## EL DORADO COUNTY BOARD OF SUPERVISORS AGENDA ITEM TRANSMITTAL Meeting of March 6, 2007

AGENDA TITLE: Amendment IV to Agreement #405-S0511 with Progress House, Inc. Retroactive to and Effective March 1, 2007

DEPARTMENT: Human Services-Social Services		IGNOFF:	<u>CAO USE ONLY: <math>2/2/</math></u>		
CONTACT: John Litwinovich	about this		N Il Schult		
<b>DATE:</b> 2/8/2007 <b>PHONE:</b> 7275	- Your we		D LauraSchwartz		
DEPARTMENT SUMMARY AND REQUESTED I	BOARD A	CTION:			
Human Services, Social Services Division, recommend	s that the B	Board:			
<ol> <li>Approve Amendment IV to Agreement for Services #405-S0511 with Progress House, Inc. for provision of therapeutic counseling and other services for clients of the Department of Human Services, Social Services Division, Child Protective Services Program. This Amendment extends the term for one (1) additional year through February 28, 2008. / Contract amount is unchanged.)</li> <li>Authorize Chairman to execute Amendment IV.</li> </ol>					
CAO RECOMMENDATIONS: Recommend approval Laure A. Fill 2/21/07					
Financial impact? () Yes (X) No		Funding Source:	(X) Gen Fund (X) Other		
BUDGET SUMMARY:		Other: Federal, S	State and County		
Total Est. Cost \$30	\$300,000.00 CAO Office Use Only:		e Only:		
Funding		4/5's Vote Req	uired () Yes ( $\checkmark$ No		
Budgeted \$300,000.00		Change in Poli			
New Funding \$0.00		New Personnel	()Yes ()No		
Savings \$0.00		CONCURRENC	CES:		
Other \$0.00		Risk Managem	ent		
Total Funding \$30	0,000.00	County Counse			
Change in Net County Cost	\$0.00	Other			
*Explain .Funds were budgeted for FY 2005/06 and FY 06/07, and the remainder will be budgeted for FY 07/			r will be budgeted for FY 07/08.		
<b>BOARD ACTIONS:</b>					
Vote: Unanimous Or	I hereby certify that this is a true and correct co		is is a true and correct copy of		
Ayes:	an action taken and entered into the minutes of th Board of Supervisors				
Noes:	Date:				
Abstentions:	Attest: Cindy Keck, Board of Supervisors Clerk				
Absent:		ard of Supervisors Clerk			
Rev. 04/05	By:				



## EL DORADO COUNTY DEPARTMENT OF HUMAN SERVICES

John Litwinovich Director

February 8, 2007

El Dorado County Board of Supervisors 330 Fair Lane Placerville, CA 95667

Members of the Board:

<u>Title</u>: Amendment IV to Agreement #405-S0511 with Progress House, Inc. Retroactive to and Effective March 1, 2007

#### **Recommendations:**

Human Services, Social Services Division, recommends that the Board:

1) Approve Amendment IV to Agreement for Services #405-S0511 with Progress House, Inc. for provision of therapeutic counseling and other services for clients of the Department of Human Services, Social Services Division, Child Protective Services Program. This Amendment extends the term for one (1) additional year through February 28, 2008.

2) Authorize Chairman to execute Amendment IV.

#### Reasons for Recommendations:

On March 1, 2005 the Board executed Agreement #405-S0511 with Progress House, Inc. to provide therapeutic counseling, in-patient and out-patient substance abuse testing and other related services for clients of the Child Protective Services Program "as requested" by the Department of Human Services. Amendments I and II to this Agreement expanded and clarified services with corresponding amendments to the rates. Amendments III to this Agreement reflected rates more favorable to the County, which were negotiated and established effective July 1, 2006 with contracted vendors, including Progress House, for the provision of therapeutic counseling and related services to CalWORKs Alcohol and Other Drug (AOD) clients when Human Services accepted administrative responsibility for CalWORKs AOD funding under MOU #020-M0611 with the Public Health Department. Progress House has agreed to also charge the more favorable rates for Child Protective Services' clients. The request for this Amendment IV was initiated in November 2006. Processing was delayed pending confirmation that the only amendment required for this Agreement was a one-year term extension. County Counsel and Risk Management have approved Amendment IV. A copy is on file with the Board Clerk.

Fiscal Impact: The maximum compensation remains \$300,000. Funds were budgeted for FY 2005/06 and FY 2006/07 and the remainder will be budgeted for FY 2007/08. Funding sources are Federal, State and County.

Net County Cost: No change in the net county cost.

#### Action To Be Taken Following Approval:

Board Clerk to:

- 1) Forward two originals of the executed Agreement for Services #405-S0511, Amendment IV to Procurement and Contracts.
- 2) Auditor's Office will authorize payment of future invoices.

Sincerely,

Estamion C

John Litwinovich Director of Human Services

Contract #: 405-S0511, AMD IV

## CONTRACT ROUTING SHEET

Date Prepared:	1 23 07	Need Dat	e:
Dept. Contact: D	ARTMENT: AO/Proc. & Contracts USIN Bailey 333 MANGER Mich Bonnie H. Rich		CTOR: Progress House, Inc. P.O. Box 1666 Placerville, CA 95667 626-9240
Contract Term: Exp	Substance abuse treatmen bires 2/28/08 man Resources requirements	Amendment Va	or Clients of H.S.
Approved: Approv	.: (Must approve all contract Disapproved: Disapproved:	Date:	25-07 By: Lulay By:
	O RISK MANAGEMENT. THANKS		te grant funding agreemente) Uto 9/07_By: By:
OTHER APPROVAL Departments: Approved: Approved:	<b>_:</b> (Specify department(s) pa Disapproved: Disapproved:	rticipating or dire Date: _ Date:	ctly affected by this contract). By: By: By:

# ORIGINAL

#### AGREEMENT FOR SERVICES #405-S0511 AMENDMENT IV

This Amendment IV to that Agreement for Services #405-S0511, 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., a California Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 2914 Cold Springs Road, (Mailing: P.O. Box 1666), Placerville, CA 95667; (hereinafter referred to as "Contractor");

## WITNESSETH

WHEREAS, Contractor has been engaged by County to substance abuse treatment services, anger management, therapy, urinalysis, and other related services on an "as requested" basis for clients referred by the Human Services Department, in accordance with Agreement for Services #405-S0511, dated March 1, 2005, Amendment I, dated August 30, 2005, Amendment II, dated January 10, 2006, and Amendment III, dated October 17, 2006, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to extend the term of said Agreement for one (1) additional year, hereby amending ARTICLE II – Term.

**NOW THEREFORE**, the parties do hereby agree that Agreement for Services #405-S0511 shall be amended a fourth time as follows:

#### **ARTICLE II**

**Term:** This Agreement, as amended, shall become effective when fully executed by both parties hereto and shall cover the period of March 1, 2005 through February 28, 2008.

Except as herein amended, all other parts and sections of that Agreement #405-S0511 shall remain unchanged and in full force and effect.

**Requesting Contract Administrator Concurrence:** 

John Litwinovich, Director Human Services Department By:

3.1

IN WITNESS WHEREOF, the parties hereto have executed this First Amendment to that Agreement for Services #498-S0510 on the dates indicated below, the latest of which shall be deemed to be the effective date of this Amendment.

