

**AMENDMENT NO. 3 – 2017-2018 Mental Health Substance Use Disorder Fund
Agreement
Crisis Residential Center**

THIS AMENDMENT is made and entered into effective as of the 27th day of September, 2017 (“Effective Date”), by and between the **CITY OF TACOMA** (hereinafter called the “CITY”) and **Community Youth Services** (hereinafter called the “CONTRACTOR”).

WHEREAS the CITY and the CONTRACTOR entered into a Contract for operating a temporary crisis residential shelter (hereinafter “Contract”) effective January 1, 2017, and

WHEREAS the CITY and the CONTRACTOR entered into an Amendment No. 1 on June 1, 2017, for the purpose of increasing the amount of compensation allowed under the contract and extending the termination date of the contract, and

WHEREAS the CITY and the CONTRACTOR entered into an Amendment No. 2 on September 16, 2017, for the purpose of increasing the amount of compensation allowed under the contract and extending the termination date of the contract, and

WHEREAS the CITY and the CONTRACTOR desire to amend the Contract in order to increase the compensation allowed under the Contract, extend the termination date, and revise the Scope of Work (Exhibit A),

NOW, THEREFORE, in consideration of the mutual promises and obligations hereinafter set forth, the parties agree as follows:

1. The sum authorized for services under the Contract in section 3.C. is hereby increased by \$334,227.00 from \$199,773.00 to \$534,000.00.
2. The termination date of the Contract in section 2.A. is hereby extended from September 26, 2017, to December 31, 2018.
3. The Scope of Work, authorized under Exhibit A of the Contract, is hereby amended to include the revised Budget, Outputs, and service description, attached as Exhibit A to this Amendment, and incorporated herein.
4. The Project Reimbursement Request, Exhibit B of the Contract, is hereby amended to reflect the sum of authorized services to be \$534,000.00, along with revised line items, attached as Exhibit B to this Amendment, and incorporated herein.
5. All other terms of the Contract, together with all exhibits, are hereby ratified and shall remain in full force and effect, unaltered by this Amendment.

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment effective as of the Effective Date first written above.

CITY OF TACOMA

COMMUNITY YOUTH SERVICES

Elizabeth Pauli
City Manager

Authorized Representative of Community Youth
Services

Linda Stewart
Interim Director
Neighborhood and Community Services

Print Name: _____

Title: _____

Tax ID.: _____

Approved:

Finance Director

Approved as to Form:

Deputy City Attorney

Approved:

City Clerk

EXHIBIT A

SCOPE AND SCHEDULE OF WORK 2017 MENTAL HEALTH SUBSTANCE USE DISORDER FUND

Crisis Residential Center

Scope of Service:

Community Youth Services (CYS) will provide services designed to meet the priority and goal of *Enhance Mental Health and Substance Use Disorder Services: Address the unmet need of at risk/vulnerable populations struggling with mental health and/or substance use disorders* and criteria identified in the Issue Statement for Homelessness and Household Stability. Services will be in compliance with all applicable requirements set forth by the CITY in its funding philosophy and policies.

Alignment with Tacoma's Vision 2025 Priorities

- **Human & Social Needs: Increase Housing Security (2A)**
 - Tacoma residents want everyone to have shelter and to feel secure in their housing options.
- **Human & Social Needs: Improve services to youth and vulnerable populations (2B)**
 - Tacoma cherishes its youth and other vulnerable residents; providing service to them is a priority

The Crisis Residential Center (CRC) is a co-educational, crisis residential center that serves unaccompanied youth (ages 12 -17) who are experiencing homelessness. Youth may stay for up to 15 days while a safe and secure longer-term environment is identified for them. The CRC will focus on family re-unification whenever possible, or find suitable, alternative placements when returning home is not an option. Transition to a safe, long-term placement is the goal.

The following services will be provided:

- Basic needs (meals, clothing, hygiene supplies)
- Transportation and assistance in accessing medical and dental services
- Case management (trauma-informed and client-centered)
 - Assessment at entry
 - Tailored service plan within 24 hrs after assessment is completed
 - Service plan reviewed every three days and updated as needed
- Access to mental health and substance use disorder services
- Counseling (individual and group for mental health and substance use disorders)

As requirements of this contract, CYS will:

- Provide staffing levels and adhere to other program requirements in accordance with state law and the Department of Social and Health Services.

