

COOPERATIVE AGREEMENT

**COMBAT Drug Treatment**

(January 1, 2010, through December 31, 2010)

**AN AGREEMENT** by and between **Jackson County, Missouri**, a Constitutional Home Rule Charter County, hereinafter referred to as "the County," and **CMHS GATEWAY**, 10901 Winner Rd, Independence, MO 64052(a Missouri not-for-profit corporation), hereinafter referred to as "**Organization.**"

**WHEREAS**, the voters in Jackson County approved and renewed a quarter cent sales tax for the purpose of providing revenue to combat illicit drug use in our community; and,

**WHEREAS**, the voters and the Jackson County Legislature authorized the County Executive to contract with qualified not-for-profit community treatment organizations to fund programs or services for the purpose of treating illegal drug use and drug-related offenses, if such organization has been in existence for a period of not less than two (2) years; and,

**WHEREAS**, **Organization** has been in existence for more than two (2) years and proposes to provide services to treat illegal drug use and/or drug-related offenses; and,


**WHEREAS**, COMBAT Administration has carefully reviewed the **Organization's** proposal for 2010 funding; and,

**WHEREAS**, the Jackson County Legislature's Anti-Drug Committee has recommended the expenditure of **\$265,401.00**, of COMBAT Anti-Drug Sales Tax funds (hereinafter referred to as "COMBAT funds") for **Organization** to assist in the treatment of drug abuse and drug-related offenses;

**NOW THEREFORE**, in consideration of the foregoing and the terms and provisions herein contained, the County and **Organization** respectively promise, covenant and agree with each other as follows:

I. **SERVICES**

**Organization** shall use COMBAT funds solely for the purpose of providing substance abuse treatment and rehabilitation services for those who have drug use, abuse, or addiction problems and/or drug-related offenses; and,

  
A handwritten signature in dark ink is located in the bottom right corner of the page. The signature is cursive and appears to be the name of a representative from the County or the Organization.

**Organization** shall collaborate and cooperate with COMBAT Administration in its efforts to provide for the substance abuse needs of those who are returning to Jackson County from correctional institutions; and,

**Organization** has agreed to use COMBAT funds only as set forth in Exhibit A, Budget and Pricing Page, attached hereto.

## II. PAYMENT

The **County** agrees to pay to the **Organization** a total amount not to exceed **\$265,401.00**. Upon execution of this contract, an advance payment equal to one-quarter of the contract amount will be submitted to **Organization**.

**This award is contingent upon collection of sales taxes as budgeted at the time of the contract award. If COMBAT funds are reduced, contractor will be informed of necessary contract revisions, as provided for in this Agreement.**

**Organization** understands that the failure to execute this Agreement by March 31, 2010, shall disqualify **Organization** from funding under this Agreement. Additionally, **Organization** understands that no payment shall be made under this Agreement until **Organization's** 2009 COMBAT contract has been fully reconciled.

**Organization** agrees to submit a monthly expense report on forms provided by COMBAT Administration by the 20<sup>th</sup> of the following month, beginning on February 20, 2010. All payments will be processed within 30 days of receipt of invoice, if the invoice is complete and accurate. Any reports that are incorrect will delay payment. The remaining contract amount will be paid in a monthly amount equal to:

- (1) 1/12<sup>th</sup> of the 2010 contract amount or
- (2) Expenses year to date, whichever is the lesser of the two.

**Organization** agrees to submit quarterly program reports on forms provided by COMBAT Administration by the 20<sup>th</sup> of the month following the quarter's end. All April, August, October and December payments will be detained until quarterly program reports are received and accurate.

The **County** reserves the right to audit all invoices and to reject any invoice for good cause. The **County** retains the right to deduct from an invoice of **Organization** any overpayment made by the **County** on a prior invoice. The **County** retains the right to make invoice corrections/changes. The **County** will not reimburse sales tax expense.

The final payment will not be processed until the agency's annual program report has been completely reconciled.

### III. ANNUAL REPORT/OTHER DOCUMENTATION

**Organization** shall submit annual reports and other documentation as requested by the County's Director of Finance and Purchasing, or by such other manager as designated in writing by the County Executive, to show that funds paid to **Organization** by the County were used for the purpose set forth in this Agreement. The annual report for 2010 shall be submitted no later than January 20, 2011.

