

AMENDMENT NO. 2 TO AGREEMENT BETWEEN
THE CITY OF HUNTINGTON BEACH AND
MIND OC
FOR
PILOT MOBILE CRISIS RESPONSE PROGRAM

THIS AMENDMENT is made and entered into by and between the CITY OF HUNTINGTON BEACH, a California municipal corporation, hereinafter referred to as “City,” and MIND OC, a California Corporation, hereinafter referred to as “Consultant.”

WHEREAS, City and Consultant are parties to that certain agreement, dated April 20, 2021, entitled “Professional Services Contract Between the City of Huntington Beach and Mind OC for Pilot Mobile Crisis Response Program” which agreement shall hereinafter be referred to as the “Original Agreement”; and

City and Consultant wish to amend the Original Agreement to increase the amount of compensation to be paid to Consultant,

NOW, THEREFORE, it is agreed by City and Consultant as follows:

1. ADDITIONAL COMPENSATION

In consideration of the services to be performed under the Original Agreement, City agrees to pay Consultant at the rates specified in Exhibit B, which is attached hereto and incorporated by reference into this Agreement. City further agrees to pay Consultant an additional sum not to exceed Four Million Five Hundred Thousand Dollars (\$4,500,000.00). The additional sum shall be added to the original sum of Three Million Dollars (\$3,000,000.00), for a new contract amount not to exceed Seven Million Five Hundred Thousand Dollars (\$7,500,000.00).

2. TERM

The term of the Agreement is extended up and including June 30, 2026.

3. REAFFIRMATION

Except as specifically modified herein, all other terms and conditions for the Original Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by and through their authorized officers on _____, 2023.


MIND OC

By: 

Marshall Moncrief, CEO
print name

ITS: (circle one) Chairman President Vice President
CEO

AND

By: 

Victor Jordan, CFO
print name

ITS: (circle one) Secretary/Chief Financial Officer/Asst. Secretary - Treasurer

CITY OF HUNTINGTON BEACH, a municipal corporation of the State of California

Mayor

City Clerk

INITIATED AND APPROVED:


City Manager

APPROVED AS TO FORM:


City Attorney 

EXHIBIT B



Mobile Crisis Intervention Services Budget for Years 2023 - 2025: Huntington Beach

Coverage (21-hours with hours overlapping) with Care Coordination Support for 7 days (2 person team each 12-hrs)

Option 1: Contract total amount stays the same for all 3 years, might need to adjust hours in years 2 & 3 (no COLA)

Summary Costs	FY 23-24	FY 24-25	FY 25-26
Personnel	1,147,858	1,147,858	1,147,858
Non-Personnel Operational Costs	122,672	122,672	122,672
Indirect Costs	127,053	127,053	127,053
Annual Costs (12 months)	1,397,583	1,397,583	1,397,583

Detailed Costs

Personnel Costs	FTE	Hourly Rate	Wages	Benefits @22%	Annual Total (12 mo)
Crisis Intervention Workers	10.80	\$ 32.00	718,848	158,147	876,995
Care Navigator	1.00	\$ 27.00	56,160	12,355	68,515
HOPE City Manager	1.00	\$ 47.38	98,550	21,681	120,231
Director, Mobile Response	0.20	\$ 86.54	36,001	7,920	43,921
Exec Asst, Mobile Response	0.20	\$ 43.33	18,025	3,966	21,991
Fleet Supervisor	0.20	\$ 31.93	13,283	2,922	16,205
Medical Director - see Consultant					-
Personnel Costs Total	13.40		940,867	206,991	1,147,858

Non-Personnel Operational Costs					Annual Total
Supplies (uniforms, van, program, office)					16,000
Community Outreach & Travel Expenses					8,100
Technology & Phone Expense					24,000
Medical Director (Consultant)					18,000
Professional Development (Program Specific)					5,000
Van Insurance, Fuel, Upkeep					51,572
Non-Personnel Operational Costs Total					122,672

