AMENDMENT NO. 3 TO STANDARD AGREEMENT A-13554 BETWEEN COUNTY OF MONTEREY AND EVALCORP

THIS AMENDMENT is made to the AGREEMENT A-13554 for evaluation services by and between **EVALCORP**, hereinafter "CONTRACTOR", and the **County of Monterey**, a political subdivision of the State of California (hereinafter referred to as "COUNTY."

WHEREAS, the COUNTY entered into STANDARD AGREEMENT A-13554 with CONTRACTOR in the amount of \$145,000 for the term of May 31, 2017 to September 30, 2018 for services necessary to develop and implement an evaluation infrastructure for Monterey County's Mental Health Services Act Prevention and Early Intervention-funded projects and strategies; and

WHEREAS, the COUNTY entered into AMENDMENT NO. 1 to AGREEMENT A-13554 with CONTRACTOR to extend the term of the AGREEMENT through June 30, 2020, as well as to revise the EXHIBIT A: SCOPE OF SERVICES/PAYMENT PROVISIONS and the EXHIBIT B: INVOICE FORM to reflect additional evaluation services for a revised total Agreement in the amount of \$314,875; and

WHEREAS, the COUNTY entered into AMENDMENT NO. 2 to AGREEMENT A-13554 with CONTRACTOR to revise the EXHIBIT A: SCOPE OF SERVICES/PAYMENT PROVISIONS; and the EXHIBIT B: INVOICE FORM to reflect additional evaluation services to be provided during the current term and to revise the total Agreement amount to \$327,075; and

WHEREAS, the COUNTY and CONTRACTOR wish to amend the AGREEMENT to extend the term through June 30, 2022, and to revise the EXHIBIT A: SCOPE OF SERVICES/PAYMENT PROVISIONS and the EXHIBIT B: INVOICE FORM to reflect additional evaluation services for a revised total Agreement in the amount of \$577,075;

NOW THEREFORE, the COUNTY and CONTRACTOR hereby agree to amend the AGREEMENT in the following manner:

1. Paragraph 3.0 "TERM OF AGREEMENT" shall be amended by removing "The term of this Agreement is from <u>May 31, 2017</u> to <u>September 30, 2020</u>, unless sooner terminated pursuant to the terms of this Agreement" and replacing it with "The term of this Agreement is from <u>May 31, 2017</u> to June 30, 2022, unless sooner terminated pursuant to the terms of this Agreement."

- 2. EXHIBIT A-3: SCOPE OF SERVICES/PAYMENT PROVISIONS replaces EXHIBITS A-2, A-1, and A. All references in the Agreement to EXHIBIT A shall be construed to refer to EXHIBIT A-3.
- EXHIBIT B-3: INVOICE FORM replaces EXHIBITS B-2, B-1, and B. All references in the Agreement to EXHIBIT B shall be construed to refer to EXHIBIT B-3. This EXHIBIT B-3 reflects the maximum annual amount under this AGREEMENT is not to exceed \$125,000 per FY 2020-21 and FY 2021-22.
- 4. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT are unchanged and unaffected by this AMENDMENT and shall continue in full force and effect as set forth in the AGREEMENT.
- 5. This Amendment No. 3 shall be effective July 1, 2020.
- 6. A copy of this AMENDMENT No. 3 shall be attached to the original AGREEMENT executed by the COUNTY on May 30, 2017.

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IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Amendment No. 3 to Agreement A-13554 as of the day and year written below.

	COUNTY OF MONTEREY		CONTRACTOR
By:			
Date:	Contracts/Purchasing Officer		EVALCORP Contractor' DBusinessy Name*
		By:	(Signature of Chairp Accession or Vice-
By:	Department Head		President)* Kristen Donovan, President
Date:		_	Name and Title 5/26/2020 2:40 PM PDT
	DocuSigned by:	Date:	
Approved By:	as to Form ¹ Marina Pantclunko <u>2E007773D680456</u> County Counsel		
Date:	6/1/2020 3:13 PM PDT		
Approved	as to Fiscal Pr ovis i Dos dSigned by:		
By:	Burcu Mousa	By:	Eva Gusuuss
29.	Audilor-Contrabiler4		(Signature of Secretary, CFO, Treasurer or Asst. Treasurer)*
Date:	6/12/2020 11:20 AM PDT		CI O, Treasurer of Asst. Treasurer)
			Eva Geisness, Assistant Secretary
Approved	as to Liability Provisions ³		Name and Title
By:		Date:	5/26/2020 5:14 PM PDT
Date:	Risk Management		

*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.

