

RENEWAL AGREEMENT BETWEEN FORT BEND COUNTY AND TEXANA CENTER

THIS AGREEMENT is now made by and between Fort Bend County, Texas ("County"), a body corporate and politic under the laws of the State of Texas acting pursuant to the duly authorized act of its Commissioner's Court, and Texana Center ("Texana"), a community center and an agency of the State of Texas under the provisions of Chapter 534 of the TEXAS HEALTH AND SAFETY CODE ANN. (Vernon 2000), as amended.

WITNESSETH:

WHEREAS, since 1999, the County and Texana have entered into an Interlocal Agreement to establish and provide a unified delivery system for Behavioral Health and Intellectual Development Disabilities services for residents of Fort Bend County;

WHEREAS, Texana Center is a community center and an agency of the State of Texas that provides behavioral healthcare and developmental disabilities services to residents of a six county area that includes Fort Bend County; and is designated by the Texas Department of Aging and Disabilities Services as the Local Intellectual and Development Disability Authority (LIDDA). and by the Texas Department of State Health Services as the Local Mental Health Authority;

WHEREAS, Texana has established programs and services that serve those groups of persons with mental illness or mental retardation in Fort Bend County that are most in need of such services;

WHEREAS, TEXAS HEALTH AND SAFETY CODE § 534.019, permits a local agency to contribute funds to assist in the administration of the community center's programs and services;

WHEREAS, the County desires to provide its share of matching funds for the administration of Texana's programs, services and transportation related activities for residents of Fort Bend County;

WHEREAS, the governing body of Texana has duly authorized this Agreement;

WHEREAS, this is a contract for professional services and is exempt from competitive bidding as authorized by § 262.024 of the Local Government Code;

WHEREAS, this Agreement is made pursuant to and under the provisions of Chapter 791 of the TEXAS GOVERNMENT CODE, V.T.C.A., the Interlocal Cooperation Act; and

NOW, THEREFORE, in consideration of the foregoing and further consideration of the mutual promises, covenants and conditions herein, the parties hereby agree as follows:

I. ADMINISTRATION PROGRAMS AND SERVICES

1.1 Texana will provide the following community services:

- A. Behavioral Healthcare Services for Eligible Adults and Children
- B. Intellectual & Development Disability Services for qualified Adults and Children

- C. Children's Center for Autism
 - D. Behavior Improvement Center
 - E. Behavior Treatment and Training Center
 - F. Early Childhood Intervention
 - G. Home Community Based Service Coordination
 - H. Texas Correctional Office on Offenders with Medical or Mental Impairments program with CSCD and Juvenile Probation
 - I. 24-Hour Crisis Hotline
 - J. Mobile Crisis Outreach Team
 - K. Crisis Stabilization Unit
- 1.2 Texana will also continue to collaborate with County on the implementation of Delivery Systems Reform Incentive Payment (DSRIP) projects approved by Texas Health and Human Services Commission (HHSC) as part of the 1115 Waiver initiative. Texana will participate as a stakeholder in the County Behavioral Health Crisis Response and Intervention and the County Behavioral Health Juvenile Diversion Project working groups when deemed appropriate by County. In addition, County would request inclusion of a County representative on any similar working group for the implementation of Texana's Crisis Services Unit project.
- 1.3 Texana also agrees to provide the following minimum information regarding the services provided:
- A. Quarterly and Annual Reports as provided to the Texana Board Members including any:
 - Quarterly Operating Statement
 - Audited Annual Financial Report
 - Annual Single Audit State and Federal
 - Consolidated Local Service Plan
 - B. Specific information on the following collaborative projects for residents of Fort Bend County on a quarterly or monthly basis:
 - Number of referrals to the Austin State Hospital
 - Number of referrals of Medicaid, non-insured or under-insured patients to local hospitals (including Harris County) for behavioral health
 - Number of Fort Bend County residents admitted to the Crisis Stabilization Unit
 - Number of calls received by the Crisis Hotline and designation of call
 - Mobile Crisis Outreach Team number of contacts or activations
 - Quarterly Number of unduplicated Children serviced through the Autism program
 - Quarterly Number of unduplicated Adults and youth/children serviced by the Intellectual Development Disabilities programs
 - Quarterly Number of unduplicated Clients both Adult and Juvenile serviced through the TCOOMMI project

II. PAYMENT/CREDIT

The County shall make available to Texana an amount not to exceed Five Hundred Thousand and 00/100 Dollars (\$500,000.00) for all services provided pursuant to this Agreement.

III. INDEMNITY AND HOLD HARMLESS

- 3.1 **TEXANA RELEASES AND FOREVER DISCHARGES THE COUNTY FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, LOSS OF SERVICES, ACTIONS AND CAUSES OF ACTION ARISING FROM ALL LOSSES OR DAMAGES OF ANY KIND, INCLUDING ATTORNEYS FEES AND COURT COSTS, SUSTAINED**

AS A CONSEQUENCE OF OR IN ANY WAY RELATED TO ANY ACTIONS OR CONDUCT OF THE COUNTY REGARDING THIS AGREEMENT. BY THIS INDEMNITY, TEXANA INDEMNIFIES AND HOLDS HARMLESS THE COUNTY FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, LOSS OF SERVICES, ACTIONS AND CAUSES OF ACTION ARISING FROM ALL LOSSES OR DAMAGES OF ANY KIND WHICH MAY BE MADE BY PERSONS OR ENTITIES CLAIMING BY OR THROUGH TEXANA, AS A CONSEQUENCE OF OR IN ANY WAY RELATED TO ANY ACTIONS OR CONDUCT OF THE COUNTY RELATING IN ANY WAY TO THIS AGREEMENT.

