

**AMENDMENT #4
TO COUNTY OF VENTURA CONTRACT #8120 TO
PROVIDE CONSULTING SERVICES**

The County of Ventura (County) and Lean Health Care Associates (Contractor) hereby agree that the agreement identified as Ventura County Contract No. 8120 previously entered into by the parties is amended, effective September 30, 2021, as follows:

1. Contract is hereby extended through March 31, 2022.
2. Contract not to exceed amount is increased to \$392,000.
3. Replace Exhibit A-2 Ventura County Medical Pavilion, Harvest - Santa Paula - Project Development in its entirety with the attached Exhibit A-2 Ventura County Medical Pavilion, Harvest - Santa Paula - Project Development Phase – September 2021.
4. Add Exhibit A-3 Ventura County Medical Pavilion, Harvest - Santa Paula – Functional Planning Phase.

All other terms and conditions remain the same.

COUNTY OF VENTURA

LEAN HEALTH CARE ASSOCIATES

Signature

Authorized signature

Printed name

Printed name

Title

Title

Date

Date

Attachments:

Exhibit A-2: Ventura County Medical Pavilion, Harvest - Santa Paula - Project Development Phase – September 2021

Exhibit A-3 Ventura County Medical Pavilion, Harvest - Santa Paula – Functional Planning Phase

Exhibit A-3 Attachment - FACILITY FUNCTIONAL PLAN FRAMEWORK

EXHIBIT A-2
Ventura County Medical Pavilion
Harvest - Santa Paula - Project Development Phase – September 2021

BACKGROUND:

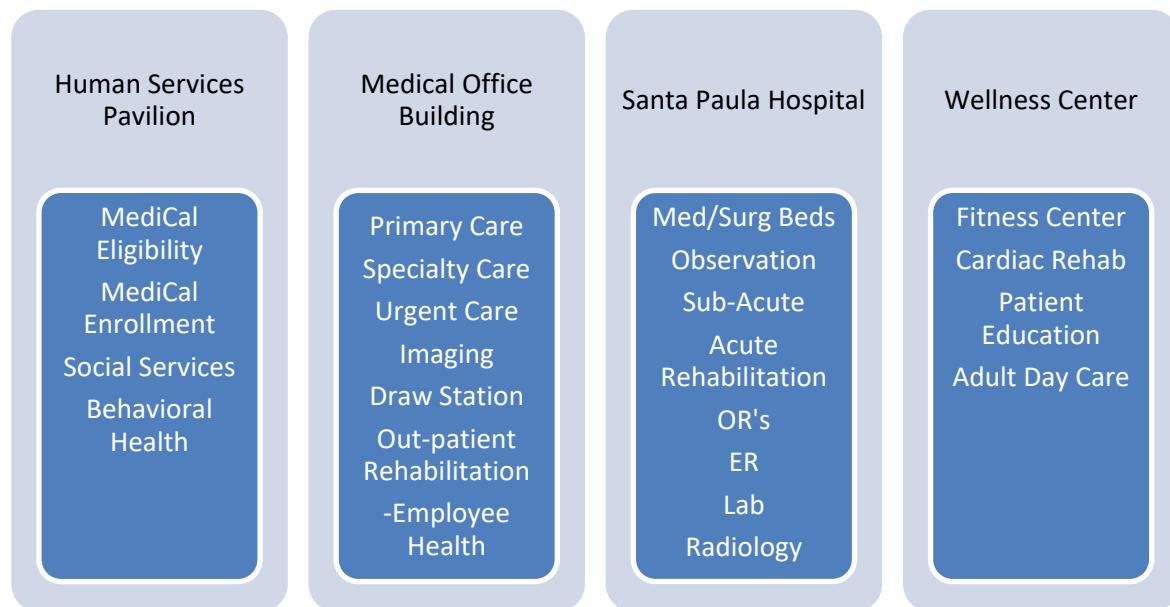
Harvest at Limoneira is evaluating an opportunity to create a comprehensive continuum of care community at the intersection of Hallock and Highway 126 in Santa Paula, California. This innovative continuum of care community will include state of the art medical and supportive services designed to meet the diverse needs of the Santa Clara River Valley residents. Medical services under consideration include an acute care hospital, medical office building, adult day care, skilled nursing facility, and assisted living facility. In addition, the proposed project includes approximately 500 – 1,000 multi-level independent and senior living units, providing affordable housing for 750 – 2,000 new residents.

