

**AMENDMENT #1 TO THE CONTRACT WITH
COMMON GOALS, INC. (RESO 19-438)**

THIS AMENDMENT is dated this 12th day of January, 2021 by and between COMMON GOALS, INC. and COUNTY OF NEVADA. Said Amendment will amend the prior agreement between the parties entitled Personal Services Contract executed on August 13, 2019 per Resolution No. 19-438.

WHEREAS, the parties desire to amend their Agreement to increase the maximum contract price from \$60,000 to \$80,000 (an increase of \$20,000) and revise Exhibit "B" Schedule of Charges and Payments to reflect the increase in the maximum contract price.

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of Jan 12, 2021.
2. That the Maximum Contract Price, shall be changed to the following: \$80,000.
3. That Exhibit "B", Schedule of Charges and Payments, shall be revised to the amended Exhibit "B" as attached hereto and incorporated herein.
4. That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

COUNTY OF NEVADA

CONTRACTOR:

By: _____
Honorable Heidi Hall
Chair, Board of Supervisors

By: _____
Joseph J. Festersen, Administrator
256 Buena Vista Street, Suite 100
Grass Valley, California 95945

ATTEST:

By: _____
Julie Patterson-Hunter
Clerk of the Board of Supervisors

**Exhibit “B”
Schedule of Charges and Payments
Common Goals, Inc.**

The maximum compensation to Contractor for satisfactorily performing services under this Agreement shall not exceed \$80,000 for the entire contract term of July 1, 2019 through June 30, 2021. The Contract amount shall not exceed \$30,000 for Fiscal Year 2019/20; and shall not exceed \$50,000 for Fiscal Year 2020/21.

CONTINGENCY:

Contract maximum is contingent and dependent upon the County’s annual receipt of anticipated State/Federal Funds for contract services. Services performed shall be in accordance with Federal Title IV-B, Title IV-E, and Title XIX funding sources guidelines.

Contractor shall be reimbursed for all drug tests performed per the agreed upon costs as follows:

12 Panel Dip - Pro Screen	\$18.00
15 Panel Dip - Pro Screen	\$18.00
80 Hour Alcohol (ETG)	\$20.00
Lab + ETG	\$35.00
Dip + ETG	\$35.00
BAC (Breath Alcohol Concentration)	\$15.00
Additional test = SDRL Cost + 30%	

Contractor shall submit itemized monthly billing which identifies client, test performance, date of test and cost of test.

Contractor shall be reimbursed for all treatment services per the agreed upon costs as follows:

Substance Abuse Assessment Only (written)	\$250.00
Concerned Party Interview (additional)	30.00
Adult & Adolescent AOD Groups (1.5 hours)	30.89*
AOD Individual Sessions (1 hour)	76.91*
Therapy (Marriage & Family Therapist) – (1 hour session)	75.00
Anger Management (Adult Men, Adult Women, Adolescent)	
3 month program	\$ 250.00
6 month program	\$ 500.00
12 month program	\$1,000.00

Anger Management Assessment <i>(Includes administration of Anger Management Map, 1 hour Interview and written report)</i>	\$ 120.00
PC1000 (Deferred Entry of Judgment - Adult) <i>(Behavioral Health & Superior Court approved program)</i>	\$ 500.00
TIP (SIP) (Teen Intervention Program) <i>(6-week educational program for 1st time minor offenders)</i>	\$ 250.00
Batterers Program (52 weeks) <i>(PC1203.097 Certified)</i>	\$ 1,300.00
Transitional Housing (monthly cost)	\$ 850.00
Housing Groups (cost per meeting)	\$ 30.89

**Shall not exceed approved Medi-Cal Rates - Subject to Change, Contractor shall notify the County of any approved changes in Medi-Cal rates and effective date, and County shall pay the adjusted rate.*

Contractor shall submit itemized monthly billing which identifies client, treatment provided, date of treatment and total cost by the 20th of the month following the month of services.

Contractor shall provide the most recent copy of the Contractor’s reviewed or audited financial statements. Said financial statements shall be verified by an independent Certified Public Accountant. These financial statements together with the Certified Public Accountant’s verification are due to the County within thirty (30) days of execution of the Contract. If Contractor, however, has another County Contract currently in effect and has previously provided this information to the County, it is not necessary for Contractor to re-submit these statements and verification under this Agreement.

To expedite payment, Contractor shall reference on their invoice the County Resolution Number assigned to their approved Contract.

BILLING AND PAYMENT

Contractor shall submit to County, for services rendered in the prior month, and in accordance with the reimbursement rate, a statement of services rendered to County and costs incurred that includes documentation to support all expenses claimed by the 20th of each month. County shall review the billing and notify the Contractor within fifteen (15) working days if an individual item or group of costs is being questioned. Contractor has the option of delaying the entire claim pending resolution of the cost(s). Payments of approved billing shall be made within thirty (30) days of receipt of a complete, correct and approved billing.

All billing/invoices should be sent to:
HHS Administration
Attn: DSS Fiscal
950 Maidu Avenue
Nevada City, CA 95959

BILLING PROCESS EXCEPTION

By the tenth of June each year, Contractor shall provide an invoice for services rendered for the month of May. An invoice of services provided for the month of June shall be provided no later than the tenth of July.