RENEWAL AND AMENDMENT NO. 2 TO AGREEMENT BY AND BETWEEN COUNTY OF MONTEREY & CITY OF SALINAS

THIS RENEWAL AND AMENDMENT NO. 2 is made to the AGREEMENT for services by and between the County of Monterey, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and CITY OF SALINAS, hereinafter "CONTRACTOR".

WHEREAS, on January 11, 2021, County and CONTRACTOR entered into an Agreement in the amount of \$93,000 for the term January 1, 2021 through May 31, 2021, for the provision of housing location and lardlord engagement services for individuals experiencing homelessness or who are at risk of homelessness; stipends for workers who provide outreach to homeless persons; and

WHEREAS, on June 18, 2021, County and CONTRACTOR executed Renewal and Amendment No. 1 to the Agreement to extend the term of the Agreement seven (7) months for an extended term of January 1, 2021 through December 31, 2021, increased the total maximum obligation by \$130,200 for a total not to exceed \$223,200, and revised Exhibit A, Scope of Services and Exhibit B, Payment and Billing Provsions, and Exhibit C, Budget and Maximum Obligation to the County, to meet the current service needs for the extended term; and

WHEREAS, on December 31, 2021 the Agreement expired by its terms; and

WHEREAS, the County and CONTRACTOR wish to **Renew and Amend Agreement** to increase the Payment Provisions by \$318,641 for a total not to exceed, \$541,841 to ensure all services performed through December 31, 2021 may be paid;

NOW THEREFORE, the County and CONTRACTOR hereby agree to amend the Agreement in the following manner:

- 1. **Section 2.0 PAYMENT PROVISIONS** shall be amended by removing "The total amount payable by County to CONTRACTOR under this Agreement shall not exceed the sum of \$223,200.00." and replacing it with "The total amount payable by County to CONTRACTOR under this AGREEMENT shall not exceed \$541,841.00"
- 2. **EXHIBIT A-2: Scope of Services/Payment Provisions** replaces EXHIBIT A-1. All references in the Agreement to EXHIBIT A shall be construed to refer to EXHIBIT A-2.
- 3. **EXHIBIT B-2: Payment and Billing Provisions** replaces EXHIBIT B-1. All references in the Agreement to EXHIBIT B shall be construed to refer to EXHIBIT B-2.
- 4. **EXHIBIT C-2: Budget and Maximum Obligation** replaces EXHIBIT C-1. All references in the Agreement to EXHIBIT C shall be construed to refer to EXHIBIT C-2.

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- 5. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT are unchanged and unaffected by this Renewal and Amendment No. 2 and shall continue in full force and effect as set forth in the AGREEMENT.
- 6. A copy of this Renewal and Amendment No. 2 shall be attached to the original AGREEMENT dated January 1, 2021.

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IN WITNESS WHEREOF, the parties have executed this Renewal and Amendment No. 2 on the day and year written below.

CONTRACTORy City of Salinas
By: Steve Carrigan
Signature of Chair, President, or
Vice-President
Steve Carrigan City Manager
Printed Name and Title
Dated: 4/7/2022 10:43 AM PDT
DocuSigned by:
Mary Lagasca
By: CFO, (Signature of Secretary, Asst. Secretary, CFO,
Treasurer or Asst. Treasurer)*
Mary Lagasca Assistant Finance Director
Printed Name and Title
Dated: Docusigned by:
By Clinis Callilian
(City Attorney)
Chris Callihan City Attorney
Printed Name and Title
Coupsel: 3/27-6202 as 1:540PM.PDT
Tymed: //pp. 37cd d3 co form.

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

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Exhibit A-2: Scope of Services/Payment Provisions

I IDENTIFICATION OF THE PROVIDER:

City of Salinas 200 Lincoln Avenue Salinas, CA 93901 (831)758-7381

II. PROGRAM 1: CESH Matching Funds

Address of Delivery Sites: Various locations within the City of Salinas Program Schedule: Monday through Friday, 8:00 a.m. to 5:00 p.m.

Limitation of Service: Monterey County residents who are homeless, including

those enrolled in Whole Person Care.

The California Department of Housing and Community Development (HCD, through the California Emergency Solutions and Housing (CESH) Program, has made funding available to the Salinas/Monterey, San Benito Counties Continuum of Care CA-506 (CoC) to provide grants to assist persons who are experiencing homelessness or are at risk of homelessness. The CESH Program provides funding for a variety of activities to assist persons experiencing or at risk of homelessness as authorized by SB 850 (Chapter 48, Statues of 2018). HCD administers the CESH Program with funding received from the Building Homes and Jobs Act Trust Fund (SB 2, Chapter 364, Statutes of 2017). The City of Salinas (indicated here as CONTRACTOR) has been designated by the CoC as the Administrative Entity.