¹ Approval by County Counsel is required.

² Approval by Auditor-Controller is required

³ Approval by Risk Management is necessary only if changes are made in Sections XI or XII.

EXHIBIT A-3

To the Agreement by and between County of Monterey, Health Department, Behavioral Health Bureau, hereinafter referred to as "County" AND EVALCORP, hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICES/PAYMENT PROVISIONS

Term of Amendment No. 3: July 1, 2020 – June 30, 2022

A. SCOPE OF SERVICES

The Monterey County Health Department, Behavioral Health Bureau has an ongoing need to conduct a comprehensive evaluation to assess the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funded strategies/projects' implementation and resulting impacts, and to issue a report of findings to the State Department of Health Care Services, the Monterey County Behavioral Health Commission, the Board of Supervisors, and the public.

The evaluation for the MHSA PEI programs requires an infrastructure, including data collection tools and processes, to capture evaluation data aligned with State requirements and County-specific needs. An analysis of the data and summary of findings is presented in an annual report. As required by State PEI regulations, a 3-Year Evaluation Report covering the Fiscal Years 2018-19 through 2020-21, will also be produced, consisting of a high-level, key findings report.

Additionally, the MHSA requires an annual Community Program Planning Process (CPPP) to inform how counties construct their MHSA 3-Year Program and Expenditure Plans and Annual Updates. This contract will provide for the implementation and analysis of an annual Needs Assessment of community members and service providers, inclusive of a Report of Findings Document, that will inform resource allocation and prioritization of programs, strategies, and initiatives to be funded under the MHSA.

1. CONTRACTOR RESPONSIBILITIES:

See the following pages for the MHSA PEI Evaluation Project Plan, i.e. Scope of Services, Deliverables, and Timeline.

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MONTEREY COUNTY MHSA PEI EVALUATION PROJECT PLAN July 1, 2020 – June 30, 2022

SCOPE OF SERV	ICES	DELIVERABLE(S)	TIMELINE
Objective A. FY19-20 and F	Y20-21 & Three-Yea	ar (FY18-19, FY19-20 & FY20-21) Evaluation	Data Aggregation,
Analysis & Report Develop			
 Obtain program-level data each funded program to in development of PEI Evalua FY19-20 & FY20-21. Review program-level data 	nform ation Reports for	level data and reports submitted by Providers and County -programs	
data quality and consisten MCBH staff and/or Provid regarding any data quality questions.	cy and liaise with ers as needed	qualitative analyses and outcome data	
 Conduct analyses and agg following: available progra quantitative data, availabl outcome data, available p qualitative data. 	am-level e program-level rogram-level	with County's preparation of the final draft "MHSA FY 22 Annual Update" to be posted March 2021. Draft Report will be submitted to County at least 30 days prior to each Report's posting date to allow for review	• July 2020 – June
 Create data tables, graphs program-level data for inc FY19-20 & FY20-21 PEI Eva 	lusion in the	and revisions as may be needed.	2021
 Provide recommendations analysis of available data t effectiveness and impact of to inform decision making related to resource allocat funded programs and stra Finalize FY 19-20 & FY20-2 	s based upon to assess of PEI programs of MCBH staff tion for PEI tegies.	The due date for the final version of the FY20-21 PEI Evaluation Report coincides with County's preparation of the final draft "MHSA FY 23 Annual Update" to be posted March 2022. Draft Report will be submitted to County at least 30 days prior to each Report's posting date to allow for review and revisions as may be needed.	
Reports for submission to County and the State.		The due date for the final version of the	
 Develop an overarching Su Findings for FY's 18/19 thr present high level findings summaries across the fisca 	ough20/21 that and data	Three-Year (FY18-19, FY19-20 & FY20-21) PEI Evaluation Report coincides with County's preparation of the final draft "MHSA FY 23 Annual Update" to be posted	
 Provide recommendations analysis of available data t effectiveness and impact of to inform decision making related to resource allocat funded programs and stra 	o assess of PEI programs of MCBH staff tion for PEI tegies.	March 2022. Draft Report will be submitted to County at least 30 days prior to each Report's posting date to allow for review and revisions as may be needed.	 July 2021 – June 2022
 Provide consultation and a Prevention Manager in de Monterey County Prevent communicating outcomes PEI funded programs to co and stakeholders, in align plans and other MHSA rec 	veloping a ion Report for and impact of ommunity groups ment with annual		

