

**AMENDMENT NO. 5
TO MENTAL HEALTH SERVICES AGREEMENT A-13221
BETWEEN COUNTY OF MONTEREY AND
INTERIM, INC.**

This AMENDMENT No. 5 to MENTAL HEALTH SERVICES AGREEMENT A-13221 is made and entered into by and between the **County of Monterey**, a political subdivision of the State of California (hereinafter referred to as "COUNTY") and **Interim, Inc.**, (hereinafter referred to as CONTRACTOR).

WHEREAS, the COUNTY entered into MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR in the amount of \$30,833,764 for the term of July 1, 2016 to June 30, 2019 for mental health services and supportive housing services;

WHEREAS, the COUNTY entered into AMENDMENT No. 1 to MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR revising EXHIBITS A, B, G, and H for Fiscal Year 2016-17 through Fiscal Year 2018-19; and

WHEREAS, the COUNTY entered into AMENDMENT No. 2 to MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR revising EXHIBITS A, B, G and H for Fiscal Year 2017-18; and

WHEREAS, the COUNTY entered into AMENDMENT No. 3 to MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR revising EXHIBITS A, B, G and H for Fiscal Year 2018-19;

WHEREAS, the COUNTY entered into AMENDMENT No. 4 to MENTAL HEALTH SERVICES AGREEMENT A-13221 with CONTRACTOR revising EXHIBITS A, B, G and H for Fiscal Year 2018-19;

WHEREAS, the COUNTY and CONTRACTOR wish to amend the AGREEMENT to further revise the EXHIBIT A: PROGRAM DESCRIPTION; COMMUNICATION AND COORDINATION BETWEEN CONTRACTOR AND COUNTY; REPORTING REQUIREMENTS; the EXHIBIT B: PAYMENT AND BILLING PROVISIONS; the EXHIBIT G; BEHAVIORAL HEALTH COST REIMBURSEMENT INVOICE; and the EXHIBIT H: BUDGET AND EXPENDITURE REPORT for Fiscal Year 2019-20 to reflect program and budget modifications as agreed to by both parties;

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

1. Section IV, TERM AND TERMINATION, Subsection A. shall be amended by removing *"This Agreement shall be effective July 1, 2016 and shall remain in effect until June 30, 2019"* and replacing it with *"This Agreement shall be effective July 1, 2015 and shall remain in effect until June 30, 2020."*

2. EXHIBIT A-5: PROGRAM DESCRIPTION; COMMUNICATION AND COORDINATION BETWEEN CONTRACTOR AND COUNTY; REPORTING REQUIREMENTS replaces EXHIBITS A-4, A-3, A-2, A-1, and A. All references in the AGREEMENT to EXHIBIT A shall be construed to refer to EXHIBIT A-5.
3. EXHIBIT B-5: PAYMENT AND BILLING PROVISIONS replaces EXHIBITS B4, B-3, B-2, B-1 and B. All references in the AGREEMENT to EXHIBIT B shall be construed to refer to EXHIBIT B-5.
4. EXHIBIT G-5: BEHAVIORAL HEALTH COST REIMBURSEMENT INVOICE replaces EXHIBITS G-4, G-3, G2, G-1 and G. All references in the AGREEMENT to EXHIBIT G shall be construed to refer to EXHIBIT G-5.
5. EXHIBIT H-5: BUDGET AND EXPENDITURE REPORT replaces EXHIBITS H-4, H-3, H-2, H-1 and H. All references in the AGREEMENT to EXHIBIT H shall be construed to refer to EXHIBIT H-5.
6. 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.
7. This AMENDMENT No. 5 shall be effective July 1, 2019.
8. A copy of this AMENDMENT No. 5 shall be attached to the original AGREEMENT executed by the COUNTY on July 14, 2016.

(The remainder of this page is intentionally left blank.)

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this AMENDMENT No. 5 to Agreement A-13221 as of the day and year written below.