- 3.2 Texana shall maintain General Liability Coverage with limits of not less than \$400,000 per occurrence, \$400,000 in aggregate, and to provide County with a certificate reflecting these limits.
- 3.3 Texana shall maintain Automobile Liability Insurance that provides coverage for owned, hired, and non-owned automobiles. Liability limits shall be greater than or equal to \$400,000 combined single limit per accident for bodily injury and property damage.
- 3.4 Texana shall maintain Workers' Compensation Insurance with statutory limits as required by the State of Texas.
- 3.5 Texana shall name Fort Bend County, its' elected and appointed officials, employees and agents as additional insureds to required coverages, except for Workers' Compensation.
- 3.6 Texana shall provide coverage with a company acceptable to the Fort Bend County Risk Management Department and a copy of the policy or certificate of coverage shall be delivered to County on or before the date of this Agreement. All coverage specified shall remain in effect during the term of this Agreement. Texana shall provide sixty (60) days prior written notification to the County for any change or cancellation of the certificates or policies described herein. Any termination of coverage shall result in immediate termination of this Agreement. All required policies shall provide waiver of subrogation in favor of the County.

IV. TERM

- 4.1 The initial term of this Agreement shall commence on October 1, 2016 and end on September 30, 2017, unless sooner terminated as provided in this Agreement.
- 4.2 This Agreement may be terminated at anytime, without cause, by either the County or Texana by giving (30) days written notice to the other party.
- 4.3 In the event of termination, any funds/services provided to Texana by the County shall immediately cease and any future requests for fund/services shall be subject to renegotiation.

V. INDEPENDENT CONTRACTOR/NO CO-PARTNERSHIP

- 5.1 In the performance of work or services hereunder, all personnel and/or agents employed by Texana for services under this agreement are deemed independent contractors and shall not be deemed to be employees, agents or servants of the County and shall not be entitled to any privileges or benefits of County employment.
- 5.2 It is agreed that nothing herein contained is intended or should be construed as in any manner creating or establishing a relationship of co-partners between the parties, or as in constituting Texana (including its officers, employees, and agents), representatives or employees of the County for any purpose or in any manner whatsoever.

VI. NOTICES

Notices, correspondence, and all other communications shall be addressed as follows:

To County: Fort Bend County
Attn: Robert E. Hebert, County Judge
401 Jackson St.
Richmond, Texas 77469

To Texana: Texana Center
Attn: George Patterson, Chief Executive Officer
4910 Airport, Building B
Rosenberg, Texas 77471

VII. MISCELLANEOUS

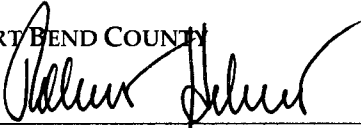
- 7.1 This Agreement shall be construed under and in accord with the laws of the State of Texas, and all obligations of the parties created hereunder are performable in Fort Bend County, Texas.
- 7.2 In the event of one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not effect any other provision hereof and this agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.
- 7.3 The waiver by either party of a breach of any provision of this agreement shall not operate as or be construed as a waiver of any subsequent breach.
- 7.4 Any amendments of this agreement shall be of no effect unless in writing and signed by both parties hereto.
- 7.5 This agreement is non-assignable.

VIII. ENTIRE AGREEMENT

It is understood and agreed that the entire Agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the parties relating to the subject.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the dates written below:

FORT BEND COUNTY



Robert E. Hebert, County Judge

9-27-16
Date

TEXANA CENTER



George Patterson, Chief Executive Officer

9-20-16
Date

ATTEST:



Laura Richard, County Clerk



AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$500,000.00 to pay the County's obligation in the aforementioned Agreement.



Robert E. Sturdivant, County Auditor

TEXAS COUNCIL RISK MANAGEMENT FUND
DECLARATIONS OF COVERAGE



Member Name: Texana Center
 Contract Number: 00013
 Fund Year: 2016 - 2017

Declarations Effective Date: 09/01/16 12:01 AM
 Declarations of Coverage Number: 1:16-17

A. WORKERS' COMPENSATION

| | |
|--|-----|
| Coverage Basis | N/A |
| Volunteers | N/A |
| Elected / Appointed Officials | N/A |
| Piece-Rate Client Workers | N/A |
| Wage-Earning Client Workers (less than minimum wage) | N/A |
| Annual Contributions (Estimated) | N/A |
| Per Claim Deductible | N/A |
| Annual Aggregate Deductible | N/A |
| Effective Date | N/A |
| Expiration Date | N/A |
| Original Inception Date | N/A |

B. LIABILITY COVERAGES

Automobile Liability Coverage

| | |
|---|-------------------|
| Per Occurrence Limit of Liability | \$ 400,000 |
| Annual Aggregate | N/A |
| Deductible | \$ 1,000 |
| Annual Contribution | \$ 136,853 |
| Effective Date | 09/01/16 12:01 AM |
| Expiration Date | 09/01/17 12:01 AM |
| Original Inception Date | 09/01/88 12:01 AM |
| Additional Per Occurrence and Annual Aggregate Limit of Liability in Excess of \$1,000,