AMENDMENT NO. 6

TO

CONTRACT NO. MA-042-19010114

FOR

ADULT IN-HOME CRISIS STABILIZATION SERVICES

This Amendment ("Amendment No. 6") to Contract No. MA-042-19010114 for Adult In-Home Crisis Stabilization Services is made and entered into on July 1, 2021 ("Effective Immediately") between The Priority Center, Ending the Generational Cycle of Trauma Inc. ("Contractor"), with a place of business at 1940 E. Deere Avenue, Suite 100, 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, on May 22, 2018, the Parties executed Contract No. MA-042-19010114 for Adult In-Home Crisis Stabilization Services, effective July 1, 2018 through June 30, 2020, in an amount not to exceed $3,281,250, renewable for three additional one-year periods ("Contract"); and

WHEREAS, on or about June 1, 2019, the Parties executed Amendment No. 1 to amend the Contract due to a fictitious name change; and

WHEREAS, on or about November 1, 2019, the Parties executed Amendment No. 2 to amend the Contract to revise Exhibit A due to budget and staffing changes; and

WHEREAS, on or about April 28, 2020, the Parties executed Amendment No. 3 to amend the Contract to revise the standard paragraphs and Exhibit A due to required regulatory language and changes needed for the term of the Contract and to renew the Contract for one year, effective July 1, 2020 through June 30, 2021, renewable for two additional one-year periods, in an amount not to exceed $1,875,000 for this renewal period, for a new total amount not to exceed $5,156,250; and

WHEREAS, on or about May 11, 2020, the Parties executed Amendment No. 4 to amend the Contract to change the Contractor's name from "Orange County Child Abuse Prevention Center, Inc. dba Prevention Center, Inc." to "The Priority Center, Ending the Generational Cycle of Trauma Inc."; and

WHEREAS, on or about September 1, 2020, the Parties executed Amendment No. 5 to amend the Contract to change the Contractor's place of business and services from "2390 E. Orangewood Avenue, Suite 300, Anaheim, CA 92806" to "1940 E. Deere Street, Suite 100, Santa Ana, CA 92705"; and

WHEREAS, the Parties now desire to enter into this Amendment No. 6 to amend Exhibit A and to renew the Contract for one year, renewable for one additional one-year period, for County to continue receiving and Contractor to continue providing the services set forth in the Contract; and

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

1. The Contract is renewed for a period of one-year, effective July 1, 2021 through June 30,

2022, in an amount not to exceed $1,875,000 for this renewal period, for a new total amount not to exceed $7,031,250; on the amended terms and conditions.

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, 2018 through June 30, 2022

Period One means the period from July 1, 2018 through June 30, 2019

Period Two means the period from July 1, 2019 through June 30, 2020

Period Three means the period from July 1, 2020 through June 30, 2021

Period Four means the period from July 1, 2021 through June 30, 2022

Amount Not To Exceed:

Period One Amount Not To Exceed:	1,406,250
Period Two Amount Not To Exceed:	1,875,000
Period Three Amount Not To Exceed:	1,875,000
Period Four Amount Not To Exceed:	1,875,000
TOTAL AMOUNT NOT TO EXCEED:	$ 7,031,250"

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

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

	PERIOD FOUR
ADMINISTRATIVE COST	
Salaries	$ 9,432
Services and Supplies	6,600
Indirect Costs	210,994
SUBTOTAL ADMINISTRATIVE COST	$ 227,026
PROGRAM COST	
Salaries	$1,170,737
Benefits	236,980
Services and Supplies	240,257
SUBTOTAL PROGRAM COST	$1,647,974

GROSS COST	$1,875,000
REVENUE	
FFP Medi-Cal	$ 375,000
MHSA Medi-Cal	375,000
MHSA	1,125,000
TOTAL REVENUE	$1,875,000
AMOUNT NOT TO EXCEED	$1,875,000"

