

AMENDMENT #2 TO THE CONTRACT BETWEEN THE COUNTY OF NEVADA BEHAVIORAL HEALTH DEPARTMENT AND FOOTHILL HOUSE OF HOSPITALITY D/B/A HOSPITALITY HOUSE (RES 21-253) (RES. 22-210)

THIS AMENDMENT is executed this June 14, 2022, by and between FOOTHILL HOUSE OF HOSPITALITY D/B/A HOSPITALITY HOUSE, hereinafter referred to as “Contractor” and COUNTY OF NEVADA, hereinafter referred to as “County.” Said Amendment will amend the prior Agreement between the parties entitled Professional Services Contract, executed on June 22nd, 2021, per Resolution RES 21-253) and was subsequently amended on May 24, 2022, per Resolution No. 22-210; and

WHEREAS, Contractor provides Homeless Outreach, Access and Linkage to Treatment Services as a component of the County’s Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan and Projects for Assistance in Transition from Homelessness (PATH); and

WHEREAS, the parties desire to amend their Agreement to increase the contract price from \$290,130 to \$301,130 (an increase of \$11,000), revise Exhibit “A” Schedule of Services to incorporate funding for housing supports and amend Exhibit “B” Schedule of Charges and Payments to reflect the increase in the maximum contract price.

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment #2 shall be effective as of May 12, 2022.
2. That Maximum Contract Price, shall be amended to the following: \$301,130.
3. That the Schedule of Services, Exhibit “A” is amended to the revised Exhibit “A” attached hereto and incorporated herein.
4. That the Schedule of Charges and Payments, Exhibit “B” is amended to the revised Exhibit “B” attached hereto and incorporated herein.
5. That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

COUNTY OF NEVADA:

By: _____
Susan Hoek
Chair of the Board of Supervisors

ATTEST:

By: _____
Julie Patterson-Hunter
Clerk of the Board

CONTRACTOR:

By: _____
Nancy Baglietto
Executive Director

**EXHIBIT “A”
SCHEDULE OF SERVICES
FOOTHILL HOUSE OF HOSPITALITY D/B/A HOSPITALITY HOUSE**

Foothill House of Hospitality, d/b/a Hospitality House, herein referred to as “Contractor”, shall provide Homeless Outreach, Access and Linkage to Treatment Services as a component of the County’s Mental Health Services Act (MHSA) Plan and as a component of the County’s Projects for Assistance in Transition from Homelessness (PATH) for the Nevada County Department of Behavioral Health, herein referred to as “County”.

Hospitality House Outreach, Access and Linkage to Treatment Programs:

The Homeless Outreach, Access and Linkage to Treatment Program is a program that utilizes an Outreach Manager to go to where the homeless are to:

- 1) Promote Safety: engage with homeless individuals in order to reduce the risk of harm and enhance safety; to stabilize acute symptoms via crisis intervention; and utilize opportunity for further work;
- 2) Form Relationships: engage with homeless people in a manner that promotes trust, safety and autonomy, while developing relevant goals;
- 3) Learn Common Language Construction: attempt to understand a homeless person’s world by learning the meaning of his or her gestures, words and actions; promote mutual understanding; and jointly define goals;
- 4) Facilitate and Support Change: prepare individuals to achieve and maintain positive change by pointing out discrepancy; exploring ambivalence, reinforcing healthy behaviors and developing skills, as well as needed supports; utilize Change Model and Motivational Interviewing Principles;
- 5) Form Cultural and Ecological Considerations: prepare and support homeless individuals for successful transition and adaptation to new relationships, ideas, services, resources, treatment, housing, etc.

The Homeless Outreach, Access and Linkage to Treatment Services are administered by the Contractor, an agency that provides emergency shelter and prevention services to Nevada County homeless population. The Homeless Outreach, Access and Linkage to Treatment Services shall serve Western Nevada County residents, including, all racial, ethnic and cultural populations including veterans. The Contractor shall hire an Outreach Director, HOME Team Supervisor, , and a Certified Alcohol and other Drug Counselor, all of whom will provide outreach, access and linkage services to homeless individuals in Western Nevada County. The Certified Alcohol and Drug Abuse Counselor (CADAC) and Housing Specialist will be funded through the SAMHSA Grants for the Benefit of Homeless Individuals (GBHI) and Proposition 47 grant awarded to Nevada County Behavioral Health. All three positions will be part of the Homeless Outreach and Medical Engagement (HOME) Team.

Contractor’s Outreach Director shall:

- Supervise the larger outreach team and ensure coordination and effective collaboration
- Ensure data collection and contract compliance
- Serve as primary point of contact with law enforcement
- Ensure ongoing trainings for evidence-based practices including Trauma Informed Care, Assertive Communication Training (ACT), Critical Time Intervention, Motivational Interviewing, Implicit Bias, and POST

Contractor’s HOME Team Supervisor shall:

- Provide outreach to homeless people where they are at - do not require them to come to you.
- Go to remote outlying areas, as needed.

