



**AMENDMENT NO. 3
TO
CONTRACT NO. MA-042-24010932
FOR
EARLY CHILDHOOD MENTAL HEALTH CONSULTATION SERVICES**

This Amendment (“Amendment No. 3”) to Contract No. MA-042-24010932 for Early Childhood Mental Health Consultation Services is made and entered into on July 1, 2026 (“Effective Date”) between Boys & Girls Clubs Of Garden Grove, Inc. (“Contractor”), with a place of business at 10540 Chapman Avenue, Garden Grove, CA 92840, 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-042-24010932 for Early Childhood Mental Health Consultation Services, effective July 1, 2024 through June 30, 2026, in an amount not to exceed \$680,000, renewable for three additional one year terms (“Contract”); and

WHEREAS, the Parties executed Amendment No. 1 to the Contract, effective March 27, 2025, to amend Exhibit A of the Contract; and

WHEREAS, the Parties executed Amendment No. 2 to the Contract, effective March 9, 2026, to amend Exhibit A of the Contract; and

WHEREAS, the Parties now desire to enter into this Amendment No. 3 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; to replace Exhibit A of the Contract with Exhibit A-1; and to add Exhibit E to the Contract; and

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 \$340,000 for this renewal term, for a revised cumulative total contract amount not to exceed \$1,020,000.
2. Referenced Contract Provisions, Term provision and Maximum Obligation provision, 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: 340,000

Period Two Maximum Obligation: 340,000

Period Three Maximum Obligation: 340,000

TOTAL MAXIMUM OBLIGATION: \$ 1,020,000”

3. Exhibit A of the Contract is replaced with Exhibit A-1, attached herein.
4. Exhibit E, attached herein, is added to the Contract.

This Amendment No. 3 modifies the Contract only as expressly set forth herein. Wherever there is a conflict in the terms or conditions between this Amendment No. 3 and the Contract, the terms and conditions of this Amendment No. 3 shall prevail. In all other respects, the terms and conditions of the Contract, not specifically changed by this Amendment No. 3 remain in full force and effect.

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE

IN WITNESS WHEREOF, the Parties have executed this Amendment No. 3. 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: BOYS & GIRLS CLUBS OF GARDEN GROVE, INC.

Mark Surmanian	<u>Chief Executive Officer</u>
Print Name	Title
Signed by:  Mark Surmanian	3/26/2026
<small>AADB25BE742E4E8...</small>	Date

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

Purchasing Agent/Designee Authorized Signature:

_____	<u>Deputy Purchasing Agent</u>
Print Name	Title
_____	_____
Signature	Date
_____	_____

APPROVED AS TO FORM

Office of the County Counsel
Orange County, California
Brittany McLean Deputy County Counsel

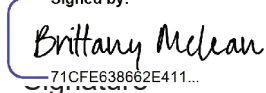
Signed by:  Brittany McLean	3/26/2026
<small>71CFE638662E411...</small>	Date

EXHIBIT A-1
 CONTRACT FOR PROVISION OF
 EARLY CHILDHOOD MENTAL HEALTH CONSULTATION SERVICES
 BETWEEN
 COUNTY OF ORANGE
 AND
 BOYS & GIRLS CLUBS OF GARDEN GROVE, INC.
 JULY 1, 2026 THROUGH JUNE 30, 2027

I. SERVICES TO BE PROVIDED

A. CONTRACTOR has agreed to provide Early Childhood Mental Health Consultation 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 or who have experienced known risk factors for poor behavioral health outcomes, such as trauma, adverse childhood experiences, or involvement with child welfare or corrections system. Interventions include, but are not limited to, outreach, training, and education for high-risk individuals and/or families, access and linkage to clinically appropriate and medically necessary services as assessed, to help avert the development of a severe and disabling condition, discourage risky behaviors and support individuals in maintaining healthy lifestyles. These services are categorized as Early Intervention under BHSA and COUNTY’s three (3) year Behavioral Health Integrated Plan (BHIP) as submitted to the State.

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 BHIP. Early Childhood Mental Health Consultation 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-1 to this Contract.

C. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Services to be Provided Paragraph of this Exhibit A-1 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.

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- 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. 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.
- 9. 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.
- 10. 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.
- 11. 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.
- 12. 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.
- 13. Collaboration means a process of participation through which people, groups, and agencies work toward unified goals.
- 14. 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.