- Enter into a Memorandum of Understanding (MOU) with local providers who specialize in services to the vulnerable populations of LGBTQ Youth and Youth of Color to provide cultural competency training. The training must include board and executive leadership, administrative staff (Olympia and Pierce), and all CRC staff members. CYS will provide proof of training and resulting progress. The MOUs will be in place by October 15, 2017.
- Schedule monthly, 90 minute consultations with CRC staff and OASIS Youth Center senior staff. Consultations will focus on both case consult as well as macro issues experienced by LGBTQ Youth. Case consult will abide by HIPAA and will not involve the release of Protected Health Information (PHI). Consultation appointments will be documented and reported to the City every three months. The first report will be provided on December 31, 2017. Report will include evidence of actions taken that have grown out of consultation.
- Post evidence-based LGBTQ liberating practices (agency and program-specific) on site.
- Develop and implement an equity- and diversity-based hiring plan. CYS will submit the plan to the City by December 31, 2017. The City's Office of Equity and Human Rights will review the plan and offer technical assistance/recommendations as needed.
- Develop and implement a Youth Self-Report Climate Survey to obtain quantitative and qualitative feedback from those accessing services. Survey will solicit demographics, satisfaction measures, and narrative feedback. Survey results will be tracked monthly and aggregated annually. CYS will assess monthly reports and respond to needs or concerns identified.
 - CYS will contract with outside agency to evaluate program equity practices, review and analyze survey, and provide recommendations based upon findings. Survey will be constructed within two months of contract start date. The survey itself will be peer reviewed.
 - Initial evaluation will be completed by March 31, 2018.
 - Follow-up evaluation will be completed by September 30, 2018.

Location of service delivery: **Location is within the City limits and is confidential to ensure safety of the youth**

Time of service: 24/7

Duration of service: 1/1/2017 – 12/31/2018

Target group: (1) City of Tacoma residents only with this funding
 (2) At-Risk Youth (12 – 17 years old)
 (3) Unaccompanied Youth (12 – 17 years old)

Income level: Low Income
Service area: County-wide

Outputs	2017	2018
Total unduplicated number of Tacoma residents served	47	56
Total unduplicated number of individuals served program-wide (regardless of residence)	180	216
Service-related outputs [Reported based on a count of actual services provided each month]		
Bed nights (estimated at 5 beds in 2017 and 6 beds in 2018 x 90% fill rate x 365 days)	1,642	1,971
Number of meals	4,571	5,486
Hours of Case Management (goal of 9 clients/month in 2017 and 10 clients/month in 2018 x average of 40 hours per month)	4,320	4,800
Number of safe housing placements (estimated at 50% of total unduplicated individuals served)	90	108
Service-related output (Informational only; COT shelters required to track)		
Number of individuals turned away	Track	Track

Cost Reimbursement

Contract payment is on a cost reimbursement basis. The program will be reimbursed for costs incurred during the contract period, to the extent that these costs fit within budgeted line items prescribed by the contract. Reimbursement requests must be submitted to the CITY after allowable costs have been incurred. Back-up documentation is necessary when requesting reimbursement in order to verify program expenses.

Budget (Expenses charged to this contract)	January 1, 2017 – December 31, 2018
Personnel	
Direct Service Staff (Pierce County Executive Director .50 FTE; Program Director 1.0 FTE; Residential Counselors 9.0 FTE; Associate Counselors 1.0 FTE)	\$529,300.00
Non-Personnel	
Training	\$2,000.00
Consultation: Program Director with OASIS Senior Staff (90 minutes per month @ \$120/hr x 15 month)	\$2,700.00
Total	\$534,000.00

Exhibit B

**2017 MHSUD
Homelessness & Household Stability
Cost Reimbursement**

Project: Crisis Residential Center - Amended September 27, 2017		PROJECT REIMBURSEMENT REQUEST			
Operating Agency: Community Youth Services					
Project Term: January 1, 2017 through December 31, 2018					
City Umbrella Dept.: <u>NEIGHBORHOOD & COMM. SERVICES</u>		(3)	(4)	(5)	(6)
Payment Number ___{XX}_____		Reimbursement Request (Funds Billed)	Previous Funds Billed	Total Funds Billed by Agency (including this request) (3+4)	Budget Remaining (2-5)
Payment to: Community Youth Services					
Reimbursable costs through <u>{month}</u> _____					
(1)	(2)				
Budget Item	2017 Budget				
Personnel					
Direct Service Staff	\$529,300.00	\$0.00	\$170,019.72	\$170,019.72	\$359,280.28
Non-Personnel					
Training	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00
Consultation	\$2,700.00	\$0.00	\$0.00	\$0.00	\$2,700.00
TOTAL	\$534,000.00	\$0.00	\$170,019.72	\$170,019.72	\$359,280.28

AGENCY: I certify that the materials have been furnished, the services rendered or the labor performed as described, and that the claim is just, due and unpaid obligation against the City of Tacoma.

****NOTE: Supporting financial documentation required for all requested reimbursement.**

Prepared by: _____ City of Tacoma Contract & Program Auditor: _____

Date Prepared: _____ City of Tacoma Accountant: _____

Director's Signature: _____ City of Tacoma Management: _