Ob	jective B. Evaluation Infrastructure & Im	plem	nentation for FY20-21 & FY21-22	
2.	Conduct best practice/literature review for California counties PEI impact benchmarks to inform how Monterey County assesses local program effectiveness. Develop summary report of best practices including benchmarks utilized for program effectiveness/quality and service delivery. Identify counties and practices utilizing Return on Investment metrics and strategies for evaluation and planning	•	Provide consultation and written recommendations pertaining to PEI programs and implementation Data collection guidelines and training materials Inventory of FY 20-21 program-level data and reports submitted by Providers (to be reviewed with MCBH staff on quarterly basis) Training, technical assistance, and site visit	
3.	purposes. Provide consultation to MCBH in support of RFP process for mental health service delivery in FY 21-22.	•	tracking log Meeting agendas/materials for review High-Level Summary of Meeting Best Practices Summary Report	
4.	Collaborate with MCBH staff and provide recommendations on selection of core evaluation metrics to assess effectiveness and impact of PEI programs.	•	Core Evaluation Metrics developed in collaboration with MCBH	
5.	Develop model and criteria for Return on Investment in collaboration with MCBH and results of county best practice review/analysis			
6.	Conduct ongoing document review to inform evaluation activities, including review of Provider scopes of work, program-level data collection tools and reports, state regulations and requirements, and other relevant materials as needed.			July 1, 2020 through June 30, 2022
7.	Develop/refine data collection guidelines and conduct trainings with MCBH staff and funded Providers as needed to inform consistent collection of valid, reliable evaluation data based upon lessons learned and any changes in State Regulations.			
8.	Provide ongoing technical assistance to MCBH staff and Providers as needed to strengthen data quality.			
9.	Maintain provider training and technical assistance tracking log.			
10.	Attend meetings (via teleconference and in person) with MCBH staff and Providers as needed regarding evaluation data collection.			
11.	Monitor quality of evaluation data submitted by Providers and MCBH staff on an ongoing basis.			
12.	Contractor will facilitate monthly calls with MCBH staff to monitor evaluation efforts			

1. 2. 3.	Refine provider needs assessment surveys that will be used to obtain perceptions and recommendations from a broad reach of systems interfacing directly with persons receiving or in need of mental health services. Survey will be administered online with "direct service providers" in law enforcement, hospitals, BH treatment, schools, etc. Work in collaboration with MCBH to disseminate survey countywide. Conduct all quantitative and qualitative analyses for survey. Create mechanism for survey respondents to opt in to provide an email address so that MCBH can share information related to MHSA Three-year plans and updates. Refine community member surveys that will be used to obtain their perceptions and recommendations, to be administered by MCBH. Conduct all quantitative and qualitative analyses for surveys. Develop summary report of findings. Crosswalk Needs Assessment findings with evaluation data to identify any unmet needs. Provide consultation to MCBH on use of Needs Assessment data in service delivery/program planning.	 IHSA FY21-22 & FY22-23 Annual Update documents. Provider Needs Assessment Survey Creation of online survey including administration protocol Analyses of all collected survey data (quantitative and qualitative) Develop Provider Needs Assessment Survey Summary Report of Findings and provide draft for review by MCBH staff prior to finalization Community Members Needs Assessment Survey Analyses of all collected survey data (quantitative and qualitative) Develop Community Member Needs Assessment Survey Summary Report of Findings and provide draft for review by MCBH Staff prior to finalization Provide email addresses of survey respondents for future email communications for those who have opted to share their contact information. 	020 – June 2
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COUNTY and CONTRACTOR acknowledge that the above Project Plan Timeline is a forecast, and if needed can be modified upon mutual written agreement.

2. COUNTY RESPONSIBILITIES

- a. Provide timely access to Provider documentation, contracts/scopes of work, data collection tools, data/reports, and other relevant materials as requested by EVALCORP. Assist with requests to County staff and Providers for program-level PEI data and/or reports as needed.
- b. Provide any new MHSA PEI related documentation or reports pertaining to established goals, objectives, outcomes, or other key elements that could impact evaluation or data collection efforts moving forward.
- c. Provide access to internal Quality Improvement staff, PEI contract monitors, and IT database development staff as needed to work with the EVALCORP team.
- d. Participate in meetings with EVALCORP regarding evaluation and data collection needs, issues, and priorities.

e. Provide information such as dates, times, and locations for meetings at which EVALCORP should attend either via teleconference or in person.