- a. **Organization** must notify COMBAT Administration in writing on **Organization** letterhead, within five working days of the following changes:
  - a) **Organization** name, address, telephone number, administration, or board of directors
  - b) **Organization** funding that will affect the program under this contract
  - c) Liability insurance coverage
  - d) Management or staff responsible for providing services pursuant to this contract
  - e) Any proposed or actual merger or acquisition either taken by the **Organization** or towards the **Organization**
  - f) Changes to program and/or services that might affect Outcome Measurement Framework chart.

### IV. EVALUATION REQUIREMENTS

**Organization** agrees that evaluative outcomes shall be given priority status. COMBAT Administration or its designee will monitor the **Organization** to assure that not only are the terms of this Agreement being fulfilled, but also to monitor the treatment program's impact on drug use. The **Organization** agrees to participate in an effectiveness evaluation of the **Organization's** program objectives and an overall evaluation of specific core items, as required by the COMBAT Administration. **Organization** further agrees to utilize an agency specific evaluation document. **Organization** agrees to participate in and respond to periodic COMBAT Administration evaluations, assessments, and data inquiries,

The COMBAT Administration will evaluate **Organization's** performance periodically based on the **Organization's** quarterly performance reports and compliance with contractual provisions. The County reserves the right to terminate this Agreement pursuant to paragraph 18 if the **Organization** does not meet stated performance measures and contractual requirements.

V. AUDIT

The County reserves the right to examine and audit the books and records of **Organization** pertaining to the finances and operations of **Organization**.

**Organization** agrees to establish and adopt such accounting standards and forms as may be recommended by the County's Financial Advisor prior to receipt of the County's first distribution of funds under the terms of this Agreement. The forms used to document the expenditure of these funds may be changed from time to time upon mutual agreement.

VI. DEFAULT

If **Organization** shall default in the performance or observation of any term or condition herein, the County shall give **Organization** ten (10) days' written notice setting forth the default. If said default shall continue for ten (10) days after written notice thereof, the County may at its election terminate the contract and withhold any payments not yet made to **Organization**. Said election shall not in any way limit the County's right to sue for breach of contract.

VII. SUBMISSION OF DOCUMENTS

No payment shall be made under this contract unless the contracting agency shall have submitted to COMBAT Administration (1) a written proposal setting out in detail the intended use of the County's funding, including the target population to be served; (2) a statement of the agency's total budget for its most recent fiscal year; and, (3) a detailed explanation of actual expenditures of County funds (pertains to final payments and payments on contracts for future years.) Any document described herein which was submitted to COMBAT Administration, as a part of an application for funding need not be resubmitted to qualify for payment. No payment shall be made if the contract agency is out of compliance on any County contract, including previous COMBAT contracts.

VIII. INDEMNIFICATION

**Organization** shall indemnify, defend, and hold the County harmless from any and all claims, liabilities, damages, and costs (including reasonable attorney's fees directly related thereto) to the extent caused by the negligence or willful misconduct of **Organization** or its employees, agents or representatives.

IX. INSURANCE

**Organization** shall maintain the following insurance coverage during the term of this Agreement.

A. **Organization** shall maintain Commercial General Bodily Injury and Property Damage Liability insurance, each in a combined single limit of One Million Dollars (\$1,000,000) each occurrence for bodily injury and property damage liability. **Organization** agrees to name the County as Additional Insured on such policies, but only to the extent of **Organization's** negligence under this Agreement and only to the extent of the insurance limits specified herein.

B. **Organization** shall maintain, if any motor vehicles are used in the performance of the Services, Commercial General Bodily Injury and Property Damage Liability insurance, and Automobile Liability insurance including owned, non-owned, or hired vehicles, each in a combined single limit of One Million Dollars (\$1,000,000) each occurrence for bodily injury and property damage liability. **Organization** agrees to name the County as Additional Insured on such policies, but only to the extent of **Organization's** negligence under this Agreement and only to the extent of the insurance limits specified herein.

C. **Organization** agrees to provide the County with certificates of insurance evidencing the above described coverage prior to the start of Services, and annually thereafter, if required by the County. Such certificates shall provide that the applicable insurance policies have been endorsed to provide a minimum of thirty days advance notice to the County in the event of cancellation, non-renewal, or reduction in limits by endorsement.

#### X. STANDARD OF CARE

**Organization** shall exercise the same degree of care, skill, and diligence in the performance of the Services as is ordinarily possessed and exercised by professionals operating under similar circumstances.

#### XI. TERM

The term of this Agreement shall commence as of January 1, 2010, and shall continue until December 31, 2010, unless sooner terminated pursuant to paragraph 6, 18, or 25 hereof.

#### XII. NO REPLACEMENT REVENUE

It being recognized by the parties that the purpose of the COMBAT funds is to improve the quality and effectiveness of drug treatment services in Jackson County, it is therefore declared as the express intent of the parties that the services to be rendered hereunder shall be in addition to those deemed necessary and required to maintain the efficient and effective operation of **Organization** in its normal duties.

XIII. PURCHASING

Organization hereby agrees that purchases to be reimbursed from COMBAT funds provided by this Agreement will be with bidders/vendors that have received certificates of compliance from the County's Affirmative Action Program as administered by the County's Compliance Review Officer.

XIV. CONFLICT OF INTEREST

Organization warrants that no officer or employee of the County, whether elected or appointed, shall in any manner whatsoever be interested in or receive any benefit from the profits or emoluments of this Agreement.

XV. FINANCIAL CONTACT

Organization shall designate a fiscal representative to act as a liaison between the parties to resolve any problems, complaints, or special circumstances encountered in the billing of the services agreed upon here.

COMBAT Administration  
Fiscal Representative  
Troy Thomas  
415 E. 12<sup>th</sup> Street, Suite 100  
Kansas City, MO 64106

<u>CMHS GATEWAY</u>	
Agency's Fiscal Representative	
<u>CFD</u>	Title
<u>Karen Kleppel</u>	Name
<u>816-254-3652</u>	Telephone #

XVI. INFORMATIONAL REPORTING

A designated representative of the organization shall attend meetings of the County Legislature and COMBAT Administration activities when so requested by either entity.

XVII. PUBLICITY

If Organization receives or obtains any media attention because of this project, Organization is required to acknowledge that funding for the project is from COMBAT funds. Printed material involving this program shall contain the COMBAT logo and a COMBAT sign shall be posted at the program site(s) for the duration of the contract.

XVIII. TERMINATION

This Agreement may be terminated for any reason or no reason by either of the parties upon thirty (30) days' written notice to the other party's designated fiscal

representative. All services and payments shall continue through the effective date of termination. Termination of this Agreement shall not constitute a waiver of the rights or obligations which the County or **Organization** may be entitled to receive as provided in this Agreement, or be obligated to perform under this Agreement for services prior to the date of termination. Should this Agreement terminate, all County written materials of any kind must be delivered and returned by **Organization** to the County within ten (10) days of the termination of this Agreement.

**XIX. UNSPENT ALLOCATION**

Any appropriated funds under this Agreement not invoiced by **Organization** within 45 days from the expiration of this Agreement shall not be paid but shall remain in the COMBAT funds. These funds shall be subject to reappropriation. Such funds refer only to those funds that have not been committed for costs or purchases by purchase order, contract, or other formal documentation.

**XX. MINORITY HIRING**

**Organization** shall have a twenty percent (20%) goal for minority hiring and employment regarding all positions funded out of the proceeds of COMBAT funds.

**XXI. APPROPRIATION OF FUNDS**

**Organization** and the County recognize that the County intends to satisfy its financial obligation to **Organization** hereunder out of funds annually appropriated for that purpose by the County. County promises and covenants to make its best efforts to appropriate funds in accordance with this Agreement. In the event no funds or insufficient funds are appropriated and budgeted, or are otherwise unavailable by any means whatsoever for payments due hereunder, County shall immediately notify **Organization** of this occurrence and this Agreement shall terminate on the last day for which appropriations were received, without penalty or expense to the County of any kind whatsoever, except as to the portions of the payment amounts herein agreed upon for which funds shall have been appropriated and budgeted or are otherwise available, or at any time after the last date that County has paid for the Services, if earlier.

County further agrees:

- A. That any funds authorized or appropriated for services rendered under this Agreement shall be applied to the payments hereunder until all such funds are exhausted.
- B. That County will use its best efforts to obtain authorization and appropriation of such funds including, without limitation, the inclusion in its

annual budget, a request for adequate funds to meet its obligation under this Agreement in full.

## XXII. EQUAL OPPORTUNITY EMPLOYMENT

**Organization** shall maintain policies of employment as follows:

A. **Organization** and **Organization's** subcontractor(s) shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, age, disability, or national origin. **Organization** shall take affirmative action as set forth to ensure that applicants are employed and employees are treated without regard to their race, religion, color, sex, age, disability, or national origin. Such action shall include, but not be limited, to the following: recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. **Organization** agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the policies of non-discrimination.

B. **Organization** and **Organization's** subcontractor(s) shall, in all solicitation or advertisements for employees placed by them or on their behalf, state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, age, disability, or national origin.

## XXIII. EMPLOYMENT OF UNAUTHORIZED ALIENS PROHIBITED

Pursuant to §285.530.1, RSMo, **Organization** assures that it does not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri and/or Jackson County, and shall affirm, by sworn affidavit and provision of documentation, its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. Further, **Organization** shall sign an affidavit, attached hereto and incorporated herein as Exhibit C, affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

## XXIV. INSPECTION OR AUDITS BY THE COUNTY

The performance of this Agreement shall be subject to review by the County. The County Compliance Review Officer shall review this contract according to his responsibilities as set out in Chapter 6 of the Jackson County Code. **Organization** shall file annual compliance reports as required by the County Compliance Review Office. The County may provide to **Organization** a list identifying specific areas funded by COMBAT funds which are to be inspected or audited by the County, and the definition and scope of a review audit of each specific area indicated.



**Organization** shall conduct internal audits of each specific area identified and shall provide its findings to the County and/or COMBAT Administration. If the County and/or COMBAT Administration desire additional study, after the in-house audit provided above, the County and/or COMBAT Administration and **Organization** shall engage a mutually agreed upon outside auditing firm to conduct further audit of each specific area identified, and shall share the costs of the outside auditor equally. The County warrants that all books, records, accounts, and any other documents in the possession of the County relative to COMBAT funds are public records open for inspection in accordance with Chapter 610, RSMo.

**XXV. REMEDIES FOR BREACH**

**Organization** promises, covenants, and agrees to faithfully observe and perform all of the terms, provisions, and requirements of this Agreement, and **Organization's** failure to so observe and perform in accordance with said Agreement represents and constitutes a breach of this Agreement. In such even, **Organization** consents and agrees as follows:

A. That the County may without prior notice to **Organization** immediately terminate this Agreement; and,

B. In addition to the foregoing, the County shall be entitled to collect from **Organization** all payments made by the County for which **Organization** has not yet rendered services in accordance with this Agreement, and may also be entitled to reasonable attorney's fees, court costs, and other expenses if it is necessary to bring legal action to recover such amount.

**XXVI. SEVERABILITY**

If any term of this Agreement is invalid, or incapable of being enforced by reasons of any rule of law or public policy, all other conditions and provisions of this Agreement shall nevertheless remain in full force and effect and no covenant or provision shall be deemed dependent upon any other covenant or provision unless so expressed herein.

**XXVII. TRANSFER AND ASSIGNMENT**

**Organization** shall not assign or transfer any portion or the whole of this Agreement without the prior written consent of the County.

XXVIII. COMBAT CONTACT

For the purpose of this Agreement, the COMBAT Administration, or person designated by COMBAT Administration, shall act as the COMBAT Contact. The COMBAT Contact shall be responsible for overseeing the performance of the services to be rendered under this Agreement. The COMBAT Contact shall be authorized to accept minor changes in services rendered as long as they are not material nor do they substantially alter the services to be performed. Any substantial or material changes in the services provided under this Agreement must be approved by the COMBAT Administration and the County.

XXIX. ORGANIZATION IDENTITY

If **Organization** is merged or purchased by another entity, the County reserves the right to terminate this Agreement. **Organization** shall immediately notify the County in the event it is merged or purchased by any other entity.

XXX. INCORPORATION

This Agreement contains the entire understanding and agreement of the parties, and modifications hereto shall be enforceable only if in writing, signed by the parties hereto.

IN WITNESS WHEREOF, this Agreement has been executed this 25 day of Feb., 2010.

APPROVED AS TO FORM

By:

[Signature]  
William Snyder  
Acting County Counselor

JACKSON COUNTY, MISSOURI

By:

[Signature]  
Michael D. Sanders  
County Executive

ATTEST:

[Signature]  
Mary Jo Spino  
Clerk of the County Legislature

CMHS GATEWAY

By: [Signature]

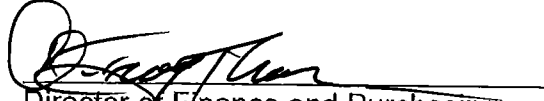
Title: Director of Addictions Services

FIN: 43-0949079

REVENUE CERTIFICATE

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this contract is chargeable, and a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made, each sufficient to meet the obligation of \$265,401.00 , which is hereby authorized.