--- COUNTY OF EL DORADO---

Dated:

By:

Chair **Board of Supervisors** "County"

-- CONTRACTOR--

Dated: 02/05/07

**PROGRESS HOUSE, INC. A CALIFORNIA CORPORATION** 

By: Pore

Tom Avey **Executive Director** "Contractor"



## AGREEMENT FOR SERVICES #405-S0511 AMENDMENT III

This Amendment III to that Agreement for Services #405-S0511, 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., a California Corporation duly qualified to conduct business in the State of California, whose principal place of business is 2914B Cold Springs Road, (Mailing: P.O. Box 1666), Placerville, CA 95667; (hereinafter referred to as "Contractor");

## WITNESSETH

WHEREAS, Contractor has been engaged by County to provide substance abuse treatment services, anger management, therapy, urinalysis, and other related services on an "as requested" basis for clients referred by the Human Services Department, in accordance with Agreement for Services #405-S0511, dated March 1, 2005, Amendment I, dated August 30, 2005, and Amendment II, dated January 10, 2006, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to revise Exhibit "A" for a second time, with no increase in compensation, hereby amending ARTICLE III - Compensation for Services.

**NOW THEREFORE**, the parties do hereby agree that Agreement for Services #405-S0511 shall be amended a third time as follows:

#### **ARTICLE III**

**Compensation for Services:** For services provided herein, County agrees to pay Contractor monthly in arrears. Contractor shall submit monthly invoices no later than fifteen (15) days following the end of a "service month." For billing purposes, a "service month" shall be defined as a calendar month during which Contractor provides services in accordance with "Scope of Services."

For the purposes hereof, the maximum counseling billing rate<sup>1</sup> for the period of March 1, 2005 through September 30, 2006 shall be as described in Revised Exhibit "A", marked "Program Services, Locations and Prices", and for the period of October 1, 2006 through February 28, 2007 as described in Second Revision to Exhibit "A", marked "Rate Schedule", incorporated herein and made by reference a part hereof.

Individual Sessions - Contractor shall submit a single monthly invoice for each individual, noting the dates of service, the name of the individual treated, the type of treatment (individual therapy), the number of hours of service for each date, and the rate.

Group Sessions - Contractor shall submit a separate, single monthly invoice for each participant for whom the County has requested service, noting the date(s) of service, the name of the individual treated, the type of treatment (group therapy), the number of hours of service for each date, and the rate.

Contractor shall prepare court reports upon request of the County @ \$65/hour (two hour maximum per report). Authorized court appearances or multidisciplinary team meetings shall be paid at the individual therapy rate (\$65/hour) for time actually spent in the courthouse or in the meeting. The County will only pay Contractor for court appearances when Contractor is subpoenaed by County.

The County will not pay for "no shows," cancellations, telephone calls, or preparation of initial assessments or bi-monthly progress reports. Contractor shall verbally inform the caseworker immediately, at no charge to County, of appointment no-shows, cancellations, or urgent concerns directly affecting the client's treatment plan.

Initial Assessment – Within 21 days of the client's initial visit, Contractor shall provide the caseworker, at no charge to County, with a written initial assessment and treatment plan, indicating the type of therapy to be utilized and recommended number/frequency of sessions.

Bi-Monthly Progress Reports – No later than thirty (30) days after the end of each second service month, Contractor shall provide the caseworker, at no charge to County, with a brief written progress report outlining the primary issues being addressed with each client, his/her progress, and ongoing treatment goals (see Exhibit "C", marked "Bimonthly Client Progress Report", incorporated herein and made by reference a part hereof). If an alternate progress report is used, all fields noted on Exhibit "C" are mandatory.

Court Documents – Upon request by County, Contractor shall provide the caseworker, at the rate shown above, with comprehensive written reports for use in court.

<sup>&</sup>lt;sup>1</sup> If it is determined the client has private insurance which covers the service, Contractor shall bill the appropriate insurance carrier. If the client's insurance covers the service at a rate less than the rate set forth in this Agreement, Contractor shall only bill the County for the difference. If the client has no insurance for the service, Contractor shall bill the County at the rate set forth in this Agreement.

## Contractor shall submit all written reports to the caseworker at the appropriate address below:

Department of Human Services 3057 Briw Road Placerville CA 95667

Telephone (530) 642-7300 Fax (530) 626-9060 Job One OneStop 4535 Missouri Flat Road, Suite 1A Placerville CA 95667

Telephone (530) 642-5505 Fax (530) 642-5539 Department of Human Services 981 Silver Dollar South Lake Tahoe CA 96150

Telephone (530) 573-4300 Fax (530) 541-2803 Job One OneStop 1029 Takela Drive, Suite 3 South Lake Tahoe CA 96150

Telephone (530) 543-6740 Fax (530) 543-6737

Payment shall be made within thirty (30) days following County receipt and authorization of approved invoice(s). An example of an approved invoice containing necessary and pertinent billing information is described in Exhibit "B" marked "Sample Invoice," incorporated herein and made by reference a part hereof. Contractor shall bill County using the sample invoice, or a similar invoice, containing the same necessary and pertinent billing information. Contractor shall submit only original invoices. Photocopied or faxed invoices will not be accepted. Contractor shall ensure only billing information is included on the invoice. Information related to clients' diagnosis, prognosis, or treatment is not permitted on the invoice.

A written proposal shall be submitted and approved by the Human Services Director, Assistant Director, or a Program Manager prior to the commencement of work for any services (s) requested but not specified within the Scope of Services or having specific pricing in either the compensation and/or the Revised Exhibit "A" or the Second Revision to Exhibit "A".

The total of this Agreement, as amended, shall not exceed \$300,000.00 for the two (2) year period.

Except as herein amended, all other parts and sections of Agreement #405-S0511 shall remain unchanged and in full force and effect.

**Requesting Contract Administrator and Department Head Concurrence:** 

Dated: 9/28/06 By:

John Litwinovich, Director Human Services Department

**IN WITNESS WHEREOF**, the parties hereto have executed this Third Amendment to Agreement #405-S0511 the day and year first below written.

## -- COUNTY OF EL DORADO--

Dated:

JAMES R. SWEENEY Chairman Board of Supervisors "County"

ATTEST: Cindy Keck Clerk of the Board of Supervisors

B

-- C O N T R A C T O R --

9/28/06 Dated:

PROGRESS HOUSE, INC. A CALIFORNIA CORPORATION

Jon Nor By:

Tom Avey Executive Director "Contractor"

#### SECOND REVISION TO EXHIBIT A – RATE SCHEDULE Progress House, Inc. PO Box 1666, 2914 Cold Springs Road Placerville, CA 95667 List of Programs, Program Services, Locations, Prices

#### **Residential**

Men's Residential #1 PO Box 437 838 Beach Court Coloma, CA 95613 (530) 626-7252 (20 bed Men's Residential Program)

\$60 per day

Garden Valley Women & Children's Residential #2

PO Box 39 5697 Mt Murphy Road Garden Valley, CA 95633				
(530) 333-9460	without child(ren).			
(MadiCal Licensed for pregnant woman Licensed for				

(MediCal Licensed for pregnant women, Licensed for 16 women with up to 8 of their minor children)

#### Alta Women & Children's Residential # 5 PO Box 1150 \$78.00

34248 East Towle Road

Alta. CA 95701

(530) 389-9208

\$78.00 per adult day; with or without child(ren).

(6 women and their minor children – including multiple children, residential program)

Camino Women & Children's Residential #9

PO Box 586 5494 Pony Express Trail Camino, CA 95709 (530) 644-3758	<b>\$78.00 per</b> adult day; with or without child(ren).
AL 10 11	1. 10

(MediCal Licensed for pregnant women. Licensed for 22 women with up to 16 of their minor children)

Nevada City Coed Residential Program

145 Bost AvenueNevada City, CA 95959(530) 265-9045(19 bed Coed residential program)



Yolo County Women & Children's Residential #13 15450 County Road 99

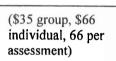
Woodland, CA 95695 P.O. Box 8667 Yolo, CA 95697 (530) 668-9627 \$78.00 per adult day; with or without child(ren).