B. PAYMENT PROVISIONS

1. COMPENSATION/ PAYMENT

A. County shall pay an amount not to exceed <u>\$577,075.</u> for the performance of <u>all things</u> <u>necessary</u> for or incidental to the performance of work as set forth in the Scope of Services. There shall be no separate travel reimbursement allowed during this Agreement.

Maximum Liability:

FISCAL YEAR PERIOD	MAXIMUM AMOUNT
Initial Agreement: May 31, 2017 – September 30, 2018	\$145,000
Amendment No. 1: October 1, 2018 – June 30, 2020	\$169,875
Amendment No. 2: October 23, 2019 – June 30, 2020	\$12,200
Amendment No. 3: July 1, 2020 – June 30, 2022	\$125,000
Amendment No. 3: July 1, 2021 – June 30, 2023	\$125,000
TOTAL AGREEMENT MAXIMUM LIABILITY	\$577,075

MHSA PEI EVALUATION SER	VICES FY2020-22
Project Plan Objective	Total Amount of Hours
	(Estimated)
Objective #1	45%
Objective #2	40%
Objective #3	15%

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CONTRACTOR'S compensation for services rendered shall be based on the following rates for the period of **July 1, 2020 through June 30, 2022**:

CONTRACTOR PERSONNEL	RATE/HOUR OFFSITE	RATE/HOUR ONSITE	MAXIMUM TOTAL HOURS (Estimated)
Project Director	\$115.00	\$127.65	322
Project Managers	\$95.00	\$105.45	1,399
Data Manager	\$90.00	\$99.90	600
Research Assistants/M.A. level	\$65.00	\$72.15	401
		ER OF HOURS TO DELIVERABLES	/

CONTRACTOR warrants that the rates charged for services under the terms of this Agreement are not in excess of those charged any other client for the same services performed by the same individuals.

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	EXHIBIT B-3: Ir	nvoice Form					
		Invoice Number :					
Contractor :	EVALCORP]					
Address Line 1	15614 Alton Parkway, Suite 450	County PO No.:					
Address Line 2	Irvine, CA 92618						
		Invoice Period :					
Tel. No.: Fax No.:	949-271-6437 949-271-6301	-					
	May 31, 2017 - June 30, 2022	Final Invoice :	(Check if Yes)				
			1				
BH Division :	Mental Health Services		BH Con	trol Number			
CONTRACTOR PERSONNEL & TOTAL BILLABLE HOURS	PROJECT DELIVERABLE(S) DURING INVOICE PE	ERIOD	Total Maximum Annual Amount FY 2020-21	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% of Total Contract Amount
			\$ 125,000.00			\$ 125,000.00	100%
						\$-	
						\$ -	
						\$ - \$ -	
						\$-	
						\$-	
						\$-	
						\$-	
						\$-	
TOTALS			\$ 125,000.00	\$-	\$-	\$ - \$125,000.00	

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 approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature:

Title: _____

Send to:	Behavioral Health Administration
	MCHDBHFinance@co.monterey.ca.us

Date:

Telephone:

Behavioral Health Authorization for Payment
Authorized Signatory

Date

	EXHIBIT B-3: Ir	nvoice Form					
		Invoice Number :					
Contractor :	EVALCORP						
Address Line 1	15614 Alton Parkway, Suite 450	County PO No.:					
Address Line 2	Irvine, CA 92618						
		Invoice Period :					
	949-271-6437 949-271-6301	-					
	May 31, 2017 - June 30, 2022	Final Invoice :	(Check if Yes)				l
	1149 51, 2017 - Ballo 50, 2022						
BH Division :	Mental Health Services]	BH Con	trol Number			
CONTRACTOR PERSONNEL & TOTAL BILLABLE HOURS	PROJECT DELIVERABLE(S) DURING INVOICE PE	ERIOD	Total Maximum Annual Amount FY 2021-22	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% of Total Contract Amount
			\$ 125,000.00			\$ 125,000.00	100%
						\$-	
						\$-	
						\$ -	
						\$ - \$ -	
						\$-	
						\$-	
						\$-	
			¢ 405.000.00	•	¢	\$ -	
TOTALS			\$ 125,000.00	р -	\$-	\$125,000.00	

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 approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature:

Title: _____

Send to:	Behavioral Health Administration
	MCHDBHFinance@co.monterey.ca.us

Date:

Telephone:

Behavioral Health Authorization for Payment
Authorized Signatory

Date