COUNTY OF MONTEREY

By: _____
Contracts/Purchasing Officer

Date: _____

By: [Signature]
Department Head

Date: 06/23/2019

Approved as to Form ¹

By: [Signature]
County Counsel

Date: 5/24/19

Approved as to Fiscal Provisions²

By: [Signature]
Auditor-Controller

Date: 5-28-19

Approved as to Liability Provisions³

By: _____
Risk Management

Date: _____

CONTRACTOR

INTERIM, INC.
Contractor's Business Name*

By: [Signature]
(Signature of Chair, President, or Vice-President)*

Barbara L. Mitchell
Name and Title

Date: 5/20/19

By: [Signature]
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*

Pai Weerasakess
Director of Finance
Name and Title

Date: 5/20/19

*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.

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-5

PROGRAM DESCRIPTION; COMMUNICATION AND COORDINATION BETWEEN CONTRACTOR AND COUNTY; REPORTING REQUIREMENTS

A. PROGRAM DESCRIPTION

CONTRACTOR acknowledges all programs providing mental health treatment services will be provided based on medical necessity criteria, in accordance with an individualized Client Plan, and approved and authorized according to State of California requirements. All individuals served in these programs, with the exception of the following programs: TWELVE through EIGHTEEN and TWENTY must meet the criteria of a serious mental illness diagnosis and have a functional impairment that is temporary and reversible with therapeutic mental health interventions.

PROGRAM ONE:

1. **Program Name:** Manzanita House – Salinas & Monterey

2. **Program Description:**

Type of Facility:	Short-Term Adult Crisis Residential
Address of Delivery Site:	200 Casentini Street, Salinas, CA 93907 343 Dela Vina Ave, Monterey, CA 93940
Program Schedule:	Provides 24-hour care, 7 days a week. Intake shall be on a 24-hour basis with all County referrals made by Monterey County Behavioral Health Bureau (MCBHB) designated staff and Interim Case Coordinators.
Continued Stay Criteria:	Medical necessity is reviewed weekly, and any extension of care beyond 30 days requires authorization from the Behavioral Health Deputy Director of the Adult System of Care (ASOC) or designee & Interim Program Director. No consumer may stay longer than 89 days.
Total # of Beds Available:	15 in Salinas & 12 in Monterey
Target # of Consumers:	200+ Annually in Salinas & 120+ Annually in Monterey

Manzanita House (“Manzanita”) is a short-term crisis residential treatment program which offers community-based rehabilitative services in a non-institutional residential setting with a structured program. Manzanita is an alternative to inpatient psychiatric care for adult clients of the Monterey County Behavioral Health System experiencing an acute psychiatric episode or crisis who do not require in-patient psychiatric treatment and who do not have medical

complications requiring nursing care. The program and facilities are licensed by the State of California, Department of Social Services Community Care Licensing (CCL) as a “Social Rehabilitation Facility” and are certified by the Department of Health Care Services as short-term Crisis Residential Treatment Service Facilities. Interventions concentrate on symptom reduction, medication and functional stabilization. Service activities include behavioral health assessment, behavioral health treatment and discharge plan development, individual and group counseling, as well as development of a community support system. Psychiatry services are provided by MCBHB.

3. **Program Purpose**

This community-based short-term crisis residential program is an alternative to in-patient hospitalization. Manzanita focuses on reduction of the crisis, stabilization, and collaborates with the MCBH support team and resident to develop a safe discharge plan including referrals for further treatment or support services to ease the transition into community living. All MCBH referrals will be offered an assessment for program admission.

4. **Desired Results**

Crisis residential services are therapeutic and/or rehabilitation services that are provided in a 24-hour residential treatment program for individuals experiencing an acute psychiatric episode or crisis, and who do not present criteria for inpatient acute psychiatric care. The program supports individuals in their efforts to restore, maintain and apply interpersonal and independent living skills, and access to community support systems.

5. **What evidence-based practice(s) will be used? How will fidelity be monitored? What are the measurable goals for the program (how will the program assess successful outcomes?)**

Evidenced Based Practices: Motivational Interviewing, Seeking Safety, Wellness Recovery Action Plan (WRAP) and Trauma-Informed approaches. Licensed/licensed eligible staff also provides Cognitive Behavioral Therapy.

Goal	Measurement & Data Source
1. 50% of consumers will improve their mental health recovery.	Measured via the recovery markers instrument.
2. 75% of consumers will discharge to a lower level of care.	• Measured by Exit Data in Avatar; "Discharge Location" module. (Lower level of care is anything except in-patient psych or jail.)