MediCal Licensed for pregnant women. Licensed for 12 women with up to 8 of their minor children

#### <u>Outpatient</u>

Counseling Center #4 PO Box 1666 2914 A Cold Springs Road Placerville, CA 95667 (530) 642-1715 (Non-residential AOD Services, Parenting, Voc Rehab, Anger Management; Assessments-ASI, SASSI, ASAM)

Summit Counseling Services 550 Main Street, Suite I Placerville, CA 95667 (530) 295-9313



(Domestic Violence, Batterer Intervention Services, Incredible Years Parenting, Anger Management, Lethality assessment, Teen Anger Management)

#### Drug and Alcohol Screening & Testing

1. UA Testing	1. \$25 per UA.
<ol> <li>Same day testing (includes Instant UA and Breathalyzer)</li> <li>Hair Strand Testing</li> </ol>	<ol> <li>\$25 per Same day</li> <li>\$95.00 Hair Strand</li> </ol>

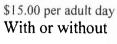
#### **Transitional Living**

Women & Children's "T" House #6 175 Middletown Road Placerville, CA 95667 (Clean & sober living for 6 women and their minor children - tied to outpatient services)

\$15.00 per adult day With or without child(ren).

Men's "T" House #7 7161 Green Valley Road (A & B) \$15.00 per adult day Placerville, CA 95667 (Clean & sober living for 13 men – tied to outpatient services)

Women & Children's "T" House # 8 2909 Cold Springs Road Placerville, CA 95667 (Clean & sober living for 4 women and their minor children - tied to outpatient services)





## AGREEMENT FOR SERVICES #405-S0511 AMENDMENT II

This Amendment II to that Agreement for Services #405-S0511, 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., a California Corporation duly qualified to conduct business in the State of California, whose principal place of business is 2914B Cold Springs Road, (Mailing: P.O. Box 1666), Placerville, CA 95667; (hereinafter referred to as "Contractor");

## WITNESSETH

WHEREAS, Contractor has been engaged by County to provide substance abuse treatment services, anger management, therapy, urinalysis, and other related services on an "as requested" basis for clients referred by the Human Services Department, in accordance with Agreement for Services #405-S0511, dated March 1, 2005, and Amendment I, dated August 30, 2005, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to expand, clarify and increase the scope of services and the compensation by an additional \$200,000.00, hereby amending ARTICLE I – Scope of Services and ARTICLE III - Compensation for Services.

**NOW THEREFORE**, the parties do hereby agree that Agreement for Services #405-S0511 shall be amended a second time as follows:

#### ARTICLE I

Scope of Services: Contractor shall provide therapeutic counseling services, in-patient and outpatient substance abuse treatment, anger management, assessments, life skill groups and classes, urinalysis testing and other related services as requested by County. Services shall include, but not be limited to, individual psychotherapeutic counseling to assist with social, psychological, chemical addiction, and/or medical problems. Whenever possible, therapy shall be provided by a Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT), providers licensed by the Board of Behavioral Sciences, or other certified parties, as appropriate. If service is delegated to an intern, the individual must be pre-licensed and all assignments must be under the direct supervision of licensed or certified staff.

Contractor shall attend court sessions when subpoenaed by County and shall participate in multidisciplinary team meetings, as requested.

Services shall be provided during Contractor's normal business hours and days. Contractor shall only begin services for a specific client upon receipt of written authorization from the County caseworker. Contractor shall secure prior approval from the caseworker before making changes to the authorized treatment plan, including type of therapy and number/frequency of sessions. The County will not pay for sessions that have not been pre-approved.

In the event Assembly Bill 926 becomes law during the term of this Agreement, Contractor shall ensure all adult recovery maintenance facilities, e.g., residential and transitional living homes, to whom they make referrals possess the license required by the law.

## ARTICLE III

**Compensation for Services:** For services provided herein, County agrees to pay Contractor monthly in arrears. Contractor shall submit monthly invoices no later than fifteen (15) days following the end of a "service month." For billing purposes, a "service month" shall be defined as a calendar month during which Contractor provides services in accordance with "Scope of Services."

For the purposes hereof, the maximum counseling billing rate<sup>1</sup> shall be as described in Revised Exhibit "A", marked "Program Services, Locations and Prices", incorporated herein and made by reference a part hereof.

Individual Sessions - Contractor shall submit a single monthly invoice for each individual, noting the dates of service, the name of the individual treated, the type of treatment (individual therapy), the number of hours of service for each date, and the rate.

Group Sessions - Contractor shall submit a separate, single monthly invoice for each participant for whom the County has requested service, noting the date(s) of service, the name of the individual treated, the type of treatment (group therapy), the number of hours of service for each date, and the rate.

<sup>&</sup>lt;sup>1</sup> If it is determined the client has private insurance which covers the service, Contractor shall bill the appropriate insurance carrier. If the client's insurance covers the service at a rate less than the rate set forth in this Agreement, Contractor shall only bill the County for the difference. If the client has no insurance for the service, Contractor shall bill the County at the rate set forth in this Agreement.

Contractor shall prepare court reports upon request of the County @ \$65/hour (two hour maximum per report). Authorized court appearances or multidisciplinary team meetings shall be paid at the individual therapy rate (\$65/hour) for time actually spent in the courthouse or in the meeting. The County will only pay Contractor for court appearances when Contractor is subpoenaed by County.

The County will not pay for "no shows," cancellations, telephone calls, or preparation of initial assessments or bi-monthly progress reports. Contractor shall verbally inform the caseworker immediately, at no charge to County, of appointment no-shows, cancellations, or urgent concerns directly affecting the client's treatment plan.

Initial Assessment – Within 21 days of the client's initial visit, Contractor shall provide the caseworker, at no charge to County, with a written initial assessment and treatment plan, indicating the type of therapy to be utilized and recommended number/frequency of sessions.

Bi-Monthly Progress Reports – No later than thirty (30) days after the end of each second service month, Contractor shall provide the caseworker, at no charge to County, with a brief written progress report outlining the primary issues being addressed with each client, his/her progress, and ongoing treatment goals (see Exhibit "C", marked "Bimonthly Client Progress Report", incorporated herein and made by reference a part hereof). If an alternate progress report is used, all fields noted on Exhibit "C" are mandatory.

Court Documents – Upon request by County, Contractor shall provide the caseworker, at the rate shown above, with comprehensive written reports for use in court.

Contractor shall submit	all written reports to the	caseworker at the approp	priate address below:
Department of Human	Job One OneStop	Department of Human	Job One OneStop
Services	4535 Missouri Flat Road,	Services	1029 Takela Drive, Suite 3
3057 Briw Road	Suite 1A	981 Silver Dollar	South Lake Tahoe CA 96150
Placerville CA 95667	Placerville CA 95667	South Lake Tahoe CA 96150	
Telephone (530) 642-7300 Fax (530) 626-9060	Telephone (530) 642-5505 Fax (530) 642-5539	Telephone (530) 573-4300 Fax (530) 541-2803	Telephone (530) 543-6740 Fax (530) 543-6737

Contractor shall submit all written reports to the caseworker at the appropriate address below:

Payment shall be made within thirty (30) days following County receipt and authorization of approved invoice(s). An example of an approved invoice containing necessary and pertinent billing information is described in Exhibit "B" marked "Sample Invoice," incorporated herein and made by reference a part hereof. Contractor shall bill County using the sample invoice, or a similar invoice, containing the same necessary and pertinent billing information. Contractor shall submit only original invoices. Photocopied or faxed invoices will not be accepted. Contractor shall ensure only billing information is included on the invoice. Information related to clients' diagnosis, prognosis, or treatment is not permitted on the invoice.