- Coordinate Homeless Outreach Team (HOT) meetings
- Provide oversight and leadership of day-to-day activities for the HOME (Homeless Outreach and Medical Engagement) Team
- Track metrics for HOME Team core staff from all organizations such as attendance, data entry, and reporting deliverables to report back to supervisors
- Implement Critical Time Intervention (CTI) for all case managers on the HOME Team;
- Assist with data quality and reporting for grant administration and HMIS; checking data entry for all HOME Team core staff on a weekly basis to ensure data entry is up to date, thorough, and complete
- Ensure that CTI case plans are completed for HOME team clients within 30 days
- Ensure HOME team client data is entered into HMIS including CTI case plans and Recovery Residence program data for HOME team clients.
- Provide regular feedback to manager about HOME Team core members' performance and participation
- Design outreach strategy and schedule for HOME Team
- Lead daily HOME Team morning huddles
- Provide day-to-day direction to HOME Team staff on outreach areas, activities, etc.
- Collaborate with Behavioral Health leadership on case management transition planning
- Review housing/case plans with HOME Team PSCs and CDAC Counselor weekly
- Implement programmatic changes based on strategic direction from HOME Leadership team
- Participate in HOME Leadership Team meeting and other committee meetings as needed (i.e. HOME Data Subcommittee)
- Ensure that HOME Team goals are being achieved, as outlined below and in the HOME Data Evaluation Plan
- Administer and track MHSA Innovation and SAMHSA GBHI Flex Funds through the HOME Team as outlined below
- Administering flexible/rental assistance funds that directly relate to housing HOME Team clients
- Participate in Housing Resource Team (HRT) meetings including tracking progress and capturing key discussion points, which may include facilitation

Flexible Funds: The HOME Team Supervisor shall administer flexible funds through the HOME team.

- Flex funds must be reserved for clients who are either enrolled or eligible for intake into the GBHI or INN program.
- Flex funds should be utilized to help clients achieve stated goals in their case plans or housing plans.
- All flex funds must be approved by the HOME Team Supervisor prior to use.
- All flex funds used for hotel/motel placement must be accompanied by daily case management check-ins to ensure behavior compliance and discharge planning progress. If the assigned case manager is not available, another member of the team shall check in with the individual. Hotel/motel placement approvals must be limited to 7 days at a time.
- HOME Team Supervisor is responsible for tracking usage of flex funds throughout the year and ensuring that funds are not utilized too quickly.
- Flex funds may be used for: client incentives, vehicle repairs, clothes, food, hotel/motel placement, deposits, employment assistance, and hygiene supplies.

HOME Team Goals – reporting for these goals will be coordinated by the County as outlined in the HOME data evaluation plan

- The HOME Team will use the Coordinated Entry System to provide outreach to 150 individuals experiencing homelessness each year.

- Eighty (80) individuals with CODs or SUDs will be assessed and provided with intensive case management, mental/behavioral health and/or substance use treatment, housing navigation, and employment and support services each year.
- Eighty percent (80%) of program participants will remain engaged with case management and treatment services at six months.
- Fifty percent (50%) of program participants will secure permanent housing.
- Seventy percent (70%) of program participants will secure or increase in monthly income through employment or mainstream benefit programs.
- Eighty percent (80%) will become more engaged within the community through employment, volunteering, and/or recreational activity
- Fifty percent (50%) of program participants will have fewer emergency room visits.
- Fifty percent (50%) of program participants will spend fewer days incarcerated.
- Participate in the Nevada County Continuum of Care Collaborative.
- Participate in the MHSA Steering Committee
- Collect and maintain data and provide reports for MHSA and PATH outreach services provided.

Contractor's Certified Alcohol and Other Drug Counselor (AOD Counselor)

The Certified Alcohol and other Drug Counselor counsels and aids clients and families requiring assistance dealing with substance abuse problems, such as alcohol or drug abuse. Mileage, cell phone, training fees, and supply costs are based on the contract agency's history of expenses. The indirect costs reflect the Homeless Management Information System (HMIS) licensing fees. This position is funded by the SAMHSA GBHI (Grants for the Benefit of Homeless Individuals) grant. This position may be filled by an individual who is working towards their certification so long as they have sufficient experience working with individuals with substance use disorders, and with approval from County.

Key responsibilities include:

- Providing ongoing case management to HOME Team clients, including referrals and warm handoffs to Behavioral Health, SUD, and other relevant services
- Assisting individuals with applications for Social Security income and other mainstream benefits (CalWORKs, CalFresh, Medi-Cal, General Assistance, etc)
- Developing and checking in on housing/case plans for HOME Team clients to help them meet their case and/or housing goals
- Daily data entry into HMIS, including intaking all HOME Team clients into HMIS
- Completing other required forms and data entry including SPARS GPRA tool intake and 6-month follow-ups

Outreach Case Manager Positions (Two Positions)

The outreach case manager is responsible for connecting with and ensuring that those individuals living on the streets are provided with referrals and linkages to social services. The Outreach Case Manager will patrol camps and the streets throughout his/her shift to check in with neighbors and business owners; educate homeless people about services and offer transportation when a homeless resident is unable to take the bus or walk to his/her desired location. When appropriate, the Outreach Case Manager will respond to concerned residents and business owners involving homeless residents to try and alleviate calls into to Law Enforcement. Minimizing neighborhood tension and enhancing community rapport is at the heart of this position. The Outreach Case Manager will assist clients in identifying and progressing toward his/her chosen goals, advocate for clients in all areas of treatment including assisting the client apply for and receive services. The Outreach Case Manager will meet with clients one-on-one in the office or other community settings as needed, as well as facilitating client meetings to identify strengths, barriers to recovery and developing plans to reduce harm and advance recovery.

Key responsibilities include:

- Providing outreach and engagement with individuals experiencing homelessness in the community
- Providing education regarding community resources, referral, and linkage to services to individuals experiencing homelessness
- Assist individuals with applications for mainstream benefits
- Communicate with other HOME Team members to provide meaningful information on clients as it pertains to case management
- Work collaboratively with partnering agencies and service providers to increase continuity of care
- Daily entry into HMIS, including intaking HOME Team clients into HMIS
- Completing other forms and data necessary as part of SAMHSA-GBHI grant requirements

Hospitality House Staff will differentiate between which individuals are being served by all funding streams (MHSA, PATH, GBHI, Prop 47, and HEAP). Though these individuals may have many of the same needs and mental illnesses, PATH funds will be directed towards individuals who are suffering from serious mental illness or from a co-occurring serious mental illness and substance use disorder and who are homeless or at imminent risk of becoming homeless.

Outcome data elements that will be tracked are:

MHSA

- I. For broader Hospitality House outreach programs which are supported by the Outreach Manager:
 - a. Number engaged in outreach, including general demographics
 - b. Number of referrals to services

- II. HOME Team Supervisor Performance Outcomes and Measures - report quarterly to Contract Manager, MHSA Coordinator, and MHSA Evaluator
 - a. Number and attendance of HOT (Homeless Outreach Team) meetings
 - b. Number of meetings with Law Enforcement
 - c. HOME Team participation in special events (such as warming shelter, PIT Count, Veterans Stand Down, days staffed at SPIRIT, etc)
 - d. 100% of HOME Team participants will have case plans developed by case managers within 1 month of intake
 - e. 100% of HOME intensively case managed clients will have a service logged within HMIS weekly
 - f. 90% of SPARS intakes and HMIS intakes will be completed by case managers within 2 weeks of intake date
 - g. 90% of SPARS six-month follow-ups will be completed by case managers within 2 weeks of six-month follow-up due date

Innovation:

- *Count & Demographics:*
 - INN Demographic Information for intensively case managed HOME clients; template to be provided by County
- Provide narrative on HOME Team background, key accomplishments, and challenges for annual Innovation MHSA report as requested by County HOME Team evaluator

Other Reporting:

- Provide data to County HOME Team Evaluator monthly as outlined in HOME data spreadsheet, which includes number outreached, number receiving case management, number referred to treatment, and number housed.

PATH (see www.pathpdx.org for specifics)

- General demographic information including veteran status

- Housing Information
- Mental Health/Co-Occurring Information
- Medical Information
- Employment Information
- Assessed Resources and Service Needs
- Submit required quarterly data reports to the PATH Data Exchange by 10/20, 1/20, 4/20, 7/20 and annual report by 12/31

Additionally, Contractor shall be responsible for providing:

1. Contractor shall provide summary INN demographics within 30 days of the end of the fiscal quarter via secure upload.
2. An Annual Progress Report is due within 31 days of the end of the fiscal year (fiscal year ends 6/30; report due 8/1).
3. A Three-Year Program and Evaluation Report is due every three years to the county. For example, a Three-Year Evaluation Report due August 1, 2018 for fiscal years 2015-2016, 2016-2017 and 2017-2018 combined. The Three-Year Program Report is due no later than August 1st every three years thereafter (due 8/1/21, 8/1/24, 8/1/27...) and should report on the evaluations for the three fiscal years prior to the due date for those services rendered by the Contractor.
4. Any MHSA Progress or Evaluation report that is required, and/or may be requested by the County; including any backup data to verify reported information, within 5 business days of County request. The Contractor shall cooperate with the County for the compilation of any data or information for services rendered under this contract as may be necessary for the County to conform to MHSA PEI regulations pertaining to data reporting.
5. Any PATH Progress or Evaluation Report that is required, and or as may be requested by the County within 5 business days of County request. The Contractor shall cooperate with the County for the compilation of any data or information for services rendered under this Agreement as may be necessary for the County to conform to PATH reporting guidelines.
6. Any SAMHSA GBHI (Grants for the Benefit of Homeless Individuals) reporting that is required, and or as requested by the County.
7. Any Proposition 47 reporting that is required, and/or as requested by the County.
8. Despite progress in addressing explicit discrimination, racial inequities continue to be deep, pervasive, and persistent across the country. Though we have made many strides toward racial equity, policies, practices, and implicit bias have created and still create disparate results. Through partnerships with the community, Nevada County Behavioral Health strives to address these inequities and continue progress in moving forward.

Contractor is encouraged to have a diverse and inclusive workforce that includes representation from the disparate communities served by our county. Contractor is expected to think holistically about creating services, program sites and an employee culture that is welcoming and inclusive. Contractor should track metrics on Diversity, Equity, and Inclusion outcomes within their service delivery. Additional efforts should be made to identify and highlight growth opportunities for equitable outcomes, access to services, and other opportunities. Contractor should contact County contract manager about proposed metrics to track.

Services should be designed to meet clients' diverse needs. Contractor will be expected to participate in the NCBH Cultural Competency program, participate in trainings and tailor outreach efforts and marketing materials to engage a diverse population of community members. Given that Spanish is a threshold language in Nevada County, a special emphasis should be placed on engaging Latinx communities and providing services in Spanish.

EXHIBIT "B"
SCHEDULE OF CHARGES AND PAYMENTS
FOOTHILL HOUSE OF HOSPITALITY, D/B/A HOSPITALITY HOUSE

County shall pay to Contractor a maximum not to exceed \$301,130 for the entire contract term, for satisfactory performance of services in accordance with Exhibit "A". The maximum obligation of this Contract is contingent and dependent upon final approval of State budget and County receipt of anticipated funding to support program expenses

As compensation for services rendered to County, Contractor shall be reimbursed for actual salary/benefits and project costs incurred in carrying out the terms of the contract. Contractor shall bill County monthly, and each invoice shall state the amount of personnel hours/benefits and reimbursement expenses being claimed by funding source. Contractor agrees to be responsible for the validity of all invoices.

The project maximum is based on the following estimated project budget:

	MHSA	PATH	SAMHSA GBHI	Prop 47	Total
Salary & Benefits					
Outreach Director	51,510	11,231	6,730		69,471
CDAC Counselor			41,600		41,600
Housing Specialist			33,280	12,725	46,005
Outreach Case Managers			30,044		
Benefits	14,886	2,595	42,909		60,390
Bookkeeper		566			566
Total Salary & Benefits	66,396	14,392	154,563	12,725	248,076
Operating Expenses					
Equipment					-
Supplies		165	540		705
Travel		338			338
Evaluation					-
Client Program Expense	7,965				7,965
Housing Supports- Motel Vouchers			5,000		5,000
Housing Supports- Permanent Housing			5,000		5,000
Other Operating Expense	7,872				7,872
Total Operating Expenses	15,837	503	10,540	-	26,880
Admin/Supervision (10% max)	8,223	1,441	16,510	-	26,174
Total Admin	8,223	1,441	16,510	-	26,174
Total	90,456	16,336	181,613	12,725	301,130

Mileage reimbursement rate may not exceed the current IRS allowable rate.

BILLING AND PAYMENT:

Should modification to or changes to the budget line items be needed, a written request for modification shall be submitted for approval to the Director and or his/her designee. County at its sole discretion shall determine if the change will continue to meet the contract objectives and approve or deny the request. Budgeted amounts cannot be moved between funding sources i.e. cannot move money between MHSA and PATH.

Payment shall be approved after approval by County's MHSA and PATH Program Manager of invoice and any required reports for that period.

County shall review the billing and notify the Contractor within fifteen (15) working days if an individual item or group of costs is being questioned. Contractor has the option of delaying the entire claim pending resolution of the cost(s). Payments of approved billing shall be made within thirty (30) days of receipt of a complete, correct, and approved billing.

To expedite payment, Contractor shall reference the Resolution Number assigned to their Contract on their invoice.

Contractor shall submit invoices for services to:

HHS Administration
Attn: BH Fiscal
950 Maidu Avenue
Nevada City, CA 95959