4. Exhibit A, Paragraph V. Services, of the Contract is deleted in its entirety and replaced with the following:

"**V. SERVICES**

A. FACILITIES

1. CONTRACTOR shall maintain a minimum of one (1) fully licensed and appropriate facility for the provision of In-Home Crisis Stabilization Services for Adults and Transitional Age Youth (TAY) which meets the minimum requirements for Medi-Cal eligibility at the following location or any other location(s) approved by ADMINISTRATOR:

1940 Deere Avenue, Suite 100

Santa Ana, CA 92705

2. CONTRACTOR shall provide Clients and/or their family and/or immediate support network members twenty-four (24) hours a day, seven (7) days a week, and three hundred and sixty-five (365) days a year, including yet not limited to an immediate field response within two hours or less for new referrals, crisis evaluations for open clients at any time and access to their assigned Crisis Stabilization Team or a designee acceptable to ADMINISTRATOR.

3. CONTRACTOR's holiday schedule shall be consistent with COUNTY's holiday schedule unless otherwise approved, in advance and in writing, by ADMINISTRATOR.

4. CONTRACTOR shall maintain regularly scheduled service hours of five (5) days a week throughout the year and maintain the capacity to provide immediate field response services within two hours or less for new referrals and crisis evaluations for open clients twenty-four (24) hours a day, seven (7) days a week, and three hundred and sixty-five (365) days per year. Services should be adapted to accommodate the needs of Clients served during afterhours on weekdays, and on weekends, as necessary. Services should be provided in a manner that would accommodate those Clients that may be unable to participate during regular business hours.

5. Upon ADMINISTRATOR's certification of CONTRACTOR's existing site, CONTRACTOR shall be responsible for making any necessary changes to meet and maintain Medi-Cal site standards.

B. IN-HOME CRISIS STABILIZATION SERVICES - Consist of an array of behavioral health crisis services including immediate field response within two hours or less, triage services, including evidence based practices, crisis intervention, assessment, individual and family therapy, case management services, collateral services, referral and linkage services and treatment focusing on helping the family and/or immediate support network develop coping skills to avoid future crises. These services are less expensive than acute psychiatric hospitals and are designed to allow the Client and family and/or immediate support network to be treated in the least restrictive, most dignified, and comfortable setting. Assistance with benefit acquisition, housing resources as applicable and treatment planning are also provided.

1. CONTRACTOR shall engage the Client and the Client's family and/or immediate support network in the home whenever possible. Services will be crisis focused and be provided in a short-term model with a target of an intensive three (3) week episode of care, which may be extended for clinical reasons with the concurrence of ADMINISTRATOR.

2. CONTRACTOR shall provide an In-Home Crisis Stabilization Program through a three-phase model. The initial phase shall include assessments of the Client in behavioral health crisis and the Client's family and/or immediate support network, with the goal of identifying short-term or immediate needs as well as de-escalation of the Client and family and/or immediate support network. The In-Home Crisis Stabilization Program shall form a team consisting of a mental health worker and a mental health professional that shall develop a service plan with input from the Client and the Client's family and/or immediate support network.

3. The initial phase shall include assessment and outreach and contain the following elements:

a. CONTRACTOR shall provide contact within two (2) hours of Client's referral for services and provide a comprehensive face-to-face mental health assessment and crisis intervention. Initial outreach and assessment will also include developing a safety-plan with Client and family/support system to reduce risk and prevent further de-escalation.

b. CONTRACTOR shall obtain collateral history from family/support system either in person or by phone.

c. CONTRACTOR shall assess Client and support system that are in a behavioral health crisis, with the goal of identifying short-term or immediate needs as well as de-escalation of the Client and support system. Assessment will also include identifying the Client's and family/support systems strengths. Assessment will include the review and appraisal of available long-term behavioral health services and programs and shall conclude with assistance in scheduling aftercare appointments and attending these appointments with Clients. Due to the brief treatment period, discharge planning must be initiated in the initial phase to prepare the Client appropriately.