Through the issuance of a Notice of Funding Availability, the CONTRACTOR evaluated, ranked, and selected community services providers to provide the following CESH activities:

- 1) rental assistance, housing relocation & stabilization services to ensure housing affordability to individuals experiencing homelessness or who are at risk of homelessness;
- 2) flexible housing subsidy funds for local programs that establish or support the provision of rental subsidies in permanent housing to assist homeless individuals & families; and
- 3) operating support for emergency housing interventions including but not limited to navigation centers, street outreach, and shelter diversion.

The WPC is authorized under California's Medi-Cal 2020 waiver to test locally-based initiatives that will coordinate physical health, behavioral health, and social services for vulnerable Medi-Cal beneficiaries who are high users of multiple systems and continue to have or are at risk of poor health outcomes. The WPC is in effect through December 31, 2021. The WPC focus population is high cost, high utilizers of hospital emergency department and inpatient services who are exclusively homeless/chronically homeless Medi-Cal recipients or Medi-Cal eligible persons with no medical health home (including those released from jail) and having two or more of the following characteristics:

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- diagnosed mental illness,
- diagnosed substance use disorder,
- two or more mental health unit admissions in the prior twelve months,
- two or more chronic health diagnoses,
- two or more emergency department visits within the prior twelve months,
- one or more hospital admissions within the prior twelve months, or
- two or more significant medications prescribed.

CONTRACTOR sub-grantees will serve the WPC focus population as described above. Beneficiaries of CONTRACTOR sub-grantees services do not necessarily need to be enrolled in WPC.

III. Grant Objective and Goals

The grant objective is to expand upon CONTRACTORS CESH-funded resources by leveraging those funds with WPC one-time matching funds for the purpose of reducing homelessness.

IV. CONTRACTOR and subcontractor deliverables:

In general, CONTRACTOR shall:

- Subcontract with qualified, experienced community human services partners to conduct direct services that will fulfil the Grant Objectives and Goals listed above.
- Require subcontractors to use CESH Best Practices in delivering direct services and to specifically use Housing First practices described in California Code of Regulations, title 25, section 8409, subdivision (b)(1)-(6).
- Monitor subcontractor progress toward achieving subcontract performance outcomes.
- Invoice COUNTY on a timely basis.
- Require subcontractors provide monthly metrics as described in 6.D. below.
- Provide monthly subcontractor outcome reports (accompaniment to invoices) on a timely basis.
- Participate in monthly Whole Person Care Social and Clinical case manager meetings.

CONTRACTOR will conduct activities as follows:

- a) **CESH Program Manager** to coordinate all City CESH subcontractor activities, trouble-shoot and monitor all progress, and facilitate linkages between human service providers.
- b) **Housing Locator/Landlord Engagement** conducted by an individual with property management and/or housing rental experience who will identify appropriate housing opportunities, help participants understand lease and tenancy obligations, connect participants to suitable opportunities, and in conjunction with other team members, provide time-limited peripheral support of the participant to retain their new housing. Landlord incentives to support enrollees to house prior to 12/31/21. With these funds, landlords will receive a rental signing bonus when a previously unsheltered resident has remained a tenant for 30 days. Landlords will also receive a guarantee of \$1,000 in damage repair caused by a previously unsheltered resident.
- c) Navigation and Hygiene Center Sanitation: To the existing Navigation & Hygiene Center Staff activity, reinstate daily servicing (restocking, sanitizing) for 11 handwashing and toilet units located in the most highly concentrated area of unsheltered Salinas residents. Includes servicing and a stipend for peer monitors three times weekly.
- d) **Hygeniene Stations:** Purchase and installation of a toilet/shower unit to sit on City of Salinas-operated property near a facility that serves unsheltered residents. Funds will provide for permits, site preparation, procurement and delivery, couple to existing water/sewer systems, and contingencies.

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V. Tasks and Responsibilities:

CONTRACTOR will be engaged in services Monday through Friday, from approximately 8:00 am to 5:00 pm, for a total of 40 hours per week.

CONTRACTOR will attend monthly WPC Social and Clinical partner meetings conducted by Monterey County Health Department and held at 1270 Natividad Road, Salinas, CA to stay informed of the activities of WPC partners.

