# AMENDMENT No. 1 TO PROFESSIONAL SERVICES AGREEMENT

This Amendment No. 1 to the Professional Services Agreement is made and entered into by and between the County of Monterey, hereinafter referred to as COUNTY, and **United Way Monterey County**, hereinafter referred to as CONTRACTOR.

This Amendment modifies the Professional Services Agreement as specified below,

- 1. Amend Paragraph 2, "PAYMENTS BY COUNTY" to read as follows: The total amount payable by County to CONTRACTOR under this Agreement shall not exceed the sum of **§75,000.**
- 2. Amend Paragraph 3, "TERM OF AGREEMENT" to read as follows: The term of this Agreement is from <u>January 1, 2009</u> to <u>June 30, 2011</u>, unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both CONTRACTOR and County and with County signing last, and CONTRACTOR may not commence work before County signs this Agreement.
- 3. EXHIBIT A-1 replaces EXHIBIT A. All references in the Agreement to EXHIBIT A shall be construed to refer to EXHIBT A-1.
- 4. All other terms and conditions of the Professional Services Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, County and CONTRACTOR have executed this Amendment No. 1 as of the day and year written below.

COUNTY OF MONTEREY	CONTRACTOR
Contracts/Purchasing Manager	United Way Mosterey Count
Date: 7-6-11	United Way Monterey County Contractor's Business Name*
	2 desired a 2 desired a 1 desired
By: Al. I C Earn	
712100	
Department Head (if applicable)	By Lager L Short
Date:	(Signature of Chair, President, or Vice-
41/12010	President)*
l	
Approved as to Form	1 1 11 22
	MARYL-ADAMS President & CEO Name and Title
Den	Name and Title
By:	100
County Counsel	Date: 6.25.2010
Date:	
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Approved as to Fiscal Provisions 1	By: / Maion Maaua/
ripproved as to riscant rovisions,	(Signature of Secretary, Asst. Secretary, CFO, or
By: JM WW	Asst. Treasurer)*
Audiţor/Controller	11000 110000101)
Date: $(\mathcal{F}(\mathcal{F})\mathcal{F})$	ellerand the said as a first and a
	SHARDN LACANA, DIR OF FINANCE HR.  Name and Title
	Name and Title
	Date: 6/24/10
3	Date: 6/24/10
Approved as to Liability Provisions	
By:	JUL 0 6 2010
Risk Management	Illia
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Date:	coc
Approved as to Content	
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By:	·
Behavioral Health Director	
Date:	
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Amendment No.1

FY 2010-11

Approval by County Counsel is required only if changes are made to the standard provisions of the PSA Approval by Auditor/Controller is required

Approval by Risk Management is required only if changes are made in paragraph 8 or 9 United Way Monterey County 2

# EXHIBIT A-1: SERVICE DESCRIPTION & PAYMENT PROVISIONS

# A. SERVICE DESCRIPTION

#### I. IDENTIFICATION OF PROVIDER

United Way Monterey County 60 Garden Road, Suite 350 Monterey, CA 93940 (831) 372-8026

#### II. PROGRAM NARRATIVE

The 211 Service provides 24/7 assistance for residents seeking health and human services assistance and is a response to the enormity of input from community stakeholders expressing the need for increased access to essential services including mental health services, especially for unserved or underserved community residents. 2-1-1 is an easy-to-remember telephone number that connects people with important community services and volunteer opportunities. 2-1-1 provides callers with information about and referrals to human services for every day needs and in times of crisis.

The system provides multi-lingual services to Monterey County residents of all age and cultural groups. Marketing of the service includes specific outreach materials and strategies designed to reach Underserved and Unserved Cultural Populations.

## III. PROGRAM GOALS

The goals of the 211 service is to offer information regarding the following types of services:

- a. Basic Human Needs Resource: food banks, clothing closets, shelters, rent assistance, utility assistance;
- Physical and Mental Health Resources: health insurance programs, Medi-Cal and Medicare, maternal health, Children's Health Insurance Program, medical information lines, crisis intervention services, support groups, counseling, drug and alcohol intervention and rehabilitation;
- c. Employment Supports: financial assistance, job training, transportation assistance, education programs;
- d. Support for Older Americans and Persons with Disabilities: adult day care, congregate meals, Meals on Wheels, respite care, home health care, transportation, homemaker services;
- e. Support for Children, Youth and Families: childcare, after school programs, Head Start, family resource centers, summer camps and recreation programs, mentoring, tutoring, protective services; and,
- f. Volunteer Opportunities and Donations.

## IV. PERFORMANCE OUTCOME MEASURES & DATA COLLECTION ELEMENTS

- A. Number of phone calls per quarter.
- B. Demographic information of callers, in aggregate form

# C. Reporting Frequency

The Contractor will use the Logic Model for program progress tracking and reporting to the County. See page 4 of this Exhibit A-1. The data that is required pursuant to this Agreement will be reported to the County of Monterey Health Department, Behavioral Health Division, on a quarterly basis and should accompany the quarterly claim.

## V. CONTRACT MONITOR

Alica Hendricks
Mental Health Services Act Coordinator
Monterey County Health Department
Behavioral Health Division
1270 Natividad Road, Room 144
Salinas, CA 93906
(831) 796-1295

## B. PAYMENT PROVISIONS

#### I. PAYMENT TYPE

Fixed Rate.