PROJECT OVERVIEW:

The Ventura County Health Care Agency (HCA) is evaluating the feasibility of relocating Santa Paula Hospital, Santa Paula behavioral health services, the Santa Paula community clinics, and several Human Services Agency programs to the new development. In addition, the County would like to evaluate the feasibility of including a sub-acute and acute rehabilitation program within the new development.

HCA requires project management support to coordinate the development of the financial analysis and development the programming for the relocation of these facilities to the proposed site.

Proposed Programs and Services



SCOPE OF WORK

Ventura County is evaluating the relocation of several of the programs currently based in various facilities within the Santa Paula/Santa Clara River Valley to the proposed Harvest Medical Pavilion:

- Behavioral health services/clinics
- Community health centers
- Santa Paula Hospital
- Human Service Agency programs

- Senior services

The relocation of these services from multiple sites to one location will enable Ventura County to improve access, enhance quality, and deliver a more comprehensive integrated approach to health care and human services for the residents of the Santa Clara River Valley.

HCA in collaboration with the Human Service Agency and the Area Agency on Aging is the lead agency responsible for coordinating the services to be housed in the proposed Harvest Medical Pavilion. The scope of this engagement will include a project manager to develop and manage the initial phase of the project plan and to coordinate the development a facility functional design process.

Under the engagement, the project manager will work collaboratively with Parkstone, Limoneira's commercial real estate developer; the Ventura County CEO's Office, and the leadership of the HCA, Public Works Agency, Human Services Agency, and Area Agency on Aging; and the developers of the Harvest Medical Pavilion to facilitate completion of the following key deliverables.

1. Facilitation of meeting with County and master developer to finalize development of a detailed design plan for the medical pavilion.
2. Develop a stakeholder engagement plan.
3. Facilitation of stakeholder meetings (including development of agendas and coordination of meetings between the Santa Paula Blue Ribbon Task Force, appropriate County personnel, Santa Paula City officials, Limoneria, and the Harvest Medical Pavilion Master Developers, etc...)
4. Development of a summary report for the Ventura County Board of Supervisors with findings, project costs, and proposed services to be included in the medical pavilion.

TIMELINE

The timeline for the completion of this phase is approximately October 31, 2021.

COMPENSATION SCHEDULE

Payments will be contingent upon completion of deliverables by the agreed upon timelines. Payments will be made upon the completion and delivery of deliverables in the amounts set forth below:

Deliverable	Cost
Input and review of the financial analysis	\$12,500
Facility Functional Plan Design Meetings (includes tours of model facilities)	\$25,000
Facility Functional Plan Design Summary Report	\$25,000
High-level workplan with key milestones, roles, responsibilities, and timelines	\$12,500
Detailed Design Plan	\$15,000
Stakeholder Engagement Plan	\$10,000
Summary Report to Ventura County Board of Supervisors	\$25,000
Travel & Expenses	\$2,000

Contractor will invoice County upon completion and delivery of each item. Payment will be made net 30 days after receipt of each invoice.

County shall reimburse Contractor for all reasonable and applicable pre-approved, out-of-pocket expenses associated with this project. Expenses related to travel will be reimbursed according to the provisions and limits established in County's policy of Reimbursement of Employees' County Business Expenses, Chapter VII(C)-1 of the Ventura County Administrative Manual.

