUNTY shall pay CONTRACTOR in accordance with the Payments Paragraph in this Exhibit A to the Contract and the following budgets, which are set forth for informational purposes only and may be adjusted by mutual agreement, in writing, by ADMINISTRATOR and CONTRACTOR.

	<u>PERIOD ONE</u>	<u>PERIOD TWO</u>	<u>PERIOD THREE</u>	<u>TOTAL</u>
<b>ADMINISTRATIVE COSTS</b>				
Professional Services	\$5,000	\$2,000	\$2,000	\$9,000
Indirect Costs	<u>155,650</u>	<u>156,000</u>	<u>166,500</u>	<u>478,150</u>
<b>SUBTOTAL ADMINISTRATIVE COSTS</b>	<b>\$160,650</b>	<b>\$158,000</b>	<b>\$168,500</b>	<b>\$487,150</b>
<b>PROGRAM COSTS</b>				
Salaries	\$687,276	\$665,199	\$651,984	\$2,004,459
Benefits	137,455	116,000	130,397	383,852
Services and Supplies	<u>314,619</u>	<u>360,801</u>	<u>349,119</u>	<u>1,024,539</u>
<b>SUBTOTAL PROGRAM COSTS</b>	<b>\$1,139,350</b>	<b>\$1,142,000</b>	<b>\$1,131,500</b>	<b>\$3,412,850</b>
<b>TOTAL GROSS COSTS</b>	<b>\$1,300,000</b>	<b>\$1,300,000</b>	<b>\$1,300,000</b>	<b>\$3,900,000</b>
<b>REVENUE</b>				
MHSA	\$1,300,000	\$1,300,000	\$1,300,000	\$3,900,000
<b>TOTAL REVENUE</b>	<b>\$1,300,000</b>	<b>\$1,300,000</b>	<b>\$1,300,000</b>	<b>\$3,900,000</b>
<b>TOTAL MAXIMUM OBLIGATION</b>	<b>\$1,300,000</b>	<b>\$1,300,000</b>	<b>\$1,300,000</b>	<b>\$3,900,000</b>

B. BUDGET/STAFFING MODIFICATIONS – CONTRACTOR may request to shift funds between budgeted line items for the purpose of meeting specific program needs or for providing continuity of care to its Participants, 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 annual 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. CONTRACTOR shall provide a written narrative justifying each budget line item and for any budget revisions hereafter.

C. FINANCIAL RECORDS – CONTRACTOR shall prepare and maintain accurate and complete financial records of its cost and operating expenses. Such records will reflect the actual cost of the type of service for which payment is claimed. Any apportionment of or distribution of costs, including indirect costs, to or between programs or cost centers of CONTRACTOR shall be documented, and will be made in accordance with GAAP.

D. CONTRACTOR shall provide effective administrative management of the budget, staffing, recording, and reporting portion of the Contract with COUNTY. If administrative responsibilities are delegated to subcontractors, CONTRACTOR must ensure that any subcontractor(s) possess the qualifications and capacity to perform all delegated responsibilities. These responsibilities include, but are not limited, to the following:

1. Designating the responsible position(s) in the organization for managing the funds allocated to the program;
2. Maximizing the use of the allocated funds;
3. Ensuring timely and accurate reporting of monthly expenditures;
4. Maintaining appropriate staffing levels;
5. Requesting budget and/or staffing modifications to the Contract;
6. Effectively communicating and monitoring the program for its success;
7. Tracking and reporting expenditures electronically;
8. Maintaining electronic and telephone communication between CONTRACTOR and ADMINISTRATOR; and
9. Acting quickly to identify and solve problems.

E. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the

Budget Paragraph of this Exhibit A to the Contract.