### II. PAYMENT CONDITIONS

- A In order to receive any payment under this Agreement, CONTRACTOR shall submit reports and claims in such form as may be required by the County of Monterey, Department of Health, Behavioral Health Division. Specifically, CONTRACTOR shall submit its claims on a form acceptable to COUNTY so as to reach the Behavioral Health Division no later than the 30th day of the month following the quarter of service. Upon termination of this Agreement, CONTRACTOR shall submit its final claim for payment no later than thirty (30) days after the completion of services.
- B CONTRACTOR shall provide quarterly reporting on program outcomes, to include the Measures as included on the "Logic Model" developed for this program. The quarterly Progress Report is to be submitted with the quarterly invoice.
- C CONTRACTOR will submit a quarterly invoice and progress report for services rendered to:

  Monterey County Health
  Behavioral Health Division
  1270 Natividad Road
  Salinas, Ca. 93906

Attn: Accounts Payable

- D If CONTRACTOR fails to submit claims for services provided under the term of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that quarter of service and disallow the invoice.
- E COUNTY shall review and certify CONTRACTOR's invoice either in the requested amount or

in such other amount as COUNTY approves in conformity with this Agreement, and shall then submit such certified invoice to the COUNTY Auditor. The County Auditor-Controller shall pay the amount certified within thirty (30) days of receiving the certified invoice.

If COUNTY certifies payment at a lesser amount than the amount requested COUNTY shall immediately notify the CONTRACTOR in writing of such certification and shall specify the reason for it. If the CONTRACTOR desires to contest the certification, the CONTRACTOR must submit a written notice of protest to the COUNTY within twenty (20) days after the CONTRACTOR's receipt of the COUNTY notice. The parties shall thereafter promptly meet to review the dispute and resolve it on a mutually acceptable basis. No court action may be taken on such a dispute until the parties have met and attempted to resolve the dispute in person.

# III. QUARTERLY PAYMENT SCHEDULE

Period of Payment	Quarterly Invoice Amount
FY 2008-09: January 1, 2009 through June 30, 2009	\$ 12,500
FY 2009-10: July 1, 2009 through June 30, 2010	\$ 6,250
FY 2010-11: July 1, 2010 through June 30, 2011	\$ 6,250

# IV. MAXIMUM OBLIGATION OF COUNTY

- A Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of \$75,000 for services rendered under this Agreement.
- B Maximum Annual Liability:

FISCAL YEAR	FUNDING SOURCE	AMOUNT
2008-2009	Mental Health Services Act	\$ 25,000
•	Prevention & Early Intervention Funds	
2009-2010	Mental Health Services Act	\$ 25,000
	Prevention & Early Intervention Funds	
2010-11	Mental Health Services Act	\$ 25,000
	Prevention & Early Intervention Funds	
TOTAL AGREEN	MENT MAXIMUM LIABILITY	\$ 75,000

- C COUNTY for services rendered under this Agreement, such amount shall be deemed to have been paid out under this Agreement and shall be counted towards COUNTY's maximum liability under this Agreement.
- D If for any reason this Agreement is canceled, COUNTY's maximum liability shall be the total utilization to the date of cancellation not to exceed the maximum amount listed above.

Problem, Objective, Goal, Strategies, & Activities	Measures	Data Source	When measured	Desired result	
<b>Problem:</b> The United Way Monterey County requires funding from cor assistance for residents seeking health and human services assistance.	County requires funding from h and human services assista	funding from community partners to maintain a $2-1-1$ Service that will provide $24/7$ vices assistance.	aintain a 2-1-1 Sei	vice that will provide 24/7	
<b>Objectives:</b> Participate with United Way Monterey County and other community partners in funding a 2-1-1 Service.	Vay Monterey County and oth	ner community partners in	funding a 2-1-1 Se	rvice.	
Focus Populations: Monterey County residents in need of assistance for health and human services.	ty residents in need of assista	ince for health and human	services.		
<b>Goal:</b> Receive annual Behavioral Health Call Data describing the annual number and percentage of calls for behavioral health services. Data to include demographic variables (such as gender, age group, race/ethnicity, socio-economic status indicators) as available through the 2-1-1 Service evaluation plan.	Ith Call Data describing the ar as gender, age group, race/et	nnual number and percenta hnicity, socio-economic sta	age of calls for beh itus indicators) as	iavioral health services. Data to available through the 2-1-1	
Strategy: Provide quarterly funding to UWMC	to UWMC				<del></del>
Activities:				Referrals were provided to	
	<ul> <li>Timely receipt of quarterly reports in</li> </ul>	■ 2-1-1 Call records	Quarterly	callers to help meet behavioral health service needs.	·
<ol> <li>UWMC provides MCBH with quarterly reports indicating:</li> </ol>	Microsoft excel format		•		
<ul> <li>Number of calls by caller age group, gender, race/ethnicity,</li> </ul>					
language spoken, zip code.  Number of calls by contact					
type, problem category, and					
Number of referrals made to					
each agency  • Annual UWMC 2-1-1 report	W.		· · · · · · · · · · · · · · · · · · ·		
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