EXHIBIT A-3
Ventura County Medical Pavilion
Harvest - Santa Paula – Functional Planning Phase

Introduction

Contactor provides operational and planning consultation, and program support to organizations pursuing a high quality, customer centric approach to delivering innovative health care solutions. We focus on assisting our clients in building the systems, processes, and facilities required to achieve exceptional health care delivery. Our methodology, based on industry best practices provides flexibility within a solid, action-based framework to ensure rapid results for sustainable, long-term benefits.

This scope of work is for facility functional planning for the County of Ventura, Medical Office Building, at the Harvest Medical Pavilion. Following is a list of the services to be provided for this functional planning phase and a proposed timeline for delivery.

Functional Planning Phase Activities

The services to be rendered include:

1. On-going project management of the development process to include management of meetings with the architectural, and design firms, the development team, and County Agency leadership, and clinical teams.
2. Collection of requirements for the facilities, and design consultation.
3. Creation of the Facility Functional Plan using the framework outlined in the attached Exhibit A-3 Attachment FACILITY FUNCTIONAL PLAN FRAMEWORK.

Deliverable

The primary deliverable for this phase is a facility functional plan based on the outline in this Exhibit A-3 Attachment FACILITY FUNCTIONAL PLAN FRAMEWORK. The requirements, and data for the functional facility program will be provided by HCA, Ventura County Public Works Agency, Ventura County Area Agency on Aging, Ventura County Human Services Agency, and other departments, and personnel as required. Consultant will coordinate the data collection and assemble the key elements into the functional plan following the attached outline.

Timeline

It is anticipated that this phase will take approximately six (6) months to complete, however the time to completion may be accelerated based on the requirements to meet the needs of the master plan developer.

Fee Schedule

Consultant will bill time and materials for services rendered, including travel time. County shall reimburse Contractor for all reasonable and applicable pre-approved, out-of-pocket expenses associated with this project. Expenses related to travel will be reimbursed according to the provisions and limits established in County's policy of Reimbursement of Employees' County Business Expenses, Chapter VII(C)-1 of the Ventura County Administrative Manual.

Service Activity - Deliverable	Hourly rate	Est Hours	Total Estimated Cost
Project Management: September 15, 2021, through March 15, 2022	\$200.00	20 hours / Month	\$24,000.00

Requirements Gathering: November 1, 2021, through December 31, 2021. Includes onsite stakeholder meetings.	\$200.00	60 hours	\$12,000.00
Creation of the Facility Functional Plan: January -March 2022.	\$200.00	100 hours	\$20,000.00
Travel and Expenses			\$4,000.00
Total Costs – Functional Planning Phase			\$60,000.00

Resources

County will provide Contractor with access to data required to complete the phase deliverables. Consultant will submit a data request to County within ten (10) days of the start of the phase.

Exhibit A-3 Attachment
FACILITY FUNCTIONAL PLAN FRAMEWORK

INTRODUCTION

The functional plan is a multi-purpose document that describes, in detail, the proposed services to be addressed in a capital project, specifying human, technical, and building resources necessary for the facility to function as intended. Overall, the functional plan documents the scope of services, objectives, and basic operational description of each component to be addressed in a capital project, workload and staffing of the components, together with an estimate and description of the facility resources (space) required to support them.

The functional plan provides a comprehensive understanding of the activities and the functional needs of each component, and the relationships between the components which must be accommodated within the capital project, as well as the relation of the capital project components to the broader systems external to it.

DETAILED DESCRIPTION

The functional plan is a tool for the key stakeholder/client - it documents the scope of service(s), objectives, and basic operational methods of each specific component of the facility; and specifies the human, technical, and building resources necessary for the facility to function as intended. The functional plan is a communication tool that clearly outlines what each component intends to do and why and assists in securing the necessary resources and project approvals to proceed with the project. The functional plan is the requirements for the building design and provides instruction to the architectural and engineering team for the preparation of the detailed design and construction documents.