A written proposal shall be submitted and approved by the Human Services Director, Assistant Director, or a Program Manager prior to the commencement of work for any services (s) requested but not specified within the Scope of Services or having specific pricing in either the compensation and or the Revised Exhibit "A", "Rate Schedule".

The total of this Agreement, as amended, shall not exceed \$300,000.00 for the two (2) year period.

Except as herein amended, all other parts and sections of Agreement #405-S0511 shall remain unchanged and in full force and effect.

## **Requesting Contract Administrator and Department Head Concurrence:**

By:

John Litwinovich, Director Human Services Department

**IN WITNESS WHEREOF**, the parties hereto have executed this Second Amendment to Agreement #405-S0511 the day and year first below written.

## -- COUNTY OF EL DORADO--

Dated: /-/( / 6

Chairman **Board of Supervisors** "County"

ATTEST: Cindy Keck Clerk of the Board of Supervisors

1

Dated: 1 10 66 By

-- C O N T R A C T O R --

Dated: 11/24/03-

PROGRESS HOUSE, INC. A CALIFORNIA CORPORATION

your chang By:

Tom Avey Executive Director "Contractor"

405-S0511, AMD II

## **REVISED EXHIBIT A**

#### Progress House, Inc Program Services, Locations & Prices

#### Residential

#### Men's Residential #1

PO Box 437 838 Beach Court Coloma, CA 95613 (530) 626-7252 20-bed Men's Residential Program \$60 per day

## Garden Valley Women & Children's Residential #2

PO Box 39 5697 Mt Murphy Road Garden Valley, CA 95633 (530) 333-9460 Medi-Cal licensed for pregnant women, 16 women with up to 8 of their minor children residential program \$67 per adult per day, \$27 per day per first child, \$21.50 per day each additional child

#### Alta Women & Children's Residential #5

PO Box 1150 34248 East Towle Road Alta, CA 95701 (530) 389-9208 6 women and their minor children – including multiple children, residential program Same price as Garden Valley #2

#### Camino Women & Children's Residential #9

PO Box 586 5494 Pony Express Trail Camino, CA 95709 (530) 644-3758 Medi-Cal licensed for pregnant women, 22 women with up to 16 of their minor children residential program Same price as Garden Valley #2

#### Nevada City Coed Residential Program

145 Bost AvenueNevada City, CA 95959(530) 265-904519-bed coed residential program\$60.00 per adult per day

#### Outpatient

#### **Counseling Center #4**

PO Box 1666 2914 A Cold Springs Road Placerville, CA 95667 (530) 642-1715 Non-residential out-patient services \$35 group or class\*, \$65 individual session or intake, \$95 per assessment (SASSI, ASI, ASAM, Lethality),

#### **Drug & Alcohol Screening and Testing**

\$30 UA testing, \$95 hair strand drug test, \$30 same-day testing / includes instant UA and breathalyzer.

#### Summit Counseling Services

550 Main Street, Suite I Placerville, CA 95667 (530) 295-9313 Domestic violence batterer intervention services Same as Counseling Center #4 above, Teen Anger Management Group, \$25

\*Group or class would include alcohol and other drug (AOD) education, AOD processing, vocational rehabilitation, parenting, anger management and domestic batterer

### Transitional Living

#### Women & Children's "T" House #6

175 Middletown Road Placerville, CA 95667 Clean & sober living for 6 women and their minor children - tied to out-patient services \$13.50 per adult per day, \$15.00 per day with child

#### Women & Children's "T" House #8

2909 Cold Springs Road Placerville, CA 95667 Clean & sober living for 4 women and their minor children – tied to out-patient services \$13.50 per adult per day, \$15.00 per day with child

#### Men's "T" House

7161 Green Valley Road (Units A & B) Placerville, CA 95667 Clean & sober living for men in each of two houses – tied to out-patient services. \$13.50 per adult per day



## AGREEMENT FOR SERVICES #405-S0511 AMENDMENT I

This Amendment I to that Agreement for Services #405-S0511, 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., a California Corporation duly qualified to conduct business in the State of California, whose principal place of business is 2914B Cold Springs Road, (Mailing: P.O. Box 1666), Placerville, CA 95667; (hereinafter referred to as "Contractor");

## WITNESSETH

WHEREAS, Contractor has been engaged by County to provide substance abuse treatment services, anger management, therapy, and urinalysis on an "as requested" basis for clients referred by the Human Services Department, in accordance with Agreement for Services #405-S0511, dated March 1, 2005, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to expand and clarify the Scope of Services, with no additional increase to the compensation, hereby amending ARTICLE I - Scope of Services and ARTICLE III - Compensation for Services.

**NOW THEREFORE**, the parties do hereby agree that Agreement for Services #405-S0511 shall be amended a first time as follows:

## **ARTICLE I**

Scope of Services: Contractor shall provide therapeutic counseling services, in-patient and outpatient substance abuse treatment, anger management, assessments, life skill groups and classes, and urinalysis testing as requested by County. Services shall include, but not be limited to, individual psychotherapeutic counseling to assist with social, psychological, chemical addiction, and/or medical problems.

Whenever possible, therapy shall be provided by a Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT), providers licensed by the Board of Behavioral Sciences, or other certified parties, as appropriate. If service is delegated to an intern, the individual must be pre-licensed and all assignments must be under the direct supervision of licensed or certified staff. Contractor shall attend court sessions when subpoenaed by County and shall participate in multidisciplinary team meetings, as requested.

Services shall be provided during Contractor's normal business hours and days. Contractor shall only begin services for a specific client upon receipt of written authorization from the County caseworker. Contractor shall secure prior approval from the caseworker before making changes to the authorized treatment plan, including type of therapy and number/frequency of sessions. The County will not pay for sessions that have not been pre-approved.

In the event Assembly Bill 926 becomes law during the term of this Agreement, Contractor shall ensure all adult recovery maintenance facilities, e.g., residential and transitional living homes, to whom they make referrals possess the license required by the law.

## ARTICLE III

**Compensation for Services:** For services provided herein, County agrees to pay Contractor monthly in arrears. Contractor shall submit monthly invoices no later than fifteen (15) days following the end of a "service month." For billing purposes, a "service month" shall be defined as a calendar month during which Contractor provides services in accordance with "Scope of Services."

For the purposes hereof, the maximum counseling billing rate<sup>1</sup> shall be as described in Revised Exhibit "A", marked "Program Services, Locations and Prices", incorporated herein and made by reference a part hereof.

Individual Sessions - Contractor shall submit a single monthly invoice for each individual, noting the dates of service, the name of the individual treated, the type of treatment (individual therapy), the number of hours of service for each date, and the rate.

Group Sessions - Contractor shall submit a separate, single monthly invoice for each participant for whom the County has requested service, noting the date(s) of service, the name of the individual treated, the type of treatment (group therapy), the number of hours of service for each date, and the rate.

Contractor shall prepare court reports upon request of the County @ \$65/hour (two hour maximum per report). Authorized court appearances or multidisciplinary team meetings shall be paid at the individual therapy rate (\$65/hour) for time actually spent in the courthouse or in the meeting. The County will only pay Contractor for court appearances when Contractor is subpoenaed by County.