Ongoing Annual Total					1,270,530
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Indirect Costs					Annual Total
Indirect (10%)					127,053

Contract Total (12 months)					1,397,583
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Mobile Crisis Intervention Services Budget for Year 2023 - 2025: Huntington Beach

Coverage (21-hours with hours overlapping) with Care Coordination Support for 7 days (2 person team each 12-hrs)

Option 2: Contract total hours stay the same for all 3 years with cost adjustments in years 2 & 3

Years 2 & 3: Increases due to inflation and cost of living adjustment (COLA) of 3%

Summary Costs	FY 23-24	FY 24-25	FY 25-26
Personnel	1,147,858	1,182,294	1,217,763
Non-Personnel Operational Costs	122,672	126,352	130,143
Indirect Costs	127,053	130,865	134,791
Annual Costs (12 months)	1,397,583	1,439,510	1,482,696

Detailed Costs	FY 23-24				FY 24-25	FY 25-26
	FTE	Hourly Rate	Wages	Benefits @22%	Annual Total (12 mo)	Annual Total (12 mo)
Personnel Costs						
Crisis Intervention Workers	10.80	\$ 32.00	718,848	158,147	876,995	903,304
Care Navigator	1.00	\$ 27.00	56,160	12,355	68,515	70,571
HOPE City Manager	1.00	\$ 47.38	98,550	21,681	120,231	123,838
Director, Mobile Response	0.20	\$ 86.54	36,001	7,920	43,921	45,238
Exec Asst, Mobile Response	0.20	\$ 43.33	18,025	3,966	21,991	22,651
Fleet Supervisor	0.20	\$ 31.93	13,283	2,922	16,205	16,691
Medical Director - see Consultant					-	-
Personnel Costs Total	13.40		940,867	206,991	1,147,858	1,182,294

Non-Personnel Operational Costs						
Supplies (uniforms, van, program, office)					16,000	16,480
Community Outreach & Travel Expenses					8,100	8,343
Technology & Phone Expense					24,000	24,720
Medical Director (Consultant)					18,000	18,540
Professional Development (Program Specific)					5,000	5,150
Van Insurance, Fuel, Upkeep					51,572	53,119
Non-Personnel Operational Costs Total					122,672	126,352

Ongoing Annual Total					1,270,530	1,308,646
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Indirect Costs						
Indirect (10%)					127,053	130,865

Contract Total (12 months)					1,397,583	1,439,510
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MINDOC-001

FSORIANO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/23/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0767776 HUB International Insurance Services Inc. 4695 MacArthur Court Suite 600 Newport Beach, CA 92660	CONTACT NAME: PHONE (A/C, No, Exl): (949) 623-3980		FAX (A/C, No): (949) 891-0407
	E-MAIL ADDRESS:		
INSURED MindOC 18660 MacArthur Blvd. Ste 220 Irvine, CA 92612	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Landmark American Insurance Company		33138
	INSURER B : Allmerica Financial Benefit Insurance Company		41840
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		LHC849142	5/21/2023	5/21/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PROFESSIONAL LI \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		AW3H57278102	2/4/2023	2/4/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS bc/ow		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Med Prof Liability			LHC849142	5/21/2023	5/21/2024	Each Claim 2,000,000
A	Med Prof Liability			LHC849142	5/21/2023	5/21/2024	Aggregate 4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Mobile Crisis Reponse Team
City of Huntington Beach, its officers, elected or appointed officials, employees, agents and volunteers are Additional Insured as respects to General Liability and Automobile Liability as required by written contract as per forms attached.

APPROVED AS TO FORM

By:
MICHAEL E. GATES
CITY ATTORNEY

CERTIFICATE HOLDER CANCELLATION CITY OF HUNTINGTON BEACH

City of Huntington Beach
2000 Main Street
Huntington Beach, CA 92648

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE