

AGREEMENT FOR SERVICES 097-135-P-E2009
AMENDMENT I

This Amendment I to that Agreement for Services 097-135-P-E2009, made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as COUNTY) and Progress House, Inc.; (hereinafter referred to as CONTRACTOR).

R E C I T A L S

WHEREAS, CONTRACTOR has been engaged by COUNTY to provide alcohol and drug treatment services for clients who qualify to participate in the PC 1210 Program in accordance with Agreement for Services 097-135-P-E2009, dated July 20, 2010, incorporated herein and made by reference a part hereof; and

WHEREAS, the original Recovery Act – Justice Assistance Grant (JAG) funding Agreement 097-135-P-E2009 had a term October 1, 2009 through March 31, 2011; and

WHEREAS, California Emergency Management Agency (CalEMA), acting as the fiscal agent for the JAG grant notified the Health Services Department on March 18, 2011 that the term of said grant had been approved for extension through September 30, 2011; and

WHEREAS, the Health Services Department Alcohol and Drug Program overseeing both the JAG grant and Agreement for Services 097-135-P-E2009 desires to extend the term of this Agreement to coincide with the extension of the JAG grant term, and the parties hereto have mutually agreed to extend the term of the original Agreement, amending Article III - TERM; and

WHEREAS, the parties hereto have mutually agreed to amend Article II – SCOPE OF SERVICES; and

WHEREAS, the parties hereto have mutually agreed to increase the not-to-exceed amount of the original Agreement, amending Article IV - COMPENSATION; and

WHEREAS, the parties hereto have mutually agreed to amend Article XIII – NOTICE TO PARTIES; and

WHEREAS, the parties hereto have mutually agreed to amend and replace Exhibit A of said Agreement:

NOW THEREFORE, the parties do hereby agree that Agreement for Services 097-135-P-E2009 shall be amended a first time as follows:

1) Article II – SCOPE OF SERVICES, Section 2.01 (a) (i) shall be amended in its entirety to read as follows:

(i) *Residential Services*: CONTRACTOR agrees to provide residential treatment beds as defined in Exhibit B attached hereto and incorporated by reference herein, for at least fifteen (15) Penal Code Section 1210 offenders at the CONTRACTOR's facilities pursuant to Exhibit A (amended) – PC 1210 Drug Court Treatment Authorization Form during the term of this Agreement.

2) Article III – TERM shall be amended in its entirety to read as follows:

This Agreement shall cover the period of October 1, 2009 through September 30, 2011 unless earlier terminated pursuant to the provisions under Article XII herein.

3) Article IV – COMPENSATION FOR SERVICES, Section 4.01 shall be amended in its entirety to read as follows:

Section 4.01 Total Not-to-Exceed Amount of this Agreement
The Not-to-Exceed amount of this Agreement shall be \$205,000.

CONTRACTOR is responsible to monitor spending in accordance with the Not-to-Exceed amount to ensure that services are available continuously throughout the term of this Agreement. CONTRACTOR acknowledges that the Agreement # ZO-09-01-0090 (HSD #361-135-P-R2009) funding is a one-time grant with a limited term and it is the intent of the parties hereto that the COUNTY shall not be obligated to control for more than the not-to-exceed amount of this Agreement.

4) Article XIII – NOTICE TO PARTIES shall be amended in its entirety to read as follows:

Article XIII - NOTICE TO PARTIES

All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested. Notices to COUNTY shall be addressed as follows:

COUNTY OF EL DORADO
HEALTH SERVICES DEPARTMENT
931 SPRING STREET
PLACERVILLE, CA 95667
ATTN: NEDA WEST, DIRECTOR

or to such other location as the COUNTY directs.

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Notices to CONTRACTOR shall be addressed as follows:

PROGRESS HOUSE, INC.
2844 COLOMA STREET
PLACERVILLE, CA 95667
ATTN: JUDY STRAUSS, INTERIM EXECUTIVE DIRECTOR

or to such other location as the CONTRACTOR directs.

- 5) Exhibit A – PC 1210 DRUG COURT TREATMENT AUTHORIZATION FORM shall be replaced in its entirety by Exhibit A (amended) – PC 1210 DRUG COURT TREATMENT AUTHORIZATION FORM attached hereto and incorporated by reference herein.

Except as herein amended, all other parts and sections of that Agreement #009-135-P-E2009 shall remain unchanged and in full force and effect.

REQUESTING DEPARTMENT HEAD CONCURRENCE:

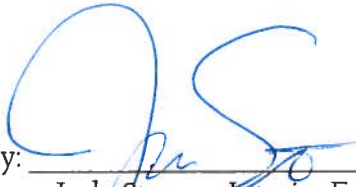
By: 
Neda West, Director
Health Services Department

Dated: 4-13-11

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IN WITNESS WHEREOF, the parties hereto have executed this first Amendment to that Agreement for Services 097-135-P-E2009 on the dates indicated below.

-- CONTRACTOR --

By: 

Judy Strauss, Interim Executive Director
PROGRESS HOUSE, INC.
CONTRACTOR

Dated: 4-26-11

-- COUNTY OF EL DORADO --

By: _____
Raymond J. Nutting, Chair
Board of Supervisors
COUNTY

Dated: _____

ATTEST:
Suzanne Allen de Sanchez
Clerk of the Board of Supervisors

By: _____ Date: _____
Deputy Clerk



PC 1210 DRUG COURT

(Formerly Prop. 36)

Treatment Authorization Form El Dorado County Health Services Department Alcohol and Drug Programs Division

Authorized Provider: (check one)

<input checked="" type="checkbox"/> PROGRESS HOUSE Administration Office P.O. Box 1666 2844 Coloma Road Placerville, Ca 95667 Phone: 626-9240 Fax: 626-8992	<input type="checkbox"/> Outpatient/ Transitional Living <input type="checkbox"/> Coloma Men's <input type="checkbox"/> Garden Valley Women's <input type="checkbox"/> Camino Women's <input type="checkbox"/> Nevada City Men's <input type="checkbox"/> Alta Facility	<input type="checkbox"/> THE EFFORT 7586 Stockton Blvd. Sacramento, CA 95823 (916) 405-4600 FAX (916) 405-4620
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Participant Name: _____ **Court Number:** _____

has been ordered to participate in treatment for substance abuse/dependence pursuant to §1210.1 of the California Penal Code. He/She has been directed to contact the Provider indicated above to schedule an intake appointment, before _____ p.m. on _____

FUNDING TYPE: ~~State OTP~~ JAG OTP Other _____

Level of Treatment Authorized: _____

Authorization is VOID after: _____

Treatment Plan is due: _____

The Probation Department will contact you when Progress Reports are due.

PC 1210 Drug Court Coordinator
Phone:(530) 621-6207/Fax: (530) 295-2596

Date

<input type="checkbox"/> The client failed to contact the Provider as directed. <input type="checkbox"/> The client contacted the Provider, but failed to show for intake on _____. <input type="checkbox"/> Comments: _____ <p>Signed _____ Date _____</p>
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