VI. Monthly Subcontractor Outcomes Reports

- A. Monthly subcontractor outcome reports must accompany monthly invoices. All reports must be emailed to COUNTY WPC manager.
- B. No personally identifiable information or protected health information belonging to any CESH beneficiary as a result of this Agreement shall be included in any reports, spreadsheets, emails, or other communication materials shared with any County departments, employees, staff, or agents.
- C. A logic model, flow chart, or evaluation plan pertaining to this agreement shall be submitted to COUNTY WPC program manager for approval.
- D. Reports shall include subcontractor metrics as follows:

CESH Program Manager and Outreach Stipends: City subcontractor

Monitor sub-contractor progress towards outcomes	# of Co-facilitated weekly subcontractor case conferencing	# collaborative meetings attended regarding housing availability/ stock/access
	subcontractor case	attended regarding housin

Housing Locator/Landlord Engagement Subgrantee: City subcontractor

Roster of client first name & last initial Client DOB	# landlords engaged since last report	# housing applications submitted since last report	# clients permanently housed since last report
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Exhibit B-2: Payment and Billing Provisions

1. Payment Type:

Cost reimbursement related to subcontracting will be paid to CONTRACTOR based on monthly invoices up to and including the month of December 2021, with a total not-to-exceed obligation of \$541,841.00.

2. **Payment Authorization for Services:** The COUNTY'S commitment to authorize reimbursement to the CONTRACTOR for services as set forth in this Exhibit B is contingent upon COUNTY authorized admission and service, and CONTRACTOR'S commitment to provide services in accordance with the terms of this Agreement.

3. Payment Conditions:

- A. Cost reimbursement will be made to CONTRACTOR on a monthly basis. Invoices for the preceding month shall be submitted no later than 30 days after the end of the prior month. Detailed monthly payment instructions are described in the County of Monterey Standard Agreement item 6.04.
 - i. This Agreement is subject to non-federal fund matching requirements outlined in the Department of Health Care Services (DHCS) Whole Person Care Agreement (contract No. 16-14184-MO-27 dated June 27, 2017) with the County of Monterey in which intergovernmental transfer (IGT) funds will qualify for federal financial participation per 42 CFR 433, subpart B (specifically 433.50 Basis, scope, and applicability) which states:
 - (a) Basis: This subpart interprets and implements (1) Section 1902(a)(2) of the Social Security Act which requires States to share in the cost of medical assistance expenditures and permit both State and local governments to participate in the financing of the non-Federal portion of medical assistance expenditures.
 - (2) Section 1903(a) of the Social Security Act, which requires the <u>Secretary</u> to pay each State an amount equal to the Federal medical assistance percentage of the total amount expended as medical assistance under the State's plan.
 - (3) Section 1903(w) of the <u>Act</u>, which specifies the treatment of revenues from <u>provider-related donations</u> and health care-related taxes in determining a State's medical assistance expenditures for which Federal Financial Participation (FFP) is available under the <u>Medicaid program</u>.
 - ii. California WPC participating entities (i. e. COUNTY) will provide the nonfederal share through an intergovernmental transfer (IGT) to the state. The IGT funds are then matched by the federal government and the combined amount is made available to the lead entity that is then responsible for determining how those funds are utilized in the context of the WPC pilot.
- B. Intergovernmental **transfer of funds shall be conducted biannually upon notice made by COUNTY.** Within 30 days determining the mid-year or year-end payments due based on the aggregated midyear and annual invoices, COUNTY will issue requests to the

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CONTRACTOR for the necessary IGT amounts. The CONTRACTOR shall make IGT of funds to COUNTY in the amount specified within 7 days of receiving the COUNTY's request. If the IGTs are made within the requested timeframe, COUNTY will return the IGT funds to CONTRACTOR within 20 days after the initial transfers are made.