d. CONTRACTOR shall develop a complete and full-service plan with input from the Client and the Client's family or support system. This will include tailoring supports and services unique to each Client and his/her support system to address unmet needs. The plan will specify goals, roles of the treatment team members, strategies to be enlisted to manage crisis and prevent escalation, resources to be linked to, and time frames for coordinated implementation of supports and services for the Client and family/support system.

e. CONTRACTOR shall provide outreach efforts to the difficult to engage Clients and/or family. The treatment model will be fluid and adaptable if either the Client or the family does not want to engage yet the clinical team sees the value in outreaching to one or the other to provide them with treatment/skills to improve their situation.

f. CONTRACTOR shall be flexible if a family/support system or an individual does not want to participate. An individual can still be seen and worked with to be more effective with his/her family and environment, or vice versa.

4. During phase two, the team shall be responsible for ensuring the family and/or immediate support network is developing appropriate coping skills and developing the family and/or immediate support network's support systems, while promoting open communication among family and/or immediate support network members. Phase Two will include individual and family therapy, outreach, peer mentor services, case management services, and will include the following elements:

a. CONTRACTOR shall be responsible for ensuring the Client is developing appropriate coping skills and developing the Client's support network, while promoting open communication between Client and family/support system.

b. CONTRACTOR shall be responsible for ensuring the family is developing appropriate coping skills and developing the family's support network, while promoting open communication among family members. This will include providing crisis counseling and education to families, which may include: information on behavioral health conditions, problem-solving skills, community support resources, etc.

c. CONTRACTOR shall provide a battery of evidence-based interventions focusing on helping the Client and family/support system to develop coping skills to avoid future behavioral health crises. Treatment will be provided by a team consisting of several licensed and licensed waivered therapists that are skilled in individual and family therapy interventions. CONTRACTOR shall also provide multi-family therapy and support groups to Clients and families/support systems. The goal will be to reduce agitation and increase long term gains of crisis resolution and treatment.

d. CONTRACTOR shall work with Peer Mentor services, including, yet not limited to peer support groups, assistance with linkage, and telling their story of hope and recovery.

e. CONTRACTOR shall provide targeted case management to address Client and family/support system needs. The focus will be on triaging, coordinating referrals, linking, and providing continuity of care with other longer-term appropriate levels of care, including: community behavioral health services, substance use disorder treatment programs, partial hospitalization programs, crisis residential programs, physical health care providers, community support groups, and veterans services; and assistance with benefit acquisition. A component of the services includes attending initial linkage appointments with each Client to ensure linkage to ongoing care and to prevent recidivism.

f. CONTRACTOR shall follow a social rehabilitation model that includes rehabilitative recreation activities (i.e. movement, meditation, music, art), educational/didactic activities (i.e. assistance with goal setting, benefit and resource acquisition, cooking, going back to school, work, or volunteer activity).

g. CONTRACTOR shall monitor the effectiveness of the developed treatment plan and effectiveness of interventions during this phase. CONTRACTOR will re-work the plan in a timely manner as needed based upon ongoing evaluation and applying knowledge gained from needs assessments and Client/family feedback.

5. The goal of phase three shall be to ensure that the Crisis Stabilization team has prepared the Client and the Client's family and/or immediate support network toward long-term resolution and treatment. Phase Three will include the finalization of discharge planning goals

and action items and will involve the transition of care to the linked provider.

a. CONTRACTOR shall coordinate referrals and provide assistance with linkage, to other existing wraparound/step down and mental health services, which will include warm hand-offs to ensure that Clients and their families are given access to the most appropriate level and type of services, including assistance developing their support network.

6. CONTRACTOR shall engage the Client and the Client's family/support system as defined by the Client in the home or at a location that the Client and support system can easily access and be comfortable in, whenever possible. The services shall be provided utilizing Recovery Model and trauma informed principles which are person-center, strengths-based, individualized, focused on imparting hope and developing resilience and the notion that recovery is possible in persons served. Whenever possible, services shall be tailored to the unique strengths of the Client and will use shared decision-making to encourage the Client to manage their mental health treatment, set their own path toward recovery and fulfillment of their hopes and dreams.

7. CONTRACTOR shall initiate involuntary detention for evaluation and treatment in accordance with Welfare and Institutions Code 5150 and 5585.5, as may be necessary on a 24 hours/ seven days a week basis, and facilitate Clients' admission or transfer to this level of care when appropriate, whether on voluntary or involuntary status.

8. CONTRACTOR shall provide all services in compliance with Welfare & Institutions Code and all Patients' Rights regulations, upholding the dignity and respect of all Clients served.

9. CONTRACTOR shall coordinate Referrals with other existing wraparound and Mental Health Services to ensure that all Clients and/or their families are given access to the most appropriate level and type of services. Other services may include WOC, MHSA FSP/W programs for children and/or adults, and other COUNTY Mental Health Services.

10. CONTRACTOR shall not refuse Client referrals if CONTRACTOR has available space and appropriate staffing to take additional Clients, unless otherwise approved by ADMINISTRATOR.

11. CONTRACTOR shall ensure that all clinical documentation is completed promptly and is reflected on the Client's chart within twenty-four (24) hours after the completion of services.

12. CONTRACTOR shall review the financial status of all enrollees using the UMDAP, unless otherwise approved in writing by COUNTY.

13. CONTRACTOR shall maximize collection of Medi-Cal and other third-party payers whenever appropriate and follow all state and COUNTY procedures for doing so.

14. CONTRACTOR shall accept referrals from and make referrals to the various County and County Contracted programs, as appropriate. CONTRACTOR shall coordinate referrals with other existing mental health services and wraparound services, to ensure that Clients and their families are given access to the most appropriate level and type of service. Other services may include WOC, MHSA FSP programs for TAY or adults, and other COUNTY and COUNTY contracted mental health services.

15. CONTRACTOR shall conduct 100% Supervisory Chart Reviews in accordance with procedures developed by ADMINISTRATOR. CONTRACTOR shall ensure that all chart documentation complies with all federal, state, and local guidelines and standards.

B. INDIVIDUALS TO BE SERVED – CONTRACTOR shall deliver in-home crisis stabilization services to individuals experiencing a behavioral health crisis and their families and/or immediate support system as defined by the individual. Individuals treated will be

identified by ADMINISTRATOR as eligible for these services.

1. CONTRACTOR shall assess individuals meeting the following criteria unless written exception is granted by ADMINISTRATOR:

a. Orange County residents.

b. Experiencing a behavioral health crisis.

c. Between the ages of eighteen (18) and fifty-nine (59), including Transitional Age Youth (TAY) between the ages of eighteen (18) and twenty-five (25). Adults over sixty (60) years of age whose needs are compatible with those of other individuals may be included in target population if they require the same level of care and supervision.

d. at risk of psychiatric hospitalization

2. CONTRACTOR shall engage both the Client and family and/or immediate support network/support persons in the program whenever possible. CONTRACTOR shall document contact with family and/or immediate support network/support persons or document why such contact is not possible or not advisable.

3. CONTRACTOR shall support a Co-Occurring Treatment Model that is non-confrontational, follows behavioral principles, considers interactions between mental illness and substance abuse and has gradual expectations of abstinence. CONTRACTOR shall provide, on a regularly scheduled basis, education via individual and/or group sessions to Clients on the effects of alcohol and other drug abuse, triggers, relapse prevention, and community recovery resources.

4. CONTRACTOR shall assist Clients in developing prevocational and vocational plans to achieve gainful employment and/or perform volunteer work if identified as a goal in the service plan.

5. CONTRACTOR shall provide crisis intervention and crisis management services designed to enable the Client to cope with the crisis at hand while maintaining his/her functioning status within the community and to prevent further decompensation or hospitalization.

6. CONTRACTOR shall provide assessments for involuntary hospitalization when necessary. This service must be available twenty-four (24) hours per day, seven (7) days per week.

7. CONTRACTOR will provide information, support, advocacy education, and assistance with including the Client's natural support system in treatment and services.

8. CONTRACTOR shall sustain a culture that supports Peer Recovery Specialist/Counselors in providing supportive socialization for individuals that will assist Clients in their recovery, self-sufficiency and in seeking meaningful life activities and relationships. Peers shall be encouraged to share their stories of recovery as much as possible to infiltrate the milieu with the notion that recovery is possible.

9. CONTRACTOR shall collaborate proactively with Client's Mental Health Plan Provider when such is required to link individuals to county or contracted housing services which may include continued temporary housing, permanent supported housing, interim placement, or other community housing options.

10. CONTRACTOR shall assist Clients in scheduling timely follow-up appointment(s) between Client and their mental health service provider during treatment episode or within twenty-four (24) hours following discharge to ensure that appropriate linkage has been successful. Provide telephone follow up within five (5) days to ensure linkage was successful.

Services shall be documented in the Client record.

11. CONTRACTOR shall coordinate treatment with physical health providers as appropriate and assist Clients with accessing medical and dental services, and providing transportation to those services as needed.

12. CONTRACTOR shall obtain prior approval from the ADMINISTRATOR for Clients who are deemed necessary to stay in the program for more than twenty-one (21) days. CONTRACTOR shall obtain prior written approval from the ADMINISTRATOR for Clients who are deemed necessary to stay in the program for more than thirty (30) days.

13. CONTRACTOR shall educate Clients on the role of medication in their recovery plan, and how the Client can take an active role in their own recovery process. Client education will be provided on a regularly scheduled basis via individual and family sessions.

C. PROGRAM DIRECTOR/QI RESPONSIBILITIES – The Program Director will have ultimate responsibility for the program and will ensure the following:

1. CONTRACTOR shall maintain adequate records on each Client seen which shall include all required forms and evaluations, a written treatment/rehabilitation plan specifying goals, objectives, and responsibilities, on-going progress notes, and records of service provided by various personnel in sufficient detail to permit an evaluation of services.

2. A COUNTY certified reviewer completes one hundred percent (100%) audit of all Client charts regarding clinical documentation, ensuring all charts are in compliance with medical necessity and Medi-Cal and Medicare chart compliance. Charts will be reviewed within one day of admission to ensure that all initial charting requirements are met and at the time of discharge. CONTRACTOR shall ensure that all chart documentation complies with all federal, state, and local guidelines and standards. CONTRACTOR shall ensure that all chart documentation is completed within the appropriate timelines.

3. Provide clinical direction and training to staff on all clinical documentation and treatment plans;

4. Retain on staff, a certified reviewer trained by the ADMINISTRATOR's Authority and Quality Improvement unit;

5. Oversee all aspects of the clinical services of the recovery program;

6. Coordinate with clinicians regarding Client treatment issues and professional consultations

7. Facilitate on-going program development and provide or ensure appropriate and timely supervision and guidance to staff regarding difficult cases and behavioral health emergencies.

D. QUALITY IMPROVEMENT

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

2. CONTRACTOR shall agree to adopt and comply with the written ADMINISTRATOR Documentation Manual or its equivalent, and any State requirements, as provided by ADMINISTRATOR, which describes, but is not limited to, the requirements for Medi-Cal, Medicare and ADMINISTRATOR charting standards.

3. CONTRACTOR shall demonstrate the capability to maintain a medical records system, including the capability to utilize HCA's IRIS system to enter appropriate data.

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

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

5. CONTRACTOR shall allow ADMINISTRATOR to attend, and if necessary, conduct, QIC meetings.

6. CONTRACTOR shall allow the COUNTY to review the quantity and quality of services, provided pursuant to this Agreement at least quarterly or more frequently as needed. This review will be conducted at CONTRACTOR's facility and will consist of a review of medical and other records of Clients provided services pursuant to the Agreement.

E. CONTRACTOR shall attend meetings as requested by COUNTY including but not limited to:

1. Case conferences, as requested by ADMINISTRATOR to address any aspect of clinical care and implement any recommendations made by COUNTY to improve the care provided.

2. Monthly COUNTY management meetings with ADMINISTRATOR to discuss contractual and other issues related to, but not limited to whether it is or is not progressing satisfactorily in achieving all the terms of the Agreement, and if not, what steps will be taken to achieve satisfactory progress, compliance with P&Ps, review of statistics and clinical services;

3. Clinical staff and IRIS staff training for individuals conducted by CONTRACTOR and/or ADMINISTRATOR.

4. CONTRACTOR will follow the following guidelines for County tokens:

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

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

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

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

1) Token of each staff member who no longer supports this Agreement;

2) Token of each staff member who no longer requires access to the HCA IRIS;

3) Token of each staff member who leaves employment of CONTRACTOR;

4) Token is malfunctioning; or

5) Termination of Agreement.

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

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

F. CONTRACTOR shall obtain a NPI – The standard unique health identifier adopted by the Secretary of HHS under HIPAA of 1996 for health care providers.

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

2. CONTRACTOR, including each employee that provides services under the Agreement, will obtain a NPI upon commencement of the Agreement or prior to providing services under the Agreement. CONTRACTOR shall report to ADMINISTRATOR, on a form approved or supplied by ADMINISTRATOR, all NPI as soon as they are available.

G. CONTRACTOR shall provide the NPP for the COUNTY, as the MHP, at the time of the first service provided under the Agreement to Clients who are covered by Medi-Cal and have not previously received services at a COUNTY operated clinic. CONTRACTOR shall also provide, upon request, the NPP for the COUNTY, as the MHP, to any Client who received services under the Agreement.

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

I. CONTRACTOR shall not conduct any proselytizing activities, regardless of funding sources, with respect to any Client(s) who have been referred to CONTRACTOR by COUNTY under the terms of the Agreement. Further, CONTRACTOR agrees that the funds provided hereunder will not be used to promote, directly or indirectly, any religion, religious creed or cult, denomination or sectarian institution, or religious belief.

J. CONTRACTOR shall maintain all requested and required written policies, and provide to ADMINISTRATOR for review, input, and approval prior to staff training on said policies. All P&Ps and program guidelines will be reviewed bi-annually at a minimum for updates. Policies will include but not limited to the following:

1. Admission Criteria and Admission Procedure;
2. Assessments and Client Service Plans;
3. Crisis Intervention/Evaluation for Involuntary Holds;
4. Handling Non-Compliant Client/Unplanned Discharges;
5. Recovery and Trauma Informed Program principles;
6. Community Integration/Case Management/Discharge Planning;
7. Documentation Standards;
8. Quality Management/Performance Outcomes;
9. Personnel/In service Training;
10. Unusual Occurrence Reporting;
11. Code of Conduct/Compliance;
12. Mandated Reporting; and
13. COVID Related guidelines for seeing clients in the field and face to face.

K. CONTRACTOR shall provide initial and on-going training and staff development that includes but is not limited to the following:

1. Orientation to the program's goals, and P&Ps;

2. Training on subjects as required by state regulations;

3. Orientation to the services section, as outlined in the Services Section of this Exhibit A to the Agreement;

4. Recovery philosophy and Client empowerment;

5. Crisis intervention and de-escalation;

6. Substance abuse and dependence;

7. Motivational interviewing;

8. Peer Mentor Services; and

9. Triaging and providing short term brief treatment models.

L. PERFORMANCE OUTCOMES

1. CONTRACTOR shall be required to achieve, track and report Performance Outcome Objectives, on a quarterly basis as outlined below:

a. maintains an average response time of two (2) hours or less for individuals referred for services.

b. maintains an average treatment Episode of Care (EOC) of three weeks or less;

c. discharges at least ninety percent (90%) of Clients served to a lower level of care;

d. link at least ninety percent (90%) of Clients served to outpatient services at discharge. Linkage will be defined as CONTRACTOR confirming that Client attended outpatient appointment during treatment episode or within five (5) business days after discharge;

e. ensures at least seventy-five percent (75%) of Clients do not require inpatient hospitalization from the time of admission until five (5) days post discharge;

f. maintains an overall satisfaction score from satisfaction surveys of at least four (4) out of five (5) with five (5) being the most satisfied.