#### **IV. PAYMENTS**

A. COUNTY shall pay CONTRACTOR monthly, in arrears, for Period One, Period Two, and Period Three at the provisional amount of \$108,333 per month. All payments are interim payments only, and subject to final settlement in accordance with the Cost Report Paragraph of the Contract for which CONTRACTOR shall be reimbursed for the actual cost of providing the services, which may include Indirect Administrative Costs, as identified in Subparagraph II.A. of this Exhibit A to the Contract; provided, however, the total of such payments does not exceed the Maximum Obligation for each period as stated in the Referenced Contract Provisions of the Contract and, provided further, CONTRACTOR's costs are reimbursable pursuant to COUNTY, state, and/or federal regulations. ADMINISTRATOR may, at its discretion, pay supplemental invoices for any month for which the provisional amount specified above has not been fully paid.

1. In support of the monthly invoice, CONTRACTOR shall submit an Expenditure and Revenue Report as specified in the Reports Paragraph of this Exhibit A to the Contract. ADMINISTRATOR shall use the Expenditure and Revenue Report to determine payment to CONTRACTOR as specified in Subparagraphs A.2. and A.3., below.

2. If, at any time, CONTRACTOR's Expenditure and Revenue Reports indicate that the provisional amount payments exceed the actual cost of providing services, ADMINISTRATOR may reduce COUNTY payments to CONTRACTOR by an amount not to exceed the difference between the year-to-date provisional amount payments to CONTRACTOR's and the year-to-date actual cost incurred by CONTRACTOR.

3. If, at any time, CONTRACTOR's Expenditure and Revenue Reports indicate that the provisional amount payments are less than the actual cost of providing services, ADMINISTRATOR may authorize an increase in the provisional amount payment to CONTRACTOR by an amount not to exceed the difference between the year-to-date provisional amount payments to CONTRACTOR and the year-to-date actual cost incurred by CONTRACTOR.

B. CONTRACTOR's invoices shall be on a form approved or supplied by ADMINISTRATOR and provide such information as is required by ADMINISTRATOR. Invoices are due the tenth (10th) day of each month. Invoices received after the due date may not be paid within the same month. Payments to CONTRACTOR should be released by COUNTY no later than thirty (30) calendar days after receipt of the correctly completed invoice.

C. All invoices to COUNTY shall be supported at CONTRACTOR's facility, by source documentation including, but not limited to, ledgers, journals, time sheets, invoices, bank statements, canceled checks, receipts, receiving records, and records of services provided.

D. ADMINISTRATOR may withhold or delay any payment if CONTRACTOR fails to comply with any provision of the Contract.

E. COUNTY shall not reimburse CONTRACTOR for services provided beyond the expiration and/or termination of the Contract, except as may otherwise be provided under the Contract, or specifically agreed upon in a subsequent contract.

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

## **V. REPORTS**

### **A. 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 actual costs and revenues for CONTRACTOR's program described in the Services Paragraph of this Exhibit A to the Contract. Any changes, modifications, or deviations to any approved budget line item 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.

2. CONTRACTOR shall submit Year-End Projection Reports to ADMINISTRATOR. These reports shall be on a form acceptable to, or provided by, ADMINISTRATOR and shall report anticipated year-end actual costs and revenues for CONTRACTOR's program described in the Services Paragraph of this Exhibit A to the Contract. Such reports shall include actual monthly costs and revenue to date and anticipated monthly costs and revenue to the end of the fiscal year, and shall include a projection narrative justifying the year-end projections. Year-End Projection Reports shall be submitted in conjunction with the Monthly Expenditure and Revenue Reports.

B. STAFFING REPORT – CONTRACTOR shall submit monthly Staffing Reports to ADMINISTRATOR. CONTRACTOR's reports shall contain required information, and be on a form acceptable to, or provided by ADMINISTRATOR. CONTRACTOR shall submit these reports no later than twenty (20) calendar days following the end of the month being reported.

C. PROGRAMMATIC – CONTRACTOR shall submit monthly Programmatic reports to ADMINISTRATOR. These reports shall be on a form acceptable to, or provided by, ADMINISTRATOR and shall include, but not limited to, descriptions of any performance objectives, outcomes, and or interim findings as directed by ADMINISTRATOR. CONTRACTOR shall be prepared to present and discuss the programmatic reports at the monthly meetings with

ADMINISTRATOR, to include whether or not CONTRACTOR is progressing satisfactorily and if not, specify what steps are being taken to achieve satisfactory progress. Such reports shall be received by ADMINISTRATOR no later than twentieth (20th) calendar day following the end of the month being reported.