- C. In order to receive any payment under this Agreement, CONTRACTOR shall submit invoices and reports in such form as a General Ledger, Payroll Report, subcontractor invoices, and monthly progress report (described in Exhibit A, 6. Reporting) or other and as may be required by the County of Monterey Department of Health.
- D. All CONTRACTOR and subcontractor indirect costs are limited to no more than 5% of the administrative expenses only.
- E. CONTRACTOR shall submit monthly invoices on Cost Reimbursement Invoice Form (as appears below) to this Agreement, along with backup documentation specified in 3.A. above, , to COUNTY so as to be in the COUNTY'S receipt no later than the last day of the month following the quarter of service. The amount requested for reimbursement shall be in accordance with the approved budget and shall not exceed the actual net costs incurred for services provided under this Agreement.
- F. CONTRACTOR shall submit via email a monthly claim in Excel format with electronic signature along with supporting documentations, as may be required by the COUNTY for services rendered to: Joe Ripley, RipleyJL@co.monterey.ca.us
- G. CONTRACTOR shall submit all invoices for reimbursement under this Agreement within thirty (30) calendar days after the termination or end date of this Agreement. All invoices not submitted after thirty (30) calendar days following the termination or end date of this Agreement shall not be subject to reimbursement by the COUNTY. Any invoice(s) submitted for services that preceded thirty (30) calendar days prior to the termination or end date of this Agreement may be disallowed, except to the extent that such failure was through no fault of CONTRACTOR. Any "obligations incurred" included in invoices for reimbursements and paid by the COUNTY which remain unpaid by the CONTRACTOR after thirty (30) calendar days following the termination or end date of this Agreement shall be disallowed, except to the extent that such failure was through no fault of CONTRACTOR under audit by the COUNTY.
- H. If CONTRACTOR fails to submit claim(s) for services provided under the terms of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.
- I. COUNTY shall review and certify CONTRACTOR'S claim either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement and shall then submit such certified claim to the COUNTY Auditor. The County Auditor-Controller shall pay the amount certified within thirty (30) calendar days of receiving the certified invoice.
- J. To the extent that the COUNTY determines CONTRACTOR has improperly claimed services, COUNTY may disallow payment of said services and require CONTRACTOR to

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resubmit said claim of services for payment, or COUNTY may make corrective accounting transactions.

K. 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) calendar 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.

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Exhibit C-2: Budget and Maximum Obligation of the County

1. City of Salinas Subgrantee Activities for January 1, 2021 through December 31, 2021

This budget breaks down into two distinct activities that are either sub-granted to community partners by CONTRACTOR or are individuals with whom CONTRACTOR has sub-contracted:

	Item	Original Contract	Amendment #1	Amendment #2	50/50 match County/City
A	CESH Program Manager	\$26,400	\$63,364	\$63,364	\$31,682.00
В	Housing Locator/Landlord	\$66,600	\$159,836	\$169,836	\$84,918.00
	Engagement				
C	Navigation & Hygiene Center			\$750,482	\$375,241.00
	Staff				
D	Hygiene Station			\$100,000	\$50,000.00
					\$541,841.00

^{** 50%} WPC/ 50% City of Salinas Match

2. Maximum Obligation of the County

Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of \$541,841.00 for services rendered under this Agreement. 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. ** 50% WPC/ 50% City of Salinas Match.

3. Billing and Payment Limitations

Adjustment of Invoices Based on Other Data and Information: The COUNTY shall have the right to adjust invoices based upon data and information that may include, but are not limited to, COUNTY'S invoice processing information system reports, remittance advices, and billing system data.

4. Authority to Act for the County

The Director of the Health Department of the County of Monterey may designate one or more persons within the County of Monterey for the purposes of acting on his/her behalf to implement the provisions of this Agreement. Therefore, the term "Director" in all cases shall mean "Director or his/her designee." invoices

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Amendment to Agreement with City of Salinas for Housing Location, Landlord Engagement, Outreach, and Management

Cost Reimbursement Invoice Form

	EXI	IIBIT D: City - CESH C	OST REIMBURS	EMENT INVOICE	FORM		
		onterey County Health					
		Invoice Number:					
Contractor:		-					
Address Line 1		County PONo:					
Address Line 2							
		Invoice Period:					
Tel. No.:							
Fax No.:							
Contract Term:	January 1, 2021 through December 3	1,	(Check if Yes)				
	2021						
			Total Contract	Dollar Amount	Dollar Amount		% of Total
Service	Rates of Pay	ment	Amount FY	Requested this	Requested to	Dollar Amount	Contract
Description	-			Period	Date	Remaining	Amount
TOTALS							
I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract invoices that are maintained in our office at the services and claims represented in this invoice are available upon request.							
Signature:							
Title: Telephone:							
Email to: Joe Ripley, Finance Manager II, at			ent				
RipleyJL@co.monterey.ca.us		Authorized Signatory				Date	

NOTE: All invoices must be accompanied by a general ledger report indicating all Salaries, Wages, and Fringe benefits, all operating expenses including rentals, leases, supplies, and services, taxes, fees, and all indirect costs.

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