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- 2 15. Community Outreach Activities means outreach events that are organized by other entities or by
- 3 CONTRACTOR where the public can attend and receive information about available
- 4 services (for example but not limited to health fairs, religious organizations, schools,
- 5 gathering places, shelters, community festivals, etc.).
- 6 16. Community Program Planning means a collaborative process to engage diverse local
- 7 stakeholders, consumers, families, providers, and other partners to identify unmet mental
- 8 health & substance use needs and develop strategies that shape the funding and delivery
- 9 of behavioral health services, ensuring programs reflect community voices and promote
- 10 equity.
- 11 17. Consultation means services designed to educate and build capacity, increase knowledge and
- 12 awareness to provide appropriate behavior support for those exhibiting ongoing
- 13 challenging behaviors, and promote development of healthy identities.
- 14 18. Cultural Competency means a set of congruent behaviors, attitudes, and policies that come
- 15 together in a system, agency or professionals to work effectively in cross-cultural
- 16 situations to deliver services that meet the social, cultural, and linguistic needs of patients.
- 17 19. Early Intervention means a program that is designed to intervene early in the onset of a serious
- 18 mental illnesses and/or substance use disorder to deter the condition from becoming
- 19 severe and disabling and to reduce disparities in behavioral health.
- 20 20. Early Psychosis Spectrum (EPS) Disorders means a combined category of people at clinical high
- 21 risk for psychosis and people in their first episode of psychosis.
- 22 21. Education/Skill Building Workshop/Class means a workshop/class conducted which has a
- 23 primary focus of providing information and/or teaching a skill.
- 24 22. Engagement means the process by which a trusting relationship between a worker and
- 25 Participant is established with the goal to link the Participant to appropriate services.
- 26 23. Enrollment means the data entry of a Participant's program information into COUNTY's
- 27 database, or other County approved/required system, for purposes of recording and
- 28 tracking a Participant's involvement in the program.
- 29 24. Evaluation means the systematic investigation of the value and impact of an intervention or
- 30 program.
- 31 25. Events means events organized or attended by CONTRACTOR where staff provide information
- 32 and referrals to target organizations.
- 33 26. Evidence-Based Practice means proven methods, integrating research with clinical expertise,
- 34 patient values, and cultural needs, to reduce adverse outcomes like homelessness,
- 35 incarceration, and substance use.
- 36 27. Family Member means any traditional and/or non-traditional support system, significant other, or
- 37 natural support designated by the Participant.

- 1 28. Follow-up means ensuring that the Participant has linked to the referred service and/or
2 successfully transitioned from one service to another and/or contact with a Participant
3 within sixty (60) calendar days of discharge from the program to determine if the
4 Participant needs further assistance.
- 5 29. Group Intervention means the delivery of services to more than one individual or family.
- 6 30. Individual Intervention means any strategies or services rendered to a Participant on a person-to-
7 person level. Examples include, but are not limited to, education, case management,
8 therapy, and life coaching to address individualized goals and objectives.
- 9 31. Intake means the initial meeting between a Participant and qualified staff to evaluate a
10 Participant's issue(s) of concern and determine how a program could best meet his/her
11 needs.
- 12 32. LGBTQIA+ is an inclusive umbrella term used to represent diverse gender identities and sexual
13 orientations.
- 14 33. Level of Well-Being means the state of satisfaction or functioning a Participant feels about their
15 present situation, as measured by a validated instrument.
- 16 34. Linkage means when a Participant has attended at least one appointment or made one visit to the
17 identified program or service for which the Participant has received a referral.
- 18 35. Live Scan means the technique and the technology used by law enforcement agencies and private
19 facilities to capture fingerprints and palm prints electronically, without the need for the
20 more traditional method of ink and paper.
- 21 36. Mental Health Condition means conditions that significantly impair thought, mood, perception,
22 or memory, impacting judgment, behavior, reality recognition, or daily functioning
- 23 37. Behavioral Health Services Act (BHSA) means the 2024 law reforming the 2004 [Mental Health](#)
24 [Services Act](#) (MHSA) to integrate substance use disorder treatment, expand housing
25 support, and boost the behavioral health workforce, prioritizing severe behavioral health
26 needs
- 27 38. Behavioral Health Integrated Plan (BHIP) means a strategic, multi-year document that
28 demonstrates the planned use of behavioral health funds and services across the County
29 system of care, including mental health and substance use disorder (SUD) services while
30 aiming to integrate physical health care, promote better outcomes, reduce stigma, and
31 address community needs through unified planning.
- 32 39. BHSA Planning Advisory Committee (PAC) means a local stakeholder advisory group
33 organized at the county level that helps guide the development of Orange County's BHSA
34 planning process
- 35 40. Outcome means measurable change that occurs as a result of a program's overall performance in
36 implementing its planned Activities.
- 37 41. Outcome Measure means a statement that specifies the measurable result or direct impact of a

- 1 program or activity in reference to a quantitative criterion and a timeframe that aligns
 2 with the identified measures in the Behavioral Health Integrated Plan
- 3 42.Outreach means activities and events designed to locate, identify and engage individuals or
 4 families who could benefit from services. Includes contact with potential Participants to
 5 link them to appropriate behavioral health and supportive services, which may include
 6 activities that educate the community about services offered and the requirements for
 7 participation in the program.
- 8 43.Participant means an individual who receives services or participates in activities funded under
 9 this Contract or elsewhere in the BH system of care.
- 10 44.Protected Health Information (PHI) means individually identifiable health information usually
 11 transmitted by electronic media maintained in any medium as defined in the regulations
 12 or for an entity, such as a health plan, transmitted or maintained in any other medium.
- 13 45.Personally Identifiable Information (PII) means any information that could be readily used to
 14 identify a specific person, including but not limited to: name, address, telephone number,
 15 email address, driver's license number, Social Security number, bank account
 16 information, credit card information, or any combination of data that could be used to
 17 identify a specific person, such as birth date, zip code, mother's maiden name and gender.
- 18 46.Priority Populations include - eligible children and youth, adults and older adults who satisfy one
 19 of the following: a) Are chronically homeless or experiencing homelessness or at risk of
 20 homelessness, b) Are in, or at risk of being in, the justice system or juvenile justice
 21 system, c) Are reentering the community from a state prison, county jail or youth
 22 correctional facility, d) Are in the child welfare system, e) Are at risk of conservatorship,
 23 f) Are at risk of institutionalization.
- 24 47.Program Goals means the type of activities, number and types of services, or number of
 25 Participants served that will be fulfilled during a contractual Contract period.
- 26 48.Promising Practice means programs and strategies that have some quantitative data showing
 27 positive outcomes over a period, but do not have enough research or replication to support
 28 generalized outcomes.
- 29 49.Protective Factors means characteristics associated with a lower likelihood of negative outcomes
 30 or that reduce a risk factor's impact.
- 31 50.Psychoeducation (classes/workshops) means providing education and skill-building for
 32 individuals and/or families who are at risk and experiencing early clinical signs of a
 33 mental health or substance use disorder.
- 34 51.Psychosis means a mental health challenge defined by unusual thoughts and/or perceptual
 35 abnormalities that are adhered to tenaciously despite evidence to the contrary, that are not
 36 part of a cultural normative belief system, and cause impairment and/or distress.
- 37 52.Referral means the process of sending a Participant from one service provider to another service

- 1 provider for physical health care, behavioral health services, and/or other support
- 2 services, by electronic transmission, in writing or verbally, regardless of Linkage status.
- 3 53. Resiliency means the process and outcome of successfully adapting to difficult or challenging
- 4 life experiences, especially through mental, emotional, and behavioral flexibility and
- 5 adjustment to external and internal demands.
- 6 54. Resource Recommendation means the process of providing a Participant with one or more
- 7 suggested resources, without plans and/or an ability to follow up on Linkage status.
- 8 55. Risk Factors means conditions or experiences that are associated with a greater than average risk
- 9 of developing a potentially serious mental illness or substance use disorder. Risk factors
- 10 include, but are not limited to, biological, including family history and neurological,
- 11 behavioral, social/economic, and environmental.
- 12 56. Self-Referral means when a Participant or family member directly contacts a service provider
- 13 with the goal of receiving services for themselves or a family member, regardless of
- 14 Linkage status.
- 15 57. Social Media means a group of internet-based communication tools/applications that allow the
- 16 creation and exchange of user-generated content; social media is media for social
- 17 interaction. Types of social media include collaborative projects, blogs and microblogs,
- 18 content communities, and social networking sites
- 19 58. Social Supports means essential, non-clinical services designed to help individuals with or at risk
- 20 of serious mental health conditions and/or substance use disorders access and maintain
- 21 stability in the community, with a strong focus on those experiencing or at risk of
- 22 homelessness.
- 23 59. Stigma and Discrimination Reduction means activities to change negative attitudes, beliefs, and
- 24 discriminatory practices related to mental illness and substance use disorders (SUD). The
- 25 goal is to increase acceptance, dignity, inclusion, and equity for individuals with
- 26 behavioral health challenges and their families
- 27 60. Support Group means a meeting/group, facilitated by program staff, consisting of two (2) or
- 28 more people (or a number mutually agreed upon in the Contract) who have similar
- 29 experiences and concerns and who meet in order to provide emotional help, advice and
- 30 encouragement for one another.
- 31 61. Technical Assistance means services provided by staff to guide providers, community
- 32 organizations, and individuals to conduct, strengthen, or enhance specific behavioral
- 33 health activities.
- 34 62. Training means an instructional process that is intended to impart the knowledge, skills, and
- 35 competencies required for the performance of a particular job, project, or task. Training is
- 36 a skill building activity that teaches a person how to do something and carries the
- 37 expectation that the person will take direct, purposeful action by applying the skills