D. ADDITIONAL REPORTS – Upon ADMINISTRATOR’s request, CONTRACTOR shall make such additional reports 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 thirty (30) calendar days for CONTRACTOR to respond.

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

### **III. SERVICES**

#### **A. FACILITIES**

1. CONTRACTOR shall maintain facility/(ies) for the provision of Early Identification of Youth at Clinical High Risk for Psychosis services described herein at the following location(s), or any other location approved, in advance, in writing, by ADMINISTRATOR. The facility shall include space to support the services identified within the Contract.

12431 Lewis Street, Suite 102

Garden Grove, CA 92840

2. CONTRACTOR shall maintain regularly scheduled service hours, Monday through Friday 8:00 a.m. – 5:00 p.m. throughout the year, and maintain the capability to provide services in-person, virtually, or by telephone in the evening hours and on weekends in order to accommodate Participants unable to participate during regular business hours. CONTRACTOR’s holiday schedule shall be consistent with COUNTY’s holiday schedule unless otherwise approved in advance and in writing by ADMINISTRATOR.

3. CONTRACTOR shall also provide services in settings to include, but not limited to, community and healthcare organizations, and schools throughout all regions of Orange County.

#### **B. EARLY IDENTIFICATION OF YOUTH AT CLINICAL HIGH RISK FOR PSYCHOSIS SERVICES**

1. CONTRACTOR shall provide culturally and linguistically appropriate Early Identification of Youth at Clinical High Risk for Psychosis services as categorized by BHSA as

Early Intervention. Early Intervention programs must emphasize the reduction of the likelihood of the following adverse outcomes for BHSA eligible individuals:

- a. Suicide and self-harm
  - b. Incarcerations
  - c. School suspension, expulsion, referral to an alternative or community school, or failure to complete
  - d. Unemployment
  - e. Prolonged suffering
  - f. Homelessness
  - g. Removal of children from their homes
  - h. Overdose
  - i. Severe mental illness or substance use disorder
2. CONTRACTOR shall work collaboratively with all partners to ensure that cultural and linguistic needs are outreached and met.
3. CONTRACTOR shall focus on providing Early Identification of Youth at Clinical High Risk for Psychosis services to those that are unserved and underserved such as isolated, hard to reach groups including, but not limited to, deaf and hard of hearing persons, visually impaired, veterans, LGBTQIA+, ethnic, cultural, and linguistic populations, and persons with limited English proficiency.
4. CONTRACTOR shall provide services to youth and young adults, ages twelve (12) to twenty-five (25), who are identified as Clinical High Risk for Psychosis throughout Orange County. In addition, CONTRACTOR shall provide education and awareness services through professional trainings, case management and outreach with family members, healthcare professionals and service providers who may encounter youth at risk of developing psychosis symptoms.
5. CONTRACTOR's services shall include, but not be limited to, the following services:
- a. Screening and assessment for Clinical High Risk for Psychosis:
    - 1) Primary screening shall be conducted either in person or virtually. If the youth or young adult screens positive on the primary screener, Participant is able to schedule an appointment to participate in the brief assessment with CONTRACTOR. Participants referred to the Program are not required to complete a primary screener.
    - 2) Brief assessment is completed by a trained assessor or mental health clinician. Based on the responses of the Participant, a full assessment shall be recommended. If a Participant is not eligible, appropriate referrals shall be offered to the individual.
    - 3) Full assessment is provided to eligible Participants by a trained clinical assessor. The clinical assessor shall discuss findings and offer a comprehensive report to Participant.

b. Family support and feedback sessions shall be conducted by CONTRACTOR to provide more in-depth discussions about the findings from the full assessment, psychoeducation and include appropriate referrals. Family support and feedback sessions can include reviewing assessment findings with Participant, family, and/or provider.

