## AMENDMENT #2 TO THE CONTRACT WITH COMMON GOALS, INC.

THIS AMENDMENT is dated this 1st day of February 2015 by and between COMMON GOALS, INC., hereinafter referred to as "Contractor" and COUNTY OF NEVADA, hereinafter referred to as "County". Said Amendment will amend the prior agreement between the parties entitled Personal Services Contract as fully-executed on June 25, 2013, per Resolution No. 13-270 and subsequently amended per Amendment #1 as fully executed on June 17, 2014 per Resolution No. 14-233.

**WHEREAS**, the Contractor provides drug testing and alcohol/drug treatment services for referred clients of Child Protective Services (CPS) for a two-year term of July 1, 2013 through June 30, 2015; and

WHEREAS, the parties desire to amend their Agreement to: 1) increase the contract maximum for fiscal year 2014/15 (year 2 of the agreement) from \$40,000 to \$60,000 (an increase of \$20,000) due to an unanticipated increase in utilization of services; and 2) revise Exhibit "B", Schedule of Charges and Payments to reflect this increase in the total maximum contract price.

## **NOW, THEREFORE,** the parties hereto agree as follows:

- 1. That Amendment #2 shall be effective as of February 1, 2015.
- 2. That Section (§2.) Maximum Contract Price, shall be changed to the following: \$105,000.
- 3. That Exhibit "B", "Schedule of Charges and Payments" shall be revised to the amended Exhibit "B" as attached hereto and incorporated herein.

That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

CONTRACTOR:	COUNTY OF NEVADA:
By: Joseph J. Festersen/Administrator Common Goals, Inc. 103 Providence Mine Road, Suite 101 Nevada City, CA 95959	By: Honorable Edward C. Scofield Chair, Board of Supervisors
	Attest: Donna Landi 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 \$105,000 for the entire contract term of July 1, 2013 through June 30, 2015. The Contract amount shall not exceed \$45,000 for Fiscal Year 2013/14; and shall not exceed \$60,000 for Fiscal Year 2014/15. The maximum obligation of this Contract is contingent and dependent upon final approval of the State budget and the County's receipt of anticipated allocations to support these services for each fiscal year of services covered under this Agreement.

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 = $SDRL Cost + 30\%$	

NOTE: There is to be no charge to CPS for lab tests when client is covered by Medi-Cal

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) Concerned Party Interview (additional)	\$150.00 30.00
Adult & Adolescent AOD Groups (1.5 hours)	29.39*
AOD Individual Sessions (1 hour)	72.32*
Therapy (Marriage & Family Therapist) – (1 hour session)	70.00
Anger Management (Adult Men, Adult Women, Adolescent)	
3 month program	\$250.00
6 month program	500.00
12 month program	1,000.00

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Anger Management Assessment (Includes administration of Anger Management Map, 1 hour Interview and written report)	\$120.00
PC1000 (Deferred Entry of Judgment - Adult) (Behavioral Health & Superior Court approved program)	500.00
TIP (SIP) (Teen Intervention Program) (6-week educational program for 1st time minor offenders)	250.00
Smoking Cessation Program (No Ifs & Or Butts - developed by Catholic Healthcare West - same program & same facilitator as Smoking Cessation Program presented at Sierra Nevada Memorial Hospital)	134.00
Batterers Program (52 weeks) (PC1203.097 Certified)	\$1,300.00

\*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

Contractor shall submit itemized monthly billing which identifies client, treatment provided, date of treatment and total cost by the 20<sup>th</sup> 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

shall pay the adjusted rate.

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.

Contractor approves this page

All billing/invoices should be sent to:

Nevada County Department of Social Services Attn: Fiscal Department P. O. Box 1210 Nevada City, CA 95959-1210