developed.

63. 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.

64. 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.

65. 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-1 to the Contract.

II. BUDGET

A. COUNTY shall pay CONTRACTOR in accordance with the Payments Paragraph in this Exhibit A-1 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</u> <u>ONE</u>	<u>PERIOD</u> <u>TWO</u>	<u>PERIOD</u> <u>THREE</u>	<u>TOTAL</u>
ADMINISTRATIVE COSTS				
Indirect Costs	\$ 28,000	\$ 40,800	\$ 40,800	\$ 109,600
SUBTOTAL	\$ 28,000	\$ 40,800	\$ 40,800	\$ 109,600
ADMINISTRATIVE COSTS				
PROGRAM COSTS				
Salaries	\$ 267,000	\$ 242,700	\$ 242,700	\$ 752,400
Benefits	\$ 26,700	\$ 26,700	\$ 26,700	\$ 80,100
Services and Supplies	\$ 18,300	\$ 29,800	\$ 29,800	\$ 77,900
SUBTOTAL PROGRAM COSTS	\$ 312,000	\$ 299,200	\$ 299,200	\$ 910,400
TOTAL GROSS COSTS	\$ 340,000	\$ 340,000	\$ 340,000	\$ 1,020,000
REVENUE				

1	MHSA	\$ 340,000	\$ 340,000	\$ 340,000	\$ 1,020,000
2	TOTAL REVENUE	\$ 340,000	\$ 340,000	\$ 340,000	\$ 1,020,000
3	TOTAL MAXIMUM	\$ 340,000	\$ 340,000	\$ 340,000	\$ 1,020,000
4	OBLIGATION				

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6 B. BUDGET/STAFFING MODIFICATIONS – CONTRACTOR may request to shift funds
 7 between budgeted line items for the purpose of meeting specific program needs or for providing
 8 continuity of care to its Participants, by utilizing a Budget/Staffing Modification Request form
 9 provided by ADMINISTRATOR. CONTRACTOR shall submit a properly completed
 10 Budget/Staffing Modification Request to ADMINISTRATOR for consideration, in advance, which
 11 shall include a justification narrative specifying the purpose of the request, the amount of said funds
 12 to be shifted, and the sustaining annual impact of the shift as may be applicable to the current
 13 contract period and/or future contract periods. CONTRACTOR shall obtain written approval of any
 14 Budget/Staffing Modification Request(s) from ADMINISTRATOR prior to implementation by
 15 CONTRACTOR. Failure of CONTRACTOR to obtain written approval from ADMINISTRATOR
 16 for any proposed Budget/Staffing Modification Request(s) may result in disallowance of those costs.
 17 CONTRACTOR shall provide a written narrative justifying each budget line item and for any budget
 18 revisions hereafter.

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

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

- 29 1. Designating the responsible position(s) in the organization for managing the funds
 30 allocated to the program;
- 31 2. Maximizing the use of the allocated funds;
- 32 3. Ensuring timely and accurate reporting of monthly expenditures;
- 33 4. Maintaining appropriate staffing levels;
- 34 5. Requesting budget and/or staffing modifications to the Contract;
- 35 6. Effectively communicating and monitoring the program for its success;
- 36 7. Tracking and reporting expenditures electronically;
- 37 8. Maintaining electronic and telephone communication between CONTRACTOR and

1 ADMINISTRATOR; and

2 9. Acting quickly to identify and solve problems.