The County will not pay for "no shows," cancellations, telephone calls, or preparation of initial assessments or bi-monthly progress reports. Contractor shall verbally inform the caseworker immediately, at no charge to County, of appointment no-shows, cancellations, or urgent concerns directly affecting the client's treatment plan.

<sup>&</sup>lt;sup>1</sup> If it is determined the client has private insurance which covers the service, Contractor shall bill the appropriate insurance carrier. If the client's insurance covers the service at a rate less than the rate set forth in this Agreement, Contractor shall only bill the County for the difference. If the client has no insurance for the service, Contractor shall bill the County at the rate set forth in this Agreement.

Initial Assessment - Within 21 days of the client's initial visit, Contractor shall provide the caseworker, at no charge to County, with a written initial assessment and treatment plan, indicating the type of therapy to be utilized and recommended number/frequency of sessions.

Bi-Monthly Progress Reports - No later than thirty (30) days after the end of each second service month, Contractor shall provide the caseworker, at no charge to County, with a brief written progress report outlining the primary issues being addressed with each client, his/her progress. and ongoing treatment goals (see Exhibit "C", marked "Bimonthly Client Progress Report". incorporated herein and made by reference a part hereof). If an alternate progress report is used. all fields noted on Exhibit "C" are mandatory.

Court Documents - Upon request by County, Contractor shall provide the caseworker, at the rate shown above, with comprehensive written reports for use in court.

Contractor shall submit all written reports to the caseworker at the appropriate address below:					
Department of Human	Job One OneStop	Department of Human	Job One OneStop		
Services	4535 Missouri Flat Road,	Services	1029 Takela Drive, Suite 3		
3057 Briw Road	Suite 1A	981 Silver Dollar	South Lake Tahoe CA 96150		
Placerville CA 95667	Placerville CA 95667	South Lake Tahoe CA 96150			
Telephone (530) 642-7300 Fax (530) 626-9060	Telephone (530) 642-5505 Fax (530) 642-5539	Telephone (530) 573-4300 Fax (530) 541-2803	Telephone (530) 543-6740 Fax (530) 543-6737		

Payment shall be made within thirty (30) days following County receipt and authorization of approved invoice(s). An example of an approved invoice containing necessary and pertinent billing information is described in Exhibit "B" marked "Sample Invoice," incorporated herein and made by reference a part hereof. Contractor shall bill County using the sample invoice, or a similar invoice, containing the same necessary and pertinent billing information. Contractor shall submit only original invoices. Photocopied or faxed invoices will not be accepted. Contractor shall ensure only billing information is included on the invoice. Information related to clients' diagnosis, prognosis, or treatment is not permitted on the invoice.

The total of this Agreement, as amended, shall not exceed \$100,000.00 for the two (2) year period.

Except as herein amended, all other parts and sections of Agreement #405-S0511 shall remain unchanged and in full force and effect.

**Requesting Department Concurrence:** 

Dated: 6/24/05

John Litwinovich, Director **Human Services Department** 

**IN WITNESS WHEREOF.** the parties hereto have executed this First Amendment to Agreement #405-S0511 the day and year first below written.

-- COUNTY OF EL DORADO--

Dated: 8/30/05

By: Charli

Chairman Board of Supervisors "County"

ATTEST: Cindy Keck Clerk of the Board of Supervisors

8/30 Dated: By;

-- CONTRACTOR--

6/30/05 Dated:

PROGRESS HOUSE, INC. A CALIFORNIA CORPORATION

for By:

Tom Avey Executive Director "Contractor"

#### **REVISED EXHIBIT A**

## PROGRESS HOUSE, INC. <sup>1</sup> Programs, Services, Locations and Prices

#### **Residential Services**

#### Men's Residential #1

PO Box 437 838 Beach Court Coloma, CA 95613 (530) 626-7252 20-bed men's residential program. \$60 per day per adult

#### Garden Valley Women & Children's Residential #2

PO Box 39 5697 Mt Murphy Road Garden Valley, CA 95633 (530) 333-9460 Medi-Cal licensed for pregnant women, 16 women with up to 8 of their minor children residential program. \$67 per day per adult, \$27 per day per first child, \$21,50 per day each additional child

#### Alta Women & Children's Residential # 5

PO Box 1150 34248 East Towle Road Alta, CA 95701 (530) 389-9208 6 women and their minor children – including multiple children, residential program \$67 per day per adult, \$27 per day per first child, \$21.50 per day each additional child

#### Camino Women & Children's Residential #9

PO Box 586 5494 Pony Express Trail Camino, CA 95709 (530) 644-3758 Medi-Cal licensed for pregnant women, 22 women with up to 16 of their minor children residential program \$67 per day per adult, \$27 per day per first child, \$21,50 per day each additional child

#### Nevada City Co-ed Residential Program

145 Bost Avenue Nevada City, CA 95959 (530) 265-9045 19-bed co-ed residential program \$60.00 per day per adult

<sup>1</sup>Corporate Office is located at: PO Box 1666, 2914 Cold Springs Road Placerville, CA 95667 (530) 626-9240 (fax) 626-8992 All payments should be mailed to the corporate office

#### **Out-Patient Services**

#### **Counseling Center #4**

PO Box 1666 2914 A Cold Springs Road Placerville, CA 95667 (530) 642-1715 Non-residential outpatient services \$35 - groups and classes\* \$65 - individual session or intake \$95 per assessment (SASSI, ASI, ASAM, Lethality), \$30 - UA service per test

#### Summit Counseling Services

550 Main Street, Suite I
Placerville, CA 95667
(530) 295-9313
Domestic Violence Batterer Intervention Services
\$35 - groups and classes\*
\$65 - individual sessions
\$95 per assessment (SASSI, ASI, ASAM),
\$30 - UA service per test
\$25 - Teen Anger Management Group

\*Group or class would include alcohol and other drug AOD education, AOD processing, vocational rehabilitation, parenting, anger management and domestic batterer

## **Transitional Living**

#### Women & Children's "T" House #6 175 Middletown Road Placerville, CA 95667 Clean & sober living for 6 women and their minor children - tied to outpatient services

\$13.50 per day per adult, \$15.00 per day with child

#### Women & Children's "T" House # 8

2909 Cold Springs Road Placerville, CA 95667 Clean & sober living for 4 women and their minor children – tied to out-patient services \$13.50 per day per adult, \$15.00 per day with child

#### Men's "T" House

7161 Green Valley Road (Units A & B) Placerville, CA 95667 Clean & sober living for men in each of two houses – tied to outpatient services \$13.50 per day per adult



## AGREEMENT FOR SERVICES #405-S0511

THIS AGREEMENT made and entered 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., a California Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 2914B Cold Springs Road, (Mailing: P.O. Box 1666), Placerville, CA 95667; (hereinafter referred to as "Contractor");

## WITNESSETH

WHEREAS, County has determined that it is necessary to obtain a Contractor to provide substance abuse treatment services, anger management, therapy, and urinalysis on an "as requested" basis for clients referred by the Human Services Department; and

WHEREAS, Contractor has represented to County that it is specially trained, experienced, expert and competent to perform the special services required hereunder and County has determined to rely upon such representations; and

WHEREAS, it is the intent of the parties hereto that such services be in conformity with all applicable federal, state and local laws; and

WHEREAS, County has determined that the provision of these services provided by Contractor is in the public's best interest, and that these services are more economically and feasibly performed by outside independent Contractors as well as authorized by El Dorado County Charter, Section 210 (b) (6) and/or Government Code 31000;

NOW, THEREFORE, County and Contractor mutually agree as follows:

## ARTICLE I

Scope of Services: Contractor shall provide therapeutic counseling services, substance abuse treatment, anger management, and urinalysis as requested by County. Services shall include, but not be limited to, individual psychotherapeutic counseling to assist with social, psychological, chemical addiction, and/or medical problems.