The functional plan is a coherent, meaningful compilation of the information needed to develop facilities. It is required to effectively support the Harvest Medical Pavilion operations and organizational goals, directing (without limiting or dictating) design. It should permit design latitude and provide necessary criteria against which the design consultant can assess the validity and vitality of the design solution.

It is the critical link between strategic/operational development & building facility design; the use of experience and co-ordination for future planning, to facilitate good control over proposed project design and development; and a vital stage in health care facility planning, which results in information to inform design.

The functional plan will be concise and written at the level of detail which allows for ready translation into facility and planning requirements so that design will support the approved functions; provide sound methodology for analysis and projection of activity (e.g., functions determine workload, which ultimately determine space). The depth of analysis required for each element of the functional plan is based on the project's size, complexity, and risk.

Within the process of developing the functional plan, documentation of issues and their resolution also occurs to ensure that the facility is planned, designed and developed in a manner that can be operationally implemented; incorporate detailed listing of the functions to be undertaken in the completed facility, and of the physical requirements for performance of these functions; be comprehensive to allow the development of operational management plans (e.g., staff and facility) and budgets for each component, and determination of overall operational cost impact; and incorporate fixed and loose equipment elements since equipment is generally a significant

expense in a construction project and is a major consumer of space, support services, and utility requirements and it is most subject to technological change.

The purpose of equipment planning at this stage is to list those items of furnishings/equipment that were considered during the programming of each component and that will be required to make each space operational. Planning for a major capital project, whether it is a major renovation project or a new health care facility, offers the organizations an opportunity to “rethink” its delivery model, operational systems, processes, and use of technology. A major investment of dollars in a healthcare facility should result in enhanced quality services, improved and sustainable operations, increased flexibility, in addition to contemporary, better engineered, and code compliant buildings.

With all capital projects, there should be time and effort expended before beginning the functional plan to ensure that the service delivery models and operational plans for the facility are clarified and that processes within the proposed facility are designed to encourage efficient, value-added approaches. This will allow alignment of the operational intent of a project with the planning and design of the facility.

ELEMENTS OF THE FUNCTIONAL PLAN

Functional plan documentation will be developed for each identified component within a project. The following may be brief or quite detailed depending on the complexity of the project – generally, the elements to be included in the functional plan are:

I. Assumptions:

- Premise(s) for the future, upon which the project is required (e.g., occupancy at 90%, population growth, and change in treatment protocols)
- Descriptive overview of the change in the organization to address the project
- The supporting rationale that identifies the factors driving the need and the planning work done to date
- Summary of needs assessment findings; and key cost, schedule, and implementation assumptions.

II. Planning Parameters:

- Project mandate and service priorities:
 - Strategic intent, project vision; guiding principles for the project (e.g., integrated and coordinated service); and strategy – how the change will be implemented.
 - Operational principles/business process; how the facility will operate and how the individual services interface or integrate with existing services/facilities.
 - Functional planning principles and parameters; guide the planning consistent with the operational principles; and planning horizons (e.g., 10 years).
 - Design parameters; derived from operational and functional needs; and
- Based on design standards and requirements (e.g.: LEED® objective).
 - Population parameters
 - Defined projection methodology required to accurately projects the workload, staffing and space.

- III. **Activities/Functions for Each Component within the Project:** This section provides a detailed description of component activities and functions - what is done (e.g., inpatient care, ambulatory care, diagnostic imaging, patient transport, building cleaning, laundry, food services, human resources), by whom, when and with what resources. It includes specific components within the major activities/functions (e.g., Human Resources would be further broken down – labor relations, payroll, accounting, etc.) and describes any transfer of activities/function from one component to another component.

