

JUN 24 2013

**REQUEST FOR AGENDA PLACEMENT FORM**

Submission Deadline - Tuesday, 12:00 PM before Court Dates

**SUBMITTED BY:** Margaret Cook, CPPB

**TODAY'S DATE:** June 14, 2013

**DEPARTMENT:** Purchasing

**SIGNATURE OF DEPARTMENT HEAD:**

**REQUESTED AGENDA DATE:** June 24, 2013

**SPECIFIC AGENDA WORDING:** Consider and approve the renewal from H.O.P.E. for RFP#2011-421 Substance Abuse and Counseling at the same pricing no changes.

**PERSON(S) TO PRESENT ITEM:** Margaret Cook, CPPB

**SUPPORT MATERIAL:** (Renewal Letter and rates)

**TIME:**

**ACTION ITEM:** \_\_\_\_\_

**WORKSHOP** \_\_\_\_\_

(Anticipated number of minutes needed to discuss item)

**CONSENT:** \_\_\_\_\_

**EXECUTIVE:** \_\_\_\_\_

**STAFF NOTICE:**

**COUNTY ATTORNEY:** x

**IT DEPARTMENT:** \_\_\_\_\_

**AUDITOR:** \_\_\_\_\_

**PURCHASING DEPARTMENT:** \_\_\_\_\_

**PERSONNEL:** \_\_\_\_\_

**PUBLIC WORKS:** \_\_\_\_\_

**BUDGET COORDINATOR:**

**OTHER:** \_Toby Ross\_\_\_\_\_

\*\*\*\*\*This Section to be Completed by County Judge's Office\*\*\*\*\*

ASSIGNED AGENDA DATE: \_\_\_\_\_

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE \_\_\_\_\_

COURT MEMBER APPROVAL \_\_\_\_\_ Date \_\_\_\_\_

**MARGARET A. COOK, C.P.P.B**  
Johnson County Purchasing Agent  
mcook@johnsoncountytexas.org



**PAM CAUSEY**  
Assistant Purchasing Agent  
pamc@johnsoncountytexas.org

1102 E. Kilpatrick, Suite B  
Cleburne, Texas 76031  
(817) 556-6384  
Fax (817) 556-6385

June 3, 2013

Helping Open People's Eyes  
619 N Main  
Cleburne, TX 76031

RE: Contract for Substance Abuse and Counseling for Johnson County RFP 2011-421

Dear Ms. Marlin

The contract for substance abuse and counseling for CSCD will expire on August 31, 2013. Johnson County is interested in renewing with your company for another year at the contracted prices. Enclosed please find the current contracted pricing between Johnson County and your company.

Please consider this request to renew. If you agree to renew please sign this original document and mail back as soon as possible, so we may take appropriate action. If you do not wish to renew, please indicate and return to us. Please call me if you have any questions.

Thank you for your time and attention in handling this matter.

Sincerely,

  
Margaret Cook, CPPB  
Purchasing Agent

Yes, I wish to renew:

 Date: 6/6/13

No, I do not want to renew: \_\_\_\_\_

Date: \_\_\_\_\_

MC/pc

**COPY**  
**SUBSTANCE ABUSE TREATMENT SERVICES**  
**OPERATIONS AGREEMENT**  
**FOR THE JOHNSON AND SOMERVELL COUNTIES**  
**COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT**

This Operations Agreement (the "AGREEMENT") is made and entered into by and between the Johnson & Somervell Community Supervision and Corrections Department ("DEPARTMENT"), a political entity of the 18<sup>th</sup>, 249<sup>th</sup>, and 413<sup>th</sup> Judicial Districts and

Helping Open People's Eyes Inc. ("VENDOR")  
619 N. Main Address  
Cleburne, Tx. 76031 City, State, zip

as of the 1st day of September, 2011

**WITNESSETH:**

NOW, THEREFORE, for and in consideration of the foregoing, the mutual benefits contemplated hereby and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows.

**APPOINTMENT OF VENDOR: TERM**

Appointment of VENDOR. In accordance with the terms and conditions set forth herein, and in consideration of the Payments hereinafter provided, VENDOR is hereby appointed to provide to DEPARTMENT, and VENDOR hereby agrees to furnish to DEPARTMENT, the Services provided for herein.

Term. This AGREEMENT is effective on the date set forth in the initial paragraph hereof and shall continue until August 31, 2013, unless it is terminated earlier pursuant to the provisions hereof, provided however, that DEPARTMENT shall have the option to renew and extend this AGREEMENT for a period of one year (with such changes as to which VENDOR shall agree), upon giving to VENDOR a written notice of such intention no later than thirty (30) days prior to the expiration of the initial term.

**ARTICLE I**  
**RATES AND MINIMUM REQUIREMENTS**

- 1.1 Vendor Rates. DEPARTMENT agrees to make Payments to VENDOR for the delivery of Services, not to exceed \_\_\_\_\_ per fiscal year, for September 1, 2011 through August 31, 2013. VENDOR acknowledges that the total dollar amount of the AGREEMENT is subject to change, at department's discretion, based on needs and circumstances that arise within the overall DEPARTMENT program. VENDOR agrees to the following rates for substance abuse services:
- |   |                 |                                |
|---|-----------------|--------------------------------|
| Assessments                                   | <u>\$60.00</u>  | Per assessment                 |
| Outpatient Education                          | <u>\$ 9.00</u>  | Per client per group hour      |
| Outpatient Treatment Group                    | <u>\$11.00</u>  | Per client per group hour      |
| Outpatient Treatment Individual               | <u>\$ 32.00</u> | Per client per individual hour |
| *Treatment Group for Jail Inmates             | <u>\$ 55.00</u> | Per jail group hour            |
| Individual Treatment Session for Jail Inmates | <u>\$ 32.00</u> | Per client per individual hour |
- \* See last page of the RFP ( page # 66 ) for jail discount information