2. CONTRACTOR shall coordinate distribution and collection of Satisfaction surveys and provide summary results to ADMINISTRATOR on a quarterly basis. CONTRACTOR shall also discuss the results of these surveys with all staff members in the program and develop plans to address areas of concern that may result from the surveys.

M. DATA CERTIFICATION

1. CONTRACTOR shall certify the accuracy of their data and maintain an accurate and complete database for all Clients served under this Agreement. The database shall be certified upon monthly submission and uploaded to an approved File Transfer Protocol by the tenth (10th) day of every month. If CONTRACTOR's current database copy cannot be submitted via Microsoft Access file format, the data must be made available in an HCA approved database file type. If CONTRACTOR's system is web-based, CONTRACTOR shall allow ADMINISTRATOR accessibility for monitoring, reporting, and allowing accessibility to view, run, print, and export records/reports.

2. CONTRACTOR shall, within two (2) weeks of notice by COUNTY, correct Database errors.

3. CONTRACTOR shall, on a monthly basis, provide a separate file comprised of required data elements provided by COUNTY as outlined in Subparagraph IV.D of this Exhibit A with verification that outcome data is correct.

4. CONTRACTOR shall, on a quarterly basis, report the Performance Outcome Objectives as outlined in Subparagraph IV.L. of this Exhibit A to the Agreement with verification that outcome data is correct.

N. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Services Paragraph of this Exhibit A to the Agreement."

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

A. "CONTRACTOR shall, at a minimum, provide the following staffing pattern expressed in FTEs continuously throughout the term of the Agreement. One (1) FTE shall be equal to an average of forty (40) hours of work per week to provide crisis unit services.

DIRECT ADMINISTRATION	FTEs
Contract and Compliance System Officer	0.12
SUBTOTAL ADMINISTRATION	0.12
DIRECT PROGRAM	
Program Director	1.00
Program Supervisor	1.50
Billing Oversight Manager	1.00
QA Coordinator	1.00
Chief Program Officer	0.23
Data Systems Coordinator	0.16
EHR Specialist	0.16
On-Call (Various)	1.00
Peer Mentor	1.75
Clinician-Licensed	2.00
Clinician-Pre-Licensed	7.00
Case Manager	5.00
SUBTOTAL PROGRAM	21.80
TOTAL FTEs	21.92"

This Amendment No. 6 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. 6 and the Contract, including all previous amendments, the terms and conditions of this Amendment No. 6 prevail. In all other respects, the terms and conditions of the Contract, including all previous amendments, not specifically changed by this Amendment No. 6, remain in full force and effect.

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE

IN WITNESS WHEREOF, the Parties have executed this Amendment No. 6. If Contractor is a corporation, Contractor shall provide two signatures as follows: 1) the first signature must be either the Chairman of the Board, the President, or any Vice President; 2) the second signature must be that of the Secretary, an Assistant Secretary, the Chief Financial Officer, or any Assistant Treasurer. In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution or by-laws demonstrating the legal authority of the signature to bind the company.

Contractor: The Priority Center, Ending the Generational Cycle of Trauma Inc.

Lisa Fujimoto	Executive Director/CEO
Print Name	Title
DocuSigned by: Lisa Fujimoto 5A85A7318134BD...	4/6/2021
Signature	Date

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

Purchasing Agent/Designee Authorized Signature:

William Norsetter	Deputy Purchasing Agent
Print Name	Title
DocuSigned by: William Norsetter 96D46B3A38D20463...	5/19/2021
Signature	Date

APPROVED AS TO FORM
Office of the County Counsel
Orange County, California

Brittany McLean	Deputy County Counsel
Print Name	Title
DocuSigned by: Brittany McLean 3F6961D4343D...	4/7/2021
Signature	Date