This will generally include:

- i. Operational/service planning model organization and management
- ii. Service delivery principles and methods
- iii. Hours of operation
- iv. Client/patient flow
- v. Opportunities for integration with others
- vi. Scope of service (current and future)
- vii. Client/patient profile
- viii. Clinical roles and activities
- ix. Education roles and activities; and research roles and activities.
 - a. Workload/Volumes: projections for planning - historical, current and projected (5 & 10 year).
 - b. Workload projection methodology and supporting rationale and detailed description of component workload (e.g., *number of patients, service provided*).
 - c. Number of visits/procedures – current and future.
 - d. Methodology and projection of diagnostic and treatment spaces required.
 - e. Current and projected FTE's (over the planning horizon of project); and

IV. **Functional Relationships:**

- External: To the component – e.g., diagram/descriptions describing critical relationships to other programs/services/components within the facility (e.g., patient transport from emergency department to component, materiel management flow to and from the component, etc.); and to the facility - relationships with other facilities to provide the program context within the greater health care system (e.g., patient transport for specialized diagnostic procedure, sending/receiving lab specimens).
- Internal: Relationships of sub-units within the component space (e.g., location of nursing station to patient rooms, waiting area to reception) to facilitate flow, functionality, etc. within the component; and
- Locations - specify whether component must be adjoining to another program (share common wall), adjacent (within the same physical area) or accessible (via corridor/elevator).
- Prioritized relationships according to frequency and importance of interaction.

- V. **Design Criteria/Physical Requirements:** Special requirements of each component (e.g., access, security, privacy, noise control, natural light, infection prevention and

control, safety, work environment, change and flexibility, sustainability, critical dimensions, overall layout, special needs population, etc.).

- VI. **Space requirements** and description of each space type, activities, what is contained within (furniture, fixtures and equipment), special features, number of people, etc.
- Description of essential physical spaces required to accommodate the component (e.g., patient rooms, operating rooms, Intensive Care Unit cubicles, support rooms and building systems spaces).
 - Sufficient detail regarding the use, occupancy and equipment to be located in the spaces to assist with the determination of the room size during the final design stage; and a brief description of the overall appearance, ambiance, configuration, traffic flow, and privacy issues (e.g., continuous walking circuit for personal care home residents, exterior windows in waiting area).
- VII. **Schedule of Accommodation:** Room-by-room space list or schedule of accommodation of space types identifying the number or units required and the area in net square meters, with reference to the number of occupants and major equipment; and component gross-up factors.
- VIII. **Equipment:**
- Preliminary list of equipment to determine space sizes, assisting in preliminary costing, completed in detailed design (depending on the project it could be a detailed list); and
 - Overview of the fixed or large loose equipment (e.g., diagnostic imaging, sterile processing, medical gas/electrical service columns in patient cubicles).
- IX. **Impact Analysis:**
- Impact of planned component (new or additional service) to the overall facility/system that supports it and the specific services including core services and clinical and support services, and the impacted service.
 - Assess the additional workload added by the service and what resources staff, space equipment, etc. is required to support the component.
- X. **Development Options (Conceptual Development Plan):**
- Determine optimal component location for key functional requirements and relationships.
- XI. **Gaming session/design charette** (refers to a planning technique that focuses on establishing and testing functional relationships; typically utilizing a two- or three-dimension model of the buildings and/or site to enable a variety of participants to become involved in the determination of optimal facility layouts.
- XII. **Test-fit of options** – especially important in renovations/reuse of existing buildings.
- XIII. **Evaluation criteria**/comparative analysis of the options.

- XIV. **Optimal Concept Design:** Process should result in identification of an optimal concept design.
- XV. **Other Considerations:** The following may also be included in a functional plan, especially where the project is large, complex in nature, or addition to an existing facility.
- Site development plan/master plan
 - Project cost plan (this would normally be part of most projects)
 - Operational impacts
 - Parking and traffic studies
- XVI. **Appendices** can include the following: applicable guidelines and standards used to guide functional plan development; summary table of program/service facility support requirements.
- Form of communication maintained through the life of the project.
 - Issues documented from the project – tool that documents the issues and resolution includes all issues – operations, functional planning, design, and construction.
 - Definitions/terminology; and planning teams and committees (e.g., planning team/roles and responsibilities, steering committee/roles and responsibilities, and user group/roles and responsibilities).