Whenever possible, therapy shall be provided by a Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT), providers licensed by the Board of Behavioral Sciences, or other certified parties, as appropriate. If service is delegated to an intern, the individual must be pre-licensed and all assignments must be under the direct supervision of licensed or certified staff.

Contractor shall attend court sessions when subpoenaed by County and shall participate in multidisciplinary team meetings, as requested.

Services shall be provided during Contractor's normal business hours and days. Contractor shall only begin services for a specific client upon receipt of written authorization from the County caseworker. Contractor shall secure prior approval from the caseworker before making changes to the authorized treatment plan, including type of therapy and number/frequency of sessions. The County will not pay for sessions that have not been pre-approved.

## ARTICLE II

Term: This Agreement shall become effective when fully executed by both parties hereto and shall expire two (2) years from date thereof.

## ARTICLE III

Compensation for Services: For services provided herein, County agrees to pay Contractor monthly in arrears. Contractor shall submit monthly invoices no later than fifteen (15) days following the end of a "service month." For billing purposes, a "service month" shall be defined as a calendar month during which Contractor provides services in accordance with "Scope of Services."

For the purposes hereof, the maximum counseling billing rate<sup>1</sup> shall be as described in Exhibit "A", marked "Program Services, Locations and Prices", incorporated herein and made by reference a part hereof.

Individual Sessions - Contractor shall submit a single monthly invoice for each individual, noting the dates of service, the name of the individual treated, the type of treatment (individual therapy), the number of hours of service for each date, and the rate.

<sup>&</sup>lt;sup>1</sup> If it is determined the client has private insurance which covers the service, Contractor shall bill the appropriate insurance carrier. If the client's insurance covers the service at a rate less than the rate set forth in this Agreement, Contractor shall only bill the County for the difference. If the client has no insurance for the service, Contractor shall bill the County at the rate set forth in this Agreement

Group Sessions - Contractor shall submit a separate, single monthly invoice for each participant for whom the County has requested service, noting the date(s) of service, the name of the individual treated, the type of treatment (group therapy), the number of hours of service for each date, and the rate.

Contractor shall prepare court reports upon request of the County @ \$65/hour (two hour maximum per report). Authorized court appearances or multidisciplinary team meetings shall be paid at the individual therapy rate (\$65/hour) for time actually spent in the courthouse or in the meeting. The County will only pay Contractor for court appearances when Contractor is subpoenaed by County.

The County will not pay for "no shows," cancellations, telephone calls, or preparation of initial assessments or bi-monthly progress reports. Contractor shall verbally inform the caseworker immediately, at no charge to County, of appointment no-shows, cancellations, or urgent concerns directly affecting the client's treatment plan.

Initial Assessment – Within 21 days of the client's initial visit, Contractor shall provide the caseworker, at no charge to County, with a written initial assessment and treatment plan, indicating the type of therapy to be utilized and recommended number/frequency of sessions.

Bi-Monthly Progress Reports – No later than thirty (30) days after the end of each second service month, Contractor shall provide the caseworker, at no charge to County, with a brief written progress report outlining the primary issues being addressed with each client, his/her progress, and ongoing treatment goals (see Exhibit "C", marked "Bimonthly Client Progress Report", incorporated herein and made by reference a part hereof). If an alternate progress report is used, all fields noted on Exhibit "C" are mandatory.

Court Documents – Upon request by County, Contractor shall provide the caseworker, at the rate shown above, with comprehensive written reports for use in court.

Contractor shall submit all written reports to the caseworker at the appropriate address below:

Department of Human Services 3057 Briw Road Placerville CA 95667	Job One OneStop 4535 Missouri Flat Road, Suite 1A Placerville CA 95567	Department of Human Services 981 Silver Dollar South Lake Tahoe CA 96150	Job One OneStop 1029 Takela Drive, Suite 3 South Lake Tahoe CA 96150
Telephone (530) 642-7300	Telephone (530) 642-550 <b>5</b>	Telephone (530) 573-4300	Telephone (530) 543-6740
Fax (530) 626-9060	Fax (530) 642-5539	Fax (530) 541-2803	Fax (530) 543-6737

Payment shall be made within thirty (30) days following County receipt and authorization of approved invoice(s). An example of an approved invoice containing necessary and pertinent billing information is described in Exhibit "B" marked "Sample Invoice," incorporated herein and made by reference a part hereof. Contractor shall bill County using the sample invoice, or a similar invoice, containing the same necessary and pertinent billing information. Contractor shall submit only original invoices. Photocopied or faxed invoices will not be accepted. Contractor shall ensure only billing information is included on the invoice. Information related to clients' diagnosis, prognosis, or treatment is not permitted on the invoice.

The total of this Agreement shall not exceed \$100,000.00 for the two (2) year period.

## ARTICLE IV

Confidentiality: The Contractor shall protect from unauthorized disclosure names and other identifying information concerning person receiving services pursuant to this Agreement, except for statistical information not identifying any client. The Contractor shall not use such information for any purpose other than carrying out the Contractor's obligations under this Agreement. The Contractor shall promptly transmit to the County all request for disclosure of such information not originating from the client. The Contractor shall not disclose, except as otherwise specifically permitted by this Agreement or authorized by the client, any such information to anyone other than the County, except when subpoenaed by a court. For purposes of this paragraph, identity shall include, but not be limited to, name, identifying number, symbol. or other identifying particular assigned to the individual, such as finder or voice print or a If the Contractor receives any individually identifiable health information photograph. ("Protected Health Information" or "PHI") from County or creates or receives any PHI on behalf of County, the Contractor shall maintain the security and confidentiality of such PHI as required of County by applicable laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the regulations promulgated thereunder.

#### ARTICLE V

**Changes to Agreement:** This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.

## ARTICLE VI

**Contractor to County:** It is understood that the services provided under this Agreement shall be prepared in and with cooperation from County and its staff. It is further agreed that in all matters pertaining to this Agreement, Contractor shall act as Contractor only to County and shall not act as Contractor to any other individual or entity affected by this Agreement nor provide information in any manner to any party outside of this Agreement that would conflict with Contractor's responsibilities to County during term hereof.

## **ARTICLE VII**

Assignment and Delegation: Contractor is engaged by County for its unique qualifications and skills as well as those of its personnel. Contractor shall not subcontract, delegate or assign services to be provided, in whole or in part, to any other person or entity without prior written consent of County.

#### ARTICLE VIII

Independent Contractor/Liability: Contractor is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by terms of this Agreement. Contractor exclusively assumes responsibility for acts of its employees, associates, and subcontractors, if any are authorized herein, as they relate to services to be provided under this Agreement during the course and scope of their employment. Contractor shall be responsible for performing the work under this Agreement in a safe, professional, skillful and workmanlike manner and shall be liable for its own negligence and negligent acts of its employees. County shall have no right of control over the manner in which work is to be done and shall, therefore, not be charged with responsibility of preventing risk to Contractor or its employees.

