

**AMENDMENT TO COOPERATIVE ENDEAVOR AGREEMENT  
(Safe Haven Group Homes Operation)**

This Amendment to Cooperative Endeavor Agreement (the "Amended Agreement") is made and entered into as of the dates hereinafter set forth, by and between the following parties:

**ST. TAMMANY PARISH GOVERNMENT**, a political subdivision of the State of Louisiana, whose mailing address is P.O. Box 628, Covington, Louisiana, 70434, herein appearing by and through Patricia P. Brister, its Parish President, duly authorized by law (hereinafter referred to as "Parish"); and

**NAMI ST. TAMMANY, INC.**, a Louisiana non-profit corporation and autonomous 501(c)(3) chartered affiliate of the National Alliance on Mental Illness, whose mailing address is P.O. Box 2055, Mandeville, Louisiana 70470, herein represented by its Treasurer, David J. Mancina (hereinafter referred to as "NAMI"); and

**WHEREAS**, effective as of January 1, 2016, as amended by the Amendment to Cooperative Endeavor Agreement last dated August 24, 2016, Parish and NAMI entered into that Cooperative Endeavor Agreement (the "Original CEA") wherein NAMI agreed to operate the Group Homes on the former campus of Southeast Louisiana Hospital, plus other obligations as more fully described in the Original CEA; and

**WHEREAS**, the parties have identified a need to amend the Original CEA to provide for additional funding for calendar year 2017, and to amend the services provided by NAMI pursuant to the Original Agreement.

**AND NOW THEREFORE**, the parties desire to enter into this Amended Agreement in order to amend, restate and/or add the following provisions. This Amended Agreement is not intended to release any party from the obligations stated in the Original CEA, but is intended only to amend, restate or add certain provisions to that Agreement:

1. The foregoing recitals are hereby incorporated into the body of this Amended Agreement as if fully rewritten and restated herein.
2. Section 2.1 of the Original CEA is amended to read as follows:

**2.1** The activities performed by NAMI pursuant to this Agreement are as follows:

- 2.1.1** Group Homes. Oversee and operate the Group Homes through residential programs for otherwise homeless adults living with serious and persistent mental illness ("SPMI") and/or co-occurring disorders, which allow for such persons to

live in a less restrictive environment while continuing in the direction of recovery and independence (collectively, the “Group Home Operation”). NAMI’s Group Home Operation services shall include education, advocacy, peer support and, in general, assistance to residents in achieving higher independence. The residential programs are as follows:

**2.1.1.1 Oversight of Operations of the Independent Living Apartments.** The independent living apartments consist of seven (7) apartments serving up to ten (10) adults living with SPMI. NAMI shall provide no less than two (2) full-time staff members.

**2.1.1.2 Oversight of Operations of the Group Home.** The group home provides twenty four (24) hour care and supportive services for up to eight (8) individuals living with SPMI in a group home setting. NAMI shall provide no less than four (4) staff members, including a case manager, to the group home during business days/hours and no less than two (2) staff members on weekends/holidays. Provided, however, at least one (1) staff member shall be present twenty four (24) hours per day.

**2.1.2** In addition to the direct care staff, NAMI shall provide a residential coordinator to oversee the Group Home Operation. Further, NAMI shall provide transportation to assist with access to community resources and employment. All staff shall be qualified and trained to ensure proper supervision of the Group Home Operation at all times. NAMI’s staff shall include individuals who are trained peer support specialists, providing residents and staff with access to those already modeling recovery. The Group Home Operation shall be maintained in compliance with all applicable standards and operations of HUD, Department of Health and Hospitals, Bureau of Health Standards and Adult Residential Care home standards.

**2.1.3** In each group home setting, NAMI shall assist residents with activities of daily living (“ADL”), instrumental activities of daily living (“IADL”), and life skills training, including in areas of medical, mental health, substance abuse, dental, money, medication and home management.

**3.** Section 3 of the Original CEA is amended to read as follows:

**3.1** Parish agrees to contribute funds in the maximum amount of Eighty Thousand (\$80,000.00) Dollars payable upon approved invoices submitted monthly in furtherance of the above-referenced initiatives. The maximum reimbursable amount for each specific category is: (a) Forty Five Thousand (\$45,000.00) Dollars for salaries, benefits and taxes; (b) Six Thousand (\$6,000.00) Dollars for utilities; (c) Six Thousand (\$6,000.00) Dollars for transportation and vehicle maintenance; (d) Five Thousand (\$5,000.00) Dollars for equipment purchases; (e) Eight Thousand (\$8,000.00) Dollars for repairs and maintenance; (f) One Thousand Two Hundred

(\$1,200.00) Dollars for other expenses; and (g) Eight Thousand Eight Hundred (\$8,800.00) Dollars for administrative and indirect expenses. Any unused funds remaining at expiration of the Term (as defined below) shall be retained and/or reallocated by Parish and shall not be disbursed to NAMI.

