



COUNTY OF HUMBOLDT


AGENDA ITEM NO.

C-5

For the Meeting of: June 12, 2007

Date: May 11, 2007

To: Board of Supervisors

From:  Phillip R Crandall, Director
Department of Health and Human Services,
Mental Health Branch

Subject: Approval of the Third Amendment to the Agreement between Humboldt County and Fortuna Community Services, D.B.A. "HART" for Driving Under the Influence Programs

RECOMMENDATION(S):

That the Board of Supervisors approve and authorize the Chair to sign the attached Third Amendment between Humboldt County and Fortuna Community Services, D.B.A., Humboldt Alcohol Recovery Treatment (HART) for the provision of Driving Under the Influence Programs.

SOURCE OF FUNDING:

Alcohol and Other Drug fund



DISCUSSION:

Humboldt County's Mental Health Department Alcohol and Other Drug Dual Recovery Program has a mission to provide quality substance abuse treatment based upon current practice and/or evidence-based practice to aid the individual and family members in the recovery process resulting in improved functioning, relationships, and quality of life. The intent of these services is to eliminate the behavior of

Prepared by Mary Commins AOD Administrative Analyst

CAO Approval 

REVIEW:

Auditor  County Counsel _____ Personnel _____ Risk Manager  Other _____

TYPE OF ITEM

Consent
 Departmental
 Public Hearing
 Other _____

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

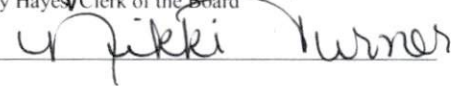
Upon motion of Supervisor WOOLLEY
Seconded by Supervisor SMITH
And unanimously carried by those members present,
The Board hereby adopts the recommended action
contained in this report.

PREVIOUS ACTION/REFERRAL:

Board Order No. : B-4, C-16, C-12

Meeting of: 6-22-04, 6-28-05, 6-27-06

Dated: June 12, 2007
Kathy Hayes, Clerk of the Board

By: 

driving under the influence of drugs and/or alcohol, reinforcing the harmful consequences for the individual and for the community at large. Records will show a continued decrease in recidivism for participating clients who have completed the program.

The State of California licenses programs and requires counties to designate providers for Driving Under the Influence Programs. The Fortuna Community Services' Humboldt Alcohol Recovery Treatment Services (HART) is authorized by the County and licensed by and operated under general regulations established by the State Department of Alcohol and Drug Programs. Since 1991 "HART" has been a designated provider of driving under the influence program, fulfilling the State requirement to provide this service.

"HART" provides alcohol and other drug education and counseling service for persons whose license to drive has been administratively suspended or revoked. The Program assists clients in recognizing their level of chemical dependency, acquaint them with life problems associated with chemical dependency, and aids in their recovery. "HART" has demonstrated expertise and competence in alcohol treatment that further our mission throughout the Humboldt County community. "HART" is a California State licensed Driving Under the Influence program that meets requirements with the State of California Department of Motor Vehicles.

This amendment will extend the original agreement which provides for the "HART" Program to pay the County for the service of monitoring their Program to assure compliance with State and Federal guidelines.

This Amendment extends the term of the original Agreement through June 30, 2008 with no change in funding amount from provider.

FINANCIAL IMPACT:

Fortuna Community Services (HART) is self-supported by client fees. They receive no funds from the County. Fortuna Community Services agrees to pay the County a monitoring fee. Payment to the County will not exceed \$5,400; this revenue is included in the proposed budget for Alcohol and Other Drug Programs budget unit 1180-425 for Fiscal Year 2007-08. No anticipated impact to County General Fund.

OTHER AGENCY INVOLVEMENT:

None

ATTACHMENTS:

Third Amendment to the Agreement between County of Humboldt and Fortuna Community Services, HART Program.

Date (MM/DD/YY)
 4/19/07

ACORD

Producer

CAPTIVE MANAGEMENT COMPANY
 SB&T Captive Management
 40 Main Street Suite 500
 Burlington, VT 05401

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

- COMPANY
A GENCON INSURANCE COMPANY OF VERMONT
- COMPANY
B
- COMPANY
C
- COMPANY
D

Insured

General Conference Corporation of
 Seventh-day Adventists, et al
 Northern California Conference Assoc of SDA
 401 Taylor Boulevard
 Pleasant Hill, CA 94523-0165

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	GL201594	01-01-07	01-01-08	GENERAL AGGREGATE \$ N/A
					PRODUCT-COMP/OP AGG \$ N/A
					PERSONAL & ADV INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 1,000,000
					MED EXP (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC Statutory Limits \$ OTHER \$ EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The Certificate Holder is Additional Insured as respects, Various Community Services at 2331 Ronner 16 Road, Fortuna, CA and 186 E Street, Eureka, CA from 01-01-07 thru 01-01-08 - sponsored by Fortuna Adventist Community Services.

County of Humboldt/Department of Health and Human Services
 720 Wood Street
 Eureka, CA 95501

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, SUCCESSORS OR REPRESENTATIVES.

GENCON INSURANCE COMPANY OF VT

04/18/2007 THU 15:44 FAX --- Lorena

CL 261
(11-85)

POLICY NUMBER: GL201594

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CG 20 26 11 85

ADDITIONAL INSURED --- DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERICAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of person or organization:

County of Humboldt/Department of Health and Human Services
720 Wood Street
Eureka, CA 95501

The Certificate Holder is Additional Insured as respects, Various Community Services at 2331 Ronner 16 Road, Fortuna, CA and 186 E Street, Eureka, CA from 01-01-07 thru 01-01-08 — sponsored by Fortuna Adventist Community Services.

(if no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YY)
4/19/07

Producer

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COMPANIES AFFORDING COVERAGE

*** CERTIFICATE OF CONSENT TO SELF INSURE:2042-ZA

Insured
Northern California Conference of Seventh-day Adventists
(a California non-profit corporation) Affiliate of Pacific Union Association
401 Taylor Boulevard
Pleasant Hill, CA 94523-0165

COMPANY
B
COMPANY
C
COMPANY
D

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<table border="1"> <tr> <td>WC Statutory Limits</td> <td>OTHER</td> <td>\$</td> </tr> <tr> <td colspan="2">EL EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td colspan="2">EL DISEASE-POLICY LIMIT</td> <td>\$</td> </tr> <tr> <td colspan="2">EL DISEASE-EA EMPLOYEE</td> <td>\$</td> </tr> </table>	WC Statutory Limits	OTHER	\$	EL EACH ACCIDENT		\$	EL DISEASE-POLICY LIMIT		\$	EL DISEASE-EA EMPLOYEE		\$
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EL EACH ACCIDENT		\$															
EL DISEASE-POLICY LIMIT		\$															
EL DISEASE-EA EMPLOYEE		\$															
***	Workers' Compensation	Certificate: 2042-ZA(1/1/85-cont.)	1/01/07	1/01/08	Statutory												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

As respects Fortuna Community Services located at 2331 Rohnerville Road, Fortuna, CA 95540.

County of Humboldt
Department of Health and Human Services
929 Koster Street
Eureka, CA 95501

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]

ACORD

CERTIFICATE OF LIABILITY

Date (MM/DD/YY)
4/19/2007

Producer

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COMPANIES AFFORDING COVERAGE

COMPANY A	STATE NATIONAL INSURANCE COMPANY INC
COMPANY B	
COMPANY C	
COMPANY D	

Insured
Northern California Conference of Seventh-day Adventists
401 Taylor Boulevard
Pleasant Hill, CA 94523-0165

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A	OTHER Auto Physical Damage	GICV 008 147-05	01/01/07	01/01/08	Deductibles Com \$ 100 Collision \$ 250

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
As respect: Fortuna Community Services located at 2331 Rohnerville Road, Fortuna, CA 95540

County of Humboldt
Department of Health and Human Services
929 Koster Street
Eureka, CA 95501

CANCELLATION
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AUTHORIZED REPRESENTATIVE
Lorena A. Boba

ACORD

Date (MM/DD/YY)
5/10/07

Producer

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EL DISEASE-EA EMPLOYEE		\$															
***	OTHER Workers' Compensation	Certificate: 2042-ZA(1/1/85-cont.)	1/01/07	1/01/08	Statutory												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

As respects Fortuna Adventist Community Services activities with a waiver of subrogation against County of Humboldt, its officers, agents, and employees at 2331 Rohnerville Road Fortuna, CA, and 186 E Street, Eureka, CA.

County of Humboldt
Department of Health and Human Services
929 Koster Street
Eureka, CA 95501

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[Signature]

THIRD AMENDMENT TO AGREEMENT BETWEEN
COUNTY OF HUMBOLDT
AND
FORTUNA COMMUNITY SERVICES (HART)

This amendment to the Agreement entered into between the County of Humboldt, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and Fortuna Community Services, hereinafter referred to as "PROVIDER," executed on June 22, 2004, is entered this 12th day of June, 2007.

WHEREAS on the 22nd day of June, 2004 the parties entered into an Agreement to provide Driving Under the Influence Programs; and

WHEREAS on June 28, 2005 the parties entered into a first amendment to extend the term through June 30, 2006; and

WHEREAS on June 27, 2006 the parties entered into a second amendment to extend the term through June 30, 2007 and amend the Scope of Services;

WHEREAS the parties now desire to amend the expiration date and the hold harmless/indemnification agreement of the original Agreement;

NOW, THEREFORE, IT IS MUTUALLY AGREED AS FOLLOWS:

1. Section 4 is amended to read as follows:

TERM:

The term of this agreement shall be from July 1, 2007 and shall continue through June 30, 2008, unless sooner terminated as provided herein.

2. Section 25 is amended to read as follows:

HOLD HARMLESS/INDEMNIFICATION AGREEMENT:

Pursuant to Government Code section 895.4, the parties to this Agreement shall indemnify, defend and hold harmless the other parties hereto and their officers,

agents, and employees, from any and all claims, demands, losses, damages, and liabilities of any kind or nature, including attorney's fees, which arise by the virtue of its own acts or omissions (either directly or through or by its officers, agents or employees) in connection with its duties and obligations under this Agreement and any amendments hereto.

Acceptance of insurance required by this Agreement does not relieve Contractor from liability under this indemnification clause. This indemnification clause shall apply to all damages or claims for damages suffered by Contractor's operations regardless if any insurance is applicable or not.

3. In all other respects the June 22, 2004 Agreement between the parties and subsequent amendments referenced above shall remain in full force and effect.

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IN WITNESS THEREOF, the parties hereto have executed the third amendment to the contract of June 22, 2004 on the date indicated above.

(SEAL)

ATTEST:

KATHY HAYES

CLERK OF THE BOARD OF SUPERVISORS
OF THE COUNTY OF HUMBOLDT,
STATE OF CALIFORNIA

By *Kiki Turner*

APPROVED AS TO FORM:

By *[Signature]*
Deputy, County Counsel

APPROVED AS TO INSURANCE:

By *[Signature]*
Risk Manager

APPROVED AS TO ACCOUNTING:

By *Michael J. Giaccone*
Auditor

COUNTY OF HUMBOLDT:

[Signature]
Chair, of the Board of Supervisors,
County of Humboldt, State of California

PROVIDER

By *[Signature]*
Title *Executive Director*

By *[Signature]*
Title *chair person*

[Two corporate officers must sign.]