*February 23, 2010*  
Date

  
Director of Finance and Purchasing  
Account No.: 008-4404-56789  
44042010004

**EXHIBIT A - AGENCY BUDGET / PRICING PAGE  
TREATMENT PROGRAM**

**COMPREHENSIVE MENTAL HEALTH SERVICES, INC / GATEWAY PROGRAM**

10901 E WINNER ROAD  
INDEPENDENCE, MO 64052

KAREN KLEOPPEL  
816-254-3652  
[KKLEO@THECMHS.COM](mailto:KKLEO@THECMHS.COM)

Level and type of service	Number of units	Unit price	Total Amount (unit x price)
*Level 1 Medical/Social Detox			
*Level II Residential TX			
*Level II Room and Board	1825	\$ 75.00	\$ 136,875.00
*Level III Day TX	1463	\$ 75.00	\$ 109,725.00
Individual Counseling			
Group Counseling: Substance abuse			
Relapse counseling			
**Recreational therapy			
Aftercare			
**Other			
Group Education			
Family Therapy			
Therapeutic Child Care			
Children's Supportive Care			
Community Support	342	\$ 55.00	\$ 18,810.00
Drug Testing			
Indirect Admin			
<b>Original Budget</b>			<b>\$ 265,410.00</b>

\* Level I, II and III services are paid on an all-inclusive per diem rate.

\*\* Items must be approved by COMBAT Commission, prior to budgeting. You must call for approval.

**EXHIBIT B - AGENCY DIRECTORY- TREATMENT SERVICES**

**COMPREHENSIVE MENTAL HEALTH SERVICES, INC / GATEWAY PROGRAM**

<b>PROGRAM LOCATION</b>	
Address	10901 Winner Road
City, State, Zip Code	Independence, MO 64052
Main Phone	816-254-3652
Main Fax	816-254-9243
Main Email	

<b>Executive Director</b>	William Kyles
Address	10901 Winner Road
City, State, Zip Code	Independence, MO 64052
Phone	816-254-3652
Fax	816-254-9243
Email	<a href="mailto:billkyle@thecmhs.com">billkyle@thecmhs.com</a>

<b>Program Director</b>	Kay Murphy-Collins
Address	5840 Swope Parkway
City, State, Zip Code	Kansas City, MO 64130
Phone	816-333-2990
Fax	816-333-0912
Email	<a href="mailto:kcoll@thecmhs.com">kcoll@thecmhs.com</a>

<b>COMBAT Program Contact</b>	Kay Murphy-Collins
Address	5840 Swope Parkway
City, State, Zip Code	Kansas City, MO 64130
Phone	816-333-2990
Fax	816-333-0912
Email	<a href="mailto:kcoll@thecmhs.com">kcoll@thecmhs.com</a>

<b>Financial Contact</b>	Karen Kleoppel
Address	10901 Winner Road
City, State, Zip Code	Independence, MO 64052
Phone	816-254-3652
Fax	816-254-9243
Email	<a href="mailto:kkleo@thecmhs.com">kkleo@thecmhs.com</a>

<b>Assessment Software Contact</b>	Kay Murphy-Collins
Address	5840 Swope Parkway
City, State, Zip Code	Kansas City, MO 64130
Phone	816-333-2990
Fax	816-333-0912
Email	<a href="mailto:kcoll@thecmhs.com">kcoll@thecmhs.com</a>

<b>Agency Board Chairperson</b>	
Address	
City, State, Zip Code	
Phone	
Fax	
Email	

**If an agency has any staff changes listed on this form only, a memo on agency letterhead needs to be submitted to the COMBAT office so we can update our records**

**EXHIBIT C - WORK AUTHORIZATION AFFIDAVIT**

As a condition for any service provided to the County, a business entity shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services.

Business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit.

Every such business entity shall complete the following affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services. The completed affidavit must be returned as a part of the contract documentation.

This affidavit affirms that CMHS GATEWAY (Organization name) is enrolled in, and is currently participating in, E-verify or any other equivalent electronic verification of work authorization operated by the United States Department of Homeland Security under the Immigration Reform and Control Act of 1986 (IRCA); and, CMHS GATEWAY (Organization name) does not knowingly employ any person who is an unauthorized alien in conjunction with the contracted services.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Kay Murphy-Collins  
Authorized Representative's Signature

Kay Murphy-Collins  
Printed Name

Director of Addiction Services  
Title

2/11/10  
Date

Subscribed and sworn before me this 11 day of February, 2010. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on 02-12-2012.

Judy Burlingame  
Signature of Notary Judy Burlingame

02-11-2010  
Date

JUDY BURLINGAME  
Notary Public - Notary Seal  
State of Missouri  
Commissioned for Jackson County  
My Commission Expires: February 12, 2012  
Commission Number: 08520371