- 3.2 Reimbursement. NAMI will provide Parish with a comprehensive breakdown of operational costs including utilities, salary/benefits, equipment purchases, client transportation, facilities maintenance and other direct costs eligible for reimbursement under this Agreement. Personnel paid from this funding will require identifying the person, providing a job description including the percentage of time allocated to the group home program. Additional compensation (bonuses, incentives, etc.) cannot be paid from this funding. Monthly invoices shall have supporting documentation attached evidencing costs and proofs of payment. NAMI shall provide the unit and or address for any utilities, vehicle maintenance, equipment, repairs and maintenance invoices submitted for reimbursement. In addition, NAMI shall provide the following information monthly in the form attached hereto as Exhibit "A": (a) the number of clients in program; (b) the number of new clients; (c) the client status (i.e.: new, continuing or discharged with reason for discharge); (d) client zip code; (e) St. Tammany Parish residency or otherwise; (f) Number of discharges with explanation; and (g) number of clients returning within one (1) year of previous discharge. The monthly Exhibit "A" report shall be submitted to Parish's Department of Health and Human Services and approved by Parish before reimbursement will be made. A statement shall be included with the request for reimbursement that no other compensation was received for the services being reimbursed by Parish. Reimbursement will be made only from approved documentation, in Parish's reasonable discretion
4. Section 4.1 of the Original CEA is amended and restated so that the Term of the Original CEA is extended for one (1) calendar year, with said Term beginning on January 1, 2017 and ending on December 31, 2017. The aforementioned Term may be renewed, in the Parish's sole discretion, for one (1) additional year, under the same terms and conditions as in the Original CEA, with said renewal contingent upon the appropriation of funds by Parish necessary to fulfill the requirements of the Agreement, as renewed.
  5. Exhibit "A" to the Original Agreement is hereby replaced with the new Exhibit "A," attached hereto and made a part hereof.
  6. This Amended Agreement supersedes the Original CEA only where there exists any conflict. This Amended Agreement controls any conflicts of any terms or conditions. Except as amended hereby, the Original CEA remains unmodified and in full force and effect.
  7. All capitalized terms used herein but not defined shall have the meaning assigned to them in the Original CEA.

**IN WITNESS WHEREOF**, the Parties have caused this Agreement to be duly executed in multiple originals by the hereunder signed officers, each in the presence of the undersigned two (2) competent witnesses in St. Tammany Parish, State of Louisiana, as of the dates set forth, below after diligent reading of the whole, in various counterparts.

(Signature page follows.)

THUS DONE AND SIGNED on January 7, 2017 in the presence of the undersigned witnesses.

WITNESSES:

Ann Palovina

Shirley Longant

ST. TAMMANY PARISH GOVERNMENT

BY:

Patricia P. Brister

Patricia P. Brister  
Parish President

THUS DONE AND SIGNED on January 5, 2017 in the presence of the undersigned witnesses.

WITNESSES:

Ann Palovina

[Signature]

NAMI ST. TAMMANY, INC.

BY:

[Signature]

David J. Mancina  
Treasurer

# EXHIBIT "A"



## NAMI St. Tammany 2017- Group Home Operation Client Reporting Form

Program Name: **NAMI Group Home Operation**

	New STP Client or Existing	Client #	Clients prior zip code	STP Resident Y/N	Client Status	Discharge Outcomes
1	New			Yes	New to program	Required Lower Level of Care
2	Existing			No	Continued service	Discharged to Less Restrictive Setting
3					Discharged	Noncompliant
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

MM/YYYY

Residents	Total
# of Residents in ALL homes	
# of STP Residents	
# of NEW Residents	
# of referrals for services	

Reentering within 1 year

Total Program Expenses	
Salary/Benefits/Taxes	
Utilities	
Transportation/Vehicle Maintenance	
Equipment Purchases	
Repairs/Maintenance	
Other	
Administrative/Indirect	
<b>** Total</b>	\$0.00

**\*\* No other compensation was received for the services being charged to STP Government**

**INITIAL HERE** \_\_\_\_\_