3 E. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
4 Budget Paragraph of this Exhibit A-1 to the Contract.

6 **IV. PAYMENTS**

7 A. COUNTY shall pay CONTRACTOR monthly, in arrears, for Period One, Period Two and
8 Period Three at the provisional amount of \$28,333 per month. All payments are interim payments
9 only, and subject to final settlement in accordance with the Cost Report Paragraph of the Contract for
10 which CONTRACTOR shall be reimbursed for the actual cost of providing the services, which may
11 include Indirect Administrative Costs, as identified in Subparagraph II.A. of this Exhibit A-1 to the
12 Contract; provided, however, the total of such payments does not exceed the Maximum Obligation
13 for each period as stated in the Referenced Contract Provisions of the Contract and, provided further,
14 CONTRACTOR's costs are reimbursable pursuant to COUNTY, state, and/or federal regulations.
15 ADMINISTRATOR may, at its discretion, pay supplemental invoices for any month for which the
16 provisional amount specified above has not been fully paid.

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

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

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

31 B. CONTRACTOR's invoices shall be on a form approved or supplied by ADMINISTRATOR
32 and provide such information as is required by ADMINISTRATOR. Invoices are due the tenth
33 (10th) day of each month. Invoices received after the due date may not be paid within the same
34 month.

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36 Payments to CONTRACTOR should be released by COUNTY no later than thirty (30) calendar days
37 after receipt of the correctly completed invoice.

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

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

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

9 F. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
 10 Payments Paragraph of this Exhibit A-1 to the Contract.

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 12 **II. REPORTS**

13 **A. FISCAL**

14 1. CONTRACTOR shall submit monthly Expenditure and Revenue Reports to
 15 ADMINISTRATOR. These reports shall be on a form acceptable to, or provided by,
 16 ADMINISTRATOR and shall report actual costs and revenues for CONTRACTOR's program
 17 described in the Services Paragraph of this Exhibit A-1 to the Contract. Any changes, modifications,
 18 or deviations to any approved budget line item must be approved in advance and in writing by
 19 ADMINISTRATOR and annotated on the monthly Expenditure and Revenue Report, or said cost
 20 deviations may be subject to disallowance. Such reports shall be received by ADMINISTRATOR no
 21 later than twenty (20) calendar days following the end of the month being reported.

22 2. CONTRACTOR shall submit Year-End Projection Reports to ADMINISTRATOR.
 23 These reports shall be on a form acceptable to, or provided by, ADMINISTRATOR and shall report
 24 anticipated year-end actual costs and revenues for CONTRACTOR’s program described in the
 25 Services Paragraph of this Exhibit A-1 to the Contract. Such reports shall include actual monthly
 26 costs and revenue to date and anticipated monthly costs and revenue to the end of the fiscal year, and
 27 shall include a projection narrative justifying the year-end projections. Year-End Projection Reports
 28 shall be submitted in conjunction with the Monthly Expenditure and Revenue Reports.

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

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

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

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

9 E. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
 10 Reports Paragraph of this Exhibit A-1 to the Contract.

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 12 **III. SERVICES**

13 **A. FACILITIES**

14 1. CONTRACTOR shall maintain facility/(ies) for the provision of Early Childhood
 15 Mental Health Consultation Services described herein at the following location(s), or any other
 16 location approved, in advance, in writing, by ADMINISTRATOR. The facility shall include space to
 17 support the services identified within the Contract.

18
 19 10540 Chapman Avenue
 20 Garden Grove, CA 92840
 21

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

28 3. CONTRACTOR shall also provide services in Early Childhood and Education (ECE)
 29 settings including, but not limited to, community-based facilities, schools, and childcare sites
 30 throughout Orange County.

31 **B. EARLY CHILDHOOD MENTAL HEALTH CONSULTATION SERVICES**

32 1. CONTRACTOR shall provide culturally and linguistically appropriate Early Childhood
 33 Mental Health Consultation Services as categorized by the State as early intervention service and
 34 designed to recognize the early signs of potentially severe and disabling mental illness.
 35 CONTRACTOR shall work collaboratively with all partners to ensure that cultural and linguistic
 36 needs are outreached and met.

37 2. CONTRACTOR shall focus on providing Behavioral Health services to those that

1 are unserved and underserved such as isolated, hard to reach groups including, but not limited to,
 2 deaf and hard of hearing persons, visually impaired, veterans, LGBTQIA+, ethnic, cultural, and
 3 linguistic populations, and persons with limited English proficiency.

4 3. CONTRACTOR shall provide ECMHC Services to support the effective management of
 5 challenging behaviors of infants and children up to eight (8) years old, particularly those exhibiting
 6 problematic behaviors and are at risk of mental illness in ECE settings throughout Orange County.
 7 ECE providers will be selected based on the following criteria: 1) Areas of Orange County with the
 8 highest vulnerability in social and emotional development based on the Early Development Index
 9 (EDI), a population-based measure of early child development; 2) ECE sites who have identified
 10 children with challenging behaviors and are at risk of expulsions; and 3) ECE providers who may not
 11 have access to other state or federal funding.

12 a. Consultation services shall be designed to educate and build capacity, increase
 13 knowledge and awareness of early childhood educators to provide appropriate behavior support for
 14 those exhibiting ongoing challenging behaviors, and promote development of healthy identities in
 15 young children. Consultation services shall include consultation, practice-based coaching, direct
 16 observation, and follow-up support.

17 4. CONTRACTOR shall utilize a mental health consultation model that utilizes a trauma-
 18 informed approach to building the skills and expertise of the ECE providers and family members.
 19 These practices shall include, but not be limited to, the Georgetown model and the Pyramid model.
 20 CONTRACTOR shall be responsible for developing the consultation and coaching materials that are
 21 age-appropriate to be part of a comprehensive strategy for utilization.

22 5. CONTRACTOR staff shall work with ECE providers to provide individualized
 23 consultation and coaching, depending upon each child's behavior and integrated within the daily
 24 interactions of the ECE provider and the children and their families. Direct observation of a child's
 25 behaviors, interaction between ECE provider and the child follow-up support will be part of
 26 coaching.

27 6. CONTRACTOR shall provide appropriate referrals and linkages for clinical assessments
 28 and other direct services if an individual child does not respond to the practices and consultations and
 29 a higher level of need is assessed. Participants and Participant families, as well as non-eligible
 30 individuals and their families in need of services not provided under this Contract, shall be referred
 31 to other organizations within their community, as appropriate, for their specific needs.
 32 CONTRACTOR will ensure that all families in need of resources will receive referrals to community
 33 providers. CONTRACTOR shall follow-up with Participants and/or Participant families to confirm
 34 successful linkages for referred services. CONTRACTOR shall confirm that the Participant family
 35 has attended the first appointment to be considered a successful linkage. CONTRACTOR shall
 36 report confirmed linkages to ADMINISTRATOR on a monthly basis and upon request as needed.

37 7. CONTRACTOR shall promote the program by establishing relationships with child

1 focused organizations such as the Regional Center, hospitals, faith-based organizations, school sites
 2 and districts, community centers, behavioral health programs, early childhood educators,
 3 pediatricians, community-based organizations, especially those serving monolingual ethnic
 4 communities, FRCs, and other entities that can support ECMHC Services within the community.
 5 CONTRACTOR shall promote services using a variety of strategies including, but not limited to,
 6 outreach and trainings to educate the community about the services and to promote early childhood
 7 development and mental health.

8 8. CONTRACTOR shall actively collaborate with multiple organizations that provide
 9 children-focused services to children and their families to ensure that the needs of the children and
 10 their families are addressed.

11 9. CONTRACTOR shall actively work to address stigma reduction and reduce negative
 12 feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed
 13 with a mental illness in offered trainings or outreach events.

14 10. Trainings shall be offered by CONTRACTOR, but not limited to, ECE providers,
 15 schools, families, and the community. Topics may include social and emotional mental health,
 16 stigma reduction, trauma and other topics related to promotion of early childhood mental health.

17 11. Outreach events shall be conducted by CONTRACTOR to develop and maintain referral
 18 sources and to promote services to the community. Outreach shall also assist with promotion of
 19 trainings to increase knowledge and awareness of information related to early childhood mental
 20 health and decrease stigma around mental health.

21 C. PROGRAM GOALS

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

Service Type	Annual Performance Goals
Number of unduplicated ECE providers	125
Number of unduplicated ECE site locations	55
Number of parents/families directly served	200
Number of consultation visits	500

Number of unduplicated direct child support	75
Number of linkages to medically necessary care	65

2. CONTRACTOR shall strive to meet the following goals for Early Childhood Mental Health Consultation Services for children and families, youth, and young adults, to provide early linkage to services and prevent mental health conditions, co-occurring disorders, and substance use disorders from becoming severe and/or disabling

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

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

D. OUTCOME MEASURES

1. 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.

2. 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.

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

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

5. CONTRACTOR shall, at a minimum, track, implement and achieve the following

1 outcomes:

2 a. Fewer children with persistent challenging behaviors will be reported by ECE
3 owners, staff, and administrators.

4 b. Teachers, staff, and administrators will report an increase in ability and knowledge
5 to manage children’s challenging behaviors effectively.

6 c. Teachers, staff, and administrators will observe and/or report an increase in
7 children’s prosocial behaviors.

8 d. Teachers, staff, administrators will observe and/or report increased positive
9 engagement from children in classroom activities.

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

14 7. CONTRACTOR agrees to monitor and/or provide additional data or outcomes as
15 requested by ADMINISTRATOR in the format, requested by ADMINISTRATOR.

16 8. Referral and Linkage

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

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

23 9. CONTRACTOR shall, on an ongoing basis and in partnership with
24 ADMINISTRATOR, develop, modify, and incorporate different and/or additional outcome
25 measurements, as approved by ADMINISTRATOR.

26 10. CONTRACTOR shall follow the established HCA data evaluation plan for ECMHC
27 Services and conduct on-going evaluations of the program and data and provide analysis to
28 ADMINISTRATOR as requested and, in a format, approved by ADMINISTRATOR.

29 E. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
30 Services Paragraph of this Exhibit A-1 to the Contract.

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32 **IVI. STAFFING**

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

	FTEs	FTEs	FTEs
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	FY24-25	FY25-26	FY26-27
DIRECT PROGRAM			
Clinical Supervisor	0.10	0.10	0.10
Consultant	2.50	2.50	2.50
Program Manager	<u>1.00</u>	<u>1.00</u>	<u>1.00</u>
SUBTOTAL DIRECT PROGRAM	3.60	3.60	3.60

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

1 of any staffing vacancies that occur during the term of the Contract.

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

6 I. TRAININGS

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

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

13 3. CONTRACTOR shall comply with HCA's CLAS Standards as approved by the State
14 and as defined in this Exhibit A-1 of this Contract.

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

17 J. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the
18 Staffing Paragraph of this Exhibit A-1 to the Contract.

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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>

Commission to End Homelessness
Homeless Service System Pillars Attestation



Providers shall Complete, Sign, and Submit with Contract Renewal:

Please select which of the Homeless Service System Pillar(s) that applies to the services being renewed:

- PREVENTION
- OUTREACH & SUPPORTIVE SERVICES
- SHELTER
- HOUSING

Please provide a brief description to outline how your contract renewal 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 form.

The proposed contract renewal aligns with the Homeless Service System Pillars of Prevention and Outreach & Supportive Services by emphasizing early intervention, relationship-based engagement, and equitable access to care for vulnerable populations. While the contracts do not specifically mention serving homeless youth, it is recognized that housing instability may impact portions of the target population, creating meaningful overlap with individuals and families at risk of homelessness.

Early Childhood Mental Health (ECMH) services utilize human connection as a foundational strategy to build trust through genuine, consistent outreach conducted by culturally competent mental health consultants. Services are delivered through regular community-based outreach and site visits, allowing consultants to build rapport with providers and families in familiar environments. Consultants are intentionally matched to the communities they serve, ensuring culturally responsive support for infants, young children, and families across diverse settings.

Commission to End Homelessness
Homeless Service System Pillars Attestation



Ample time is dedicated to site visits to foster strong relationships, gather critical information, and support service utilization. Through a relationship-based, equitable, and trauma-informed approach, ECMH consultants build the capacity of caregivers and providers to support healthy social and emotional development. Clients are connected to supportive services through individualized referrals and linkages, utilizing warm handoffs to improve engagement and outcomes.

Consistent with best practices outlined in the Pillars Report, the program applies a holistic and prevention-focused approach, recognizing that multiple, ongoing efforts and persistent engagement strategies are often necessary to effectively support families. By strengthening protective factors, increasing access to services, and addressing behavioral health needs early, the program contributes to preventing housing instability and promoting long-term well-being for children and families at risk.

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 CS

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 CS

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 CS

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 CS

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]
(Signature Required)

3/25/26
(Date)