c. Consultation services shall be offered by CONTRACTOR once full assessment is completed. Clinical recommendations may be offered with Consultation.

d. Referral & Linkage shall be provided in family feedback sessions and through case management services. Clinical recommendations may include referral to Orange County Center for Resiliency, Education and Wellness (OC CREW) when appropriate. Other referrals may be determined by the provider who may assist with ongoing support.

e. Trainings shall be offered by CONTRACTOR to, but not limited to, healthcare professionals, school-based staff, and law enforcement staff. Community and professional trainings shall promote increased awareness of clinical high risk of psychosis, reducing stigma related to psychosis disorder and skill building potential for healthcare workers.

f. Outreach shall be conducted by CONTRACTOR to develop and maintain referral sources and to promote services to the community. Outreach shall also assist with promotion of trainings to increase knowledge and awareness of information related to early psychosis spectrum disorders for healthcare professionals and to upskill the future healthcare industry workforce.

g. Case Management services shall be offered to Participant as well as to Participants' families to meet the needs of the Participant. CONTRACTOR shall utilize HCA Referral & Linkage form to ensure that appropriate community services are provided to Participants and families.

6. CONTRACTOR shall provide, support groups and educational workshops on a variety of behavioral health topics including, but not limited to, self-care, managing mental health symptoms, substance abuse issues, , transitional age youth problems, medication and health concerns and to address the needs of the families involved in the program.

7. CONTRACTOR shall recruit and train peer support specialists to provide individual support and interventions to assigned individuals and/or families.

8. CONTRACTOR shall recruit an ongoing volunteer base of families either currently engaged in the program or program graduates to act as volunteer family mentors to be connected with current families.

9. CONTRACTOR shall strive to meet the following goals for their program:

- a. Reduce the duration of untreated psychosis through early detection and referral to appropriate level of treatment.

- b. Be responsive to the needs and concerns of all families involved in the program; educating them on ways to increase resilience and support systems to encourage recovery.
- c. Develop a Participant-focused family support system that encourages individual and family voices in the direction and development of services; with particular focus on matching families with similar concerns to develop long-term supportive relationships beyond the confines of this program.
- d. Collaborate effectively with existing and developing community programs and organizations to facilitate a support network for families dealing with behavioral health issues.

**C. PROGRAM GOALS**

1. CONTRACTOR shall achieve, track, and report, at a minimum, the following program goals:

<b>Service Type</b>	<b>Annual Program Goals</b>
Number Completing Primary Screening	600
Number of Brief Assessments Completed	60
Number of Full Assessments and Comprehensive Reports	75
Referral & Linkage	100
Number of Family Feedback Sessions	60
Number of Provider Consultations	75
Number of Trainings Provided	24
Number of Outreach Activities	50

2. CONTRACTOR shall strive to meet the following goals for Early Identification of Youth at Clinical High Risk for Psychosis services in line with BHSA and the BHIP:

- a. Develop and implement strategies that stop mental illness from becoming severe and disabling;
- b. Change community conditions known to contribute to behavioral health concerns by incorporating the values of cultural competence, consumer and community empowerment, collaboration, and inclusion; and

c. Provide services that emphasize recovery, wellness, and resilience.

3. CONTRACTOR shall provide ADMINISTRATOR with monthly program goal reports by the twentieth (20<sup>th</sup>) of each month or as needed upon request.

4. ADMINISTRATOR may adjust Program Goals based on need and upon any updates made to the BHIP.

#### D. OUTCOME MEASURES

1. The Overarching goal of this program is to reduce the duration of untreated psychosis through early detection and expedited referral pathways. This shall include:

- a. Timeliness of access, including the number of days from referral to completed clinical screening and from screening to CHR-P assessment,
  - At least 80% of individuals referred to program will have an intake appointment for clinical screening with 7 business days of referral.
  - At least 80% of individuals screened and in need of a full assessment will have one begun within 10 business days of the initial screening.
- b. Percentage of youth referred who complete a CHR-P Full Assessment
  - At least 90% of youth that have been screened will have a completed CHR-P assessment.
- c. Percentage of youth identified as CHR-P who are successfully linked to appropriate specialty behavioral health services within established access standards.
  - At least 80% of CHR-P identified youth will be linked (e.g., at least one appointment attended) to County-operated/funded Specialty Mental Health treatment service within 30 days.