### ARTICLE IX

**Fiscal Considerations:** The parties to this Agreement recognize and acknowledge that County is a political subdivision of the State of California. As such, El Dorado County is subject to the provisions of Article XVI, Section 18 of the California Constitution and other similar fiscal and procurement laws and regulations and may not expend funds for products, equipment or services not budgeted in a given fiscal year. It is further understood that in the normal course of County business, County will adopt a proposed budget prior to a given fiscal year, but that the final adoption of a budget does not occur until after the beginning of the fiscal year.

Notwithstanding any other provision of this Agreement to the contrary, County shall give notice of cancellation of this Agreement in the event of adoption of a proposed budget that does not provide for funds for the services, products or equipment subject herein. Such notice shall become effective upon the adoption of a final budget which does not provide funding for this Agreement. Upon the effective date of such notice, this Agreement shall be automatically terminated and County released from any further liability hereunder.

In addition to the above, should the Board of Supervisors during the course of a given year for financial reasons reduce, or order a reduction, in the budget for any County department for which services were contracted to be performed, pursuant to this paragraph in the sole discretion of the County, this Agreement may be deemed to be canceled in its entirety subject to payment for services performed prior to cancellation.

### ARTICLE X Default, Termination, and Cancellation:

A. Default: Upon the occurrence of any default of the provisions of this Agreement, a party shall give written notice of said default to the party in default (notice). If the party in default does not cure the default within ten (10) days of the date of notice (time to cure), then such party shall be in default. The time to cure may be extended at the discretion of the party giving notice. Any extension of time to cure must be in writing, prepared by the party in default for signature by the party giving notice and must specify the reason(s) for the extension and the date on which the extension of time to cure expires.

Notice given under this section shall specify the alleged default and the applicable Agreement provision and shall demand that the party in default perform the provisions of this Agreement within the applicable period of time. No such notice shall be deemed a termination of this Agreement unless the party giving notice so elects in this notice, or the party giving notice so elects in a subsequent written notice after the time to cure has expired.

- B. Bankruptcy: This Agreement, at the option of the County, shall be terminable in the case of bankruptcy, voluntary or involuntary, or insolvency of Contractor.
- C. Ceasing Performance: County may terminate this Agreement in the event Contractor ceases to operate as a business, or otherwise becomes unable to substantially perform any term or condition of this Agreement.
- D. Termination or Cancellation without Cause: County may terminate this Agreement in whole or in part seven (7) calendar days upon written notice by County for any reason. If such prior termination is effected, County will pay for satisfactory services rendered prior to the effective dates as set forth in the Notice of Termination provided to Contractor, and for such other services, which County may agree to in writing as necessary for contract resolution. In no event, however, shall County be obligated to pay more than the total amount of the contract. Upon receipt of a Notice of Termination, Contractor shall promptly discontinue all services affected, as of the effective date of termination set forth in such Notice of Termination, unless the notice directs otherwise. In the event of termination for default, County reserves the right to take over and complete the work by contract or by any other means.

## ARTICLE XI

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 HUMAN SERVICES DEPARTMENT 3057 BRIW ROAD PLACERVILLE, CA 95667 ATTN: JOHN LITWINOVICH, DIRECTOR

or to such other location as the County directs.

Notices to Contractor shall be addressed as follows:

PROGRESS HOUSE INC. P.O. BOX 1666 PLACERVILLE, CA 95667 ATTN: MR. TOM AVEY, EXECUTIVE DIRECTOR

or to such other location as the Contractor directs.

## ARTICLE XII

Indemnity: The Contractor shall defend, indemnify, and hold the County harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Contractor's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the County, the Contractor, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the County, its officers and employees, or as expressly prescribed by statute. This duty of Contractor to indemnify and save County harmless includes the duties to defend set forth in California Civil Code Section 2778.

#### ARTICLE XIII

Insurance: Contractor shall provide proof of a policy of insurance satisfactory to the El Dorado County Risk Manager and documentation evidencing that Contractor maintains insurance that meets the following requirements:

- A. Full Workers' Compensation and Employers' Liability Insurance covering all employees of Contractor as required by law in the State of California.
- B. Commercial General Liability Insurance of not less than \$1,000,000.00 combined single limit per occurrence for bodily injury and property damage.
- C. Automobile Liability Insurance of not less than \$500,000.00 is required in the event motor vehicles are used by the Contractor in the performance of the Agreement.
- D. In the event Contractor is a licensed professional, and is performing professional services under this Agreement, professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$1,000,000.00 per occurrence. For the purposes of this Agreement, professional liability is required.
- E. Contractor shall furnish a certificate of insurance satisfactory to the El Dorado County Risk Manager as evidence that the insurance required above is being maintained.
- F. The insurance will be issued by an insurance company acceptable to the Risk Management Division, or be provided through partial or total self-insurance likewise acceptable to the Risk Management Division.
- G. Contractor agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Contractor agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of the term of the Agreement, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of the Risk Management Division and Contractor agrees that no work or services

## ARTICLE XX

Authorized Signatures: The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

## ARTICLE XXI

**Partial Invalidity:** If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.

## ARTICLE XXII

Venue: Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California. Contractor waives any removal rights it might have under Code of Civil Procedure Section 394.

### ARTICLE XXIII

Entire Agreement: This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

**REQUESTING DEPARTMENT CONCURRENCE:** 

Dated: 1125705

John Litwinovich, Director Human Services Department

shall be performed prior to the giving of such approval. In the event the Contractor fails to keep in effect at all times insurance coverage as herein provided, County may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

- H. The certificate of insurance must include the following provisions stating that:
  - 1. The insurer will not cancel the insured's coverage without thirty (30) days prior written notice to County, and;
  - 2. The County of El Dorado, its officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this Agreement are concerned. This provision shall apply to all liability policies except workers' compensation and professional liability insurance policies.
- I. The Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.
- J. Any deductibles or self-insured retentions must be declared to and approved by the County, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the County, its officers, officials, employees, and volunteers; or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
- K. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to the County, its officers, officials, employees or volunteers.
- L. The insurance companies shall have no recourse against the County of El Dorado, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.
- M. Contractor's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.
- N. In the event Contractor cannot provide an occurrence policy, Contractor shall provide insurance covering claims made as a result of performance of this Agreement for not less than three (3) years following completion of performance of this Agreement.
- O. Certificate of insurance shall meet such additional standards as may be determined by the contracting County Department either independently or in consultation with the Risk Management Division, as essential for the protection of the County.

## ARTICLE XIV

Interest of Public Official: No official or employee of County who exercises any functions or responsibilities in review or approval of services to be provided by Contractor under this Agreement shall participate in or attempt to influence any decision relating to this Agreement which affects personal interest or interest of any corporation, partnership, or association in which he/she is directly or indirectly interested; nor shall any such official or employee of County have any interest, direct or indirect, in this Agreement or the proceeds thereof.

## ARTICLE XV

Interest of Contractor: Contractor covenants that Contractor presently has no personal interest or financial interest, and shall not acquire same in any manner or degree in either: 1) any other contract connected with or directly affected by the services to be performed by this Agreement; or, 2) any other entities connected with or directly affected by the services to be performed by this Agreement. Contractor further covenants that in the performance of this Agreement no person having any such interest shall be employed by Contractor.

## ARTICLE XVI

California Residency (Form 590): All independent Contractors providing services to the County must file a State of California Form 590, certifying their California residency or, in the case of a corporation, certifying that they have a permanent place of business in California. The Contractor will be required to submit a Form 590 prior to execution of an Agreement <u>or</u> County shall withhold seven (7) percent of each payment made to the Contractor during term of the Agreement. This requirement applies to any agreement/contract exceeding \$1,500.00.