2. CONTRACTOR shall measure and store outcomes using HCA's universal method of collecting and storing data. CONTRACTOR will be given access to HCA's provided data reporting system. CONTRACTOR shall utilize said data collection system(s) for tracking Participant enrollment, demographics, trends, and service utilization. CONTRACTOR shall follow all security measures as required by HCA when using the reporting system.

#### 3. HCA DATABASE ACCESS

a. ADMINISTRATOR will provide CONTRACTOR the necessary access for appropriate individual staff to access HCA databases at no cost to CONTRACTOR.

b. ADMINISTRATOR will issue access for CONTRACTOR's staff members who require access to database(s) upon initial hiring or as a replacement for staff.

c. CONTRACTOR shall inform ADMINISTRATOR within forty-eight (48) hours under the following conditions:

- 1) Name of each staff member who no longer requires access to database.
- 2) Name of each staff member who no longer supports this Contract.
- 3) Name of each staff member who leaves employment of CONTRACTOR.

4. Satisfaction and knowledge surveys will be completed to measure increases in knowledge and level of satisfaction of services.

a. Surveys and tools that will be used to evaluate the program during Early Identification of Youth at Clinical High Risk for Psychosis services include, but are not limited to, the following:

1) Primary Screener – an online screening tool, developed in partnership with HCA, designed for youth and young adults between the ages of twelve (12) to twenty-five (25) or their caregivers to determine preliminary eligibility for services. Questions focus on an individual's demographic identification and psychological state and can also be utilized as an appointment scheduling system.

2) Brief Assessment– a tool that is part of the two-tiered screening process. This tool was developed by experts in early psychosis spectrum disorders to evaluate the need for a full assessment. This assessment is completed by a trained Assessor or Mental Health Clinician once a Participant is identified for meeting preliminary eligibility for services.

3) Full Assessment – a full assessment is completed by an Assessor or Mental Health Clinician who is trained and certified to provide the Structured Interview Psychosis-Risk Syndromes (SIPS). This tool may be completed up to once every six (6) months.

4) Community Events Survey – HCA developed tool for outreach activities, presentations, trainings, etc. Data collected from the form is aggregated and identifies specific population indicators (e.g., activity information, anticipated and estimated attendance rates, target populations, etc.).

5) Perceived Impact Survey – survey developed by HCA used to assess the perceived impact of services on a Participant's ability to cope with life events, maintain relationships with their family and friends, and establish a sense of belonging within their community. This survey is administered when the Participant is discharged from services.

6) Satisfaction Survey – survey was developed by HCA to assess Participant's satisfaction with program services and staff. This survey is administered when the Participant is discharged from services.

b. The surveys and tools that will be used to evaluate the program during trainings include, but are not limited to, the following:

- 1) Training Evaluation Form – this survey is administered at the conclusion of

all trainings (e.g., in-person, online, learning management systems, etc.). This retrospective survey measures attendee experience(s) and satisfaction with the training.

5. CONTRACTOR will ensure that all persons in need of resources will receive referrals to community providers and OC Navigator.

6. CONTRACTOR shall, at a minimum, track, implement and achieve the following outcomes:

a. 95 percent of attendees will report an increase in ability to recognize youth who are at an increased risk for developing symptoms of early psychosis spectrum disorders or may currently be experiencing symptoms.

b. 95 percent of attendees will report an increase in knowledge and awareness of resources for youth at CHR-P and their families.

c. 95 percent of attendees from healthcare providers, law enforcement, schools, and other community supports will report an increase in ability to provide appropriate behavioral health support of youth at CHR-P.

d. 95 percent of attendees will report an increase in knowledge of when and how refer youth for screening and/or treatment.

7. CONTRACTOR shall record the following demographics: number of individuals served based on age groups; race and ethnicity; primary language; Sexual Orientation and Gender Identification (SOGI) data, veterans, and others such as hearing or visually impaired in the HCA data collection system.

8. CONTRACTOR agrees to monitor and/or provide additional data or outcomes as requested by ADMINISTRATOR in the format requested by ADMINISTRATOR.

9. Referral and Linkage

a. Referrals are to be collected and tracked based on HCA's current referral and linkage categories. Referrals and linkages should be documented on HCA's referral and linkage form and noted in the Participant's file if applicable.

b. CONTRACTOR shall submit a monthly report of contacts, referrals, and linkages to ADMINISTRATOR due on the twentieth (20<sup>th</sup>) of each month. CONTRACTOR shall develop and maintain a database of resources to be used for referrals and linkages.

10. 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.

11. CONTRACTOR shall follow the established HCA data evaluation plan for Early Identification of Youth at Clinical High Risk for Psychosis services and conduct on-going evaluations of the program and data and provide analysis to ADMINISTRATOR as requested

and in a format approved by ADMINISTRATOR.

E. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Services Paragraph of this Exhibit A to the Contract.

**III. STAFFING**

A. CONTRACTOR shall, at a minimum, provide the following staffing pattern expressed in Full-Time Equivalent (FTEs) continuously throughout the term of the Contract. One (1) FTE shall be equal to an average of forty (40) hours work per week.

	FTEs FY24-25	FTEs FY25-26	FTEs FY26-27
<b>DIRECT PROGRAM</b>			
Program Director	1	1	1
Clinical Services Manager	1	1	0
Operations Manager	1	1	0
Mental Health Clinician	2	2	1
Resource Specialist	1	1	0
Training & Outreach Coordinator	1	1	1
Administrative Assistant	1	1	0
Administrative Specialist	1	1	0
Office Manager	0	0	1
Mental Health Specialist	0	0	2
Program Services Manager	0	0	1
<b>SUBTOTAL DIRECT PROGRAM</b>	9	9	7

B. CONTRACTOR shall make best effort to include bilingual/bicultural services to meet the diverse needs of the community threshold languages as determined by COUNTY. Whenever possible, bilingual/bicultural staff should be recruited and retained. Any staffing vacancies occurring at a time when bilingual and bicultural composition of the 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. 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 Contract 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 Policy and Procedures; 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. If volunteers are used and applicable to services, CONTRACTOR is highly encouraged to augment the above paid staff with qualified and trained volunteers and/or interns upon written approval of 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 bicultural/bilingual capabilities (if applicable), pay rate and evaluations justifying pay increases.

F. CONTRACTOR shall establish clear Policy and Procedures pertaining to equipment usage (e.g., cell phones, texting devices, and computers). The Policy and Procedures shall address at the minimum the following:

1. Eligibility and selection criteria;
2. Staff's 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 Contract.

H. CONTRACTOR shall notify ADMINISTRATOR, in writing, at least seven (7) calendar 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 Contract.

#### I. TRAININGS

1. 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 local, State and Federal regulatory requirements.

2. CONTRACTOR shall comply with the provisions of ADMINISTRATOR's Behavioral Health Cultural Competency Plan submitted and approved by the State.

3. CONTRACTOR shall comply with HCA's CLAS Standards as approved by the State and as defined in this Exhibit A of this Contract.

4. CONTRACTOR shall adhere to training/standards as required through the Centers of Excellence.

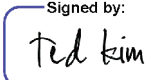
J. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Staffing Paragraph of this Exhibit A to the Contract."

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**

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: CHARITABLE VENTURES OF ORANGE COUNTY**

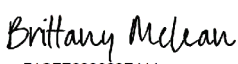
Ted Kim	Chief operating officer
_____	_____
Print Name	Title
Signed by:	
	3/26/2026
_____	_____
C7CBFFF9BF47455... Signature	Date

**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

BY:  \_\_\_\_\_ DATED: 3/26/2026

71CFE638662E411...  
DEPUTY