## ARTICLE XVII

Taxpayer Identification Number (Form W-9): All independent Contractors or corporations providing services to the County must file a Department of the Treasury Internal Revenue Service Form W-9, certifying their Taxpayer Identification Number.

## ARTICLE XVIII

**California Forum and Law:** Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California. Contractor waives any removal rights it might have under Code of Civil Procedure Section 394.

## ARTICLE XIX

Administrator: The County Officer or employee with responsibility for administering this Agreement is John Litwinovich, Human Services Director, or successor.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first below written.

## -- COUNTY OF EL DORADO--

Dated: \_\_\_\_\_\_\_

By: Charlie Pour

Chairman Board of Supervisors "County"

ATTEST: Cindy Keck, Clerk of the Board of Supervisors

Jule Date: 3/1/05 By:

## -- CONTRACTOR --

PROGRESS HOUSE, INC. A CALIFORNIA CORPORATION

dones liver By:

Tom Avey Executive Director "Contractor"

## EXHIBIT "A"

## Progress House, Inc

Program Services, Locations & Prices ' El Dorado County Department of Human Services, Prices are as of December 1, 2004

#### Residential

Men's Residential #1 PO Box 437 838 Beach Court Coloma, CA 95613 (530) 626-7252 (20 bed Men's Residential Program) (\$60 per day)

Garden Valley Women & Children's Residential #2 PO Box 39 5697 Mt Murphy Road Garden Valley, CA 95633 (530) 333-9460 (MediCal Licensed for pregnant women, 16 women with up to 8 of their minor children residential program) (\$67 per adult day, \$27 per day per first child, \$21.50 per day each additional child)

Alta Women & Children's Residential # 5 PO Box 1150 34248 East Towle Road Alta, CA 95701 (530) 389-9208 (6 women and their minor children – including multiple children, residential program) (Same price as Garden Valley #2)

Camino Women & Children's Residential #9 PO Box 586 5494 Pony Express Trail Camino, CA 95709 (530) 644-3758 (MediCal Licensed for pregnant women, 22 women with up to 16 of their minor children residential program) (Same price as Garden Valley #2)

Nevada City Coed Residential Program 145 Bost Avenue Nevada City, CA 95959 (530) 265-9045 (19 bed Coed residential program) (\$60.00 per adult day)

#### Outpatient

Counseling Center #4 PO Box 1666 2914 A Cold Springs Road Placerville, CA 95667 (530) 642-1715 (Non-residential {Outpatient} Services) (\$35 group, \$65 individual, \$95 per assessment, UA Service \$30 per test)

Summit Counseling Services 550 Main Street, Suite I Placerville, CA 95667 (530) 295-9313 (Domestic Violence Batterer Intervention Services) (Same as Counseling Center #4 above, Teen Anger Management Group, \$25)

#### **Transitional Living**

Women & Children's "T" House #6 175 Middletown Road Placerville, CA 95667 (Clean & sober living for 6 women and their minor children - tied to outpatient services) (13.50 per adult day, \$15.00 per day with child)

Women & Children's "T" House # 8 2909 Cold Springs Road Placerville, CA 95667 (Clean & sober living for 4 women and their minor children - tied to outpatient services) (\$13.50 per adult day, \$15.00 per day with child)

<sup>1</sup> Corporate Office is located at (All Payments to Corporate Offices) PO Box 1666, 2914 Cold Springs Road Placerville, CA 95667 (530) 626-9240 (fax) 626-8992

## SAMPLE INVOICE

EXHIBIT "B"

Only original invoices will be accepted. Please make copies for your records, if necessary.

termit-To Address (if different):         Does the client/participant have insurance that covers all or a portion of the billed rate?       Yes       No         1       2       3       4       5       6       7       Difference       Total E         Date       Client/Participant Name (Service Provided to)       Type of Service       Number of Hours or Sessions       Agreement Rate       Rate Billed to Insurance       Difference between Columns and 6       Total E         Date       (Service Provided to)       Type of Service       Number of Hours or Sessions       Agreement Rate       Rate Billed to Insurance       Difference Polifierence Insurance       Total E         Image: Date       Service Provided to)       Type of Service       Number of Hours or Sessions       Agreement Rate       Rate Billed to Insurance       Difference Polifierence Insurance       Total E         Image: Date       Image	Business / Ow Business Addr	vice Month: Invoice Number: siness / Owner Name: siness Address:			Talashasa Numbert				
1       2       3       4       5       6       7       Total 1         Service       Client/Participant Name (Service Provided to)       Type of Service       Mumber of Hours or Sessions       Rate Billed to       Difference to       Total 1         Oute       Service Provided to)       Type of Service       Agreement or Sessions       Rate Billed to       Difference to       Total 1         Insurance       Service Provided to)       Service       Service <t< th=""><th>emit-To Add loes the clier</th><th>ress (if different)</th><th>•</th><th></th><th></th><th>Yes 🗌</th><th>No</th><th></th><th>-</th></t<>	emit-To Add loes the clier	ress (if different)	•			Yes 🗌	No		-
Service provided by[] Licensed [] Intern       For County Use Only         Program Expense Authorization         Veador IDM:	1 Service	2 Client/Particip	oant Name	3	4 Number of Hours or	5 Agreement Rate	6 Rate Billed to	Difference between Columns 5	8 Total Billed to El Dorado County DHS (Column 4 x 7)
Authorized Signature Date Date       Program & Index Code (Circle One)         Program & Index Code (Circle One)       Employment & Training 5305         Sub Object: D 4323       E14324       E14324       E1 Dorado County         Vest. of Human Services       El Dorado County       Department of Human Services       Dote:				[ ] Licensed [	] Intern	Progr	am Expense A	Authorization	
West Slope Vendors, send invoice to:     East Slope Vendors, send invoice to:     Case     DOB;       El Dorado County Dept. of Human Services     El Dorado County Department of Human Services     Docial Worker :	Authorized	Signature		Date		Program & Index C CPS 503350 Sub Object: 0 43	Cude (Circle One) 23 E14324 E1	Employment & Tri 4332  .] 4341	nining 530533 (1 5014
3057 Briw Road South Lake Tahoe, CA 96150	send invoice El Dorado C Dept. of Hu Attn: Accou 3057 Briw F	e to: Jounty man Services nting Unit Road	send invo El Dorado Departm 981 Silve	bice to: D County ent of Human Services er Dollar Avenue		Case Name: Approvals: Social Worker : Supervisor: Program Manage			Date:// Date:// Date://

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EXH	IBIT	C
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## El Dorado County **Bimonthly Client Progress Report**

Provider's Name			
Address			
Telephone Numb	ber	Fax Number	
Client's Name			
Social Worker's c	or Employment & Training	Worker's Name	
			ey writing "N/S" next to the date)
Assessment, go	oals, and treatment pla	n	
Progress since la	ast report		
lease complete a pro	gress report on each client re	eferred by the El Dorado	County Department of
uman Services bimor	othly. Send this report to the	appropriate office:	eeeiny beparanen or
epartment of Human	Job One OneStop 4535 Missouri Flat Road.	Department of Human Services	Job One OneStop 1029 Takela Drive, Suite 3

Services 3057 Briw Road Placerville CA 95667

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Telephone (530) 642-7300 Fax (530) 626-9060

Suite 1A Placerville CA 95667

Telephone (530) 642-5505 Fax (530) 642-5539

981 Silver Dollar South Lake Tahoe CA 96150

Telephone (530) 573-4300 Fax (530) 541-2803

South Lake Tahoe CA 96150

Telephone (530) 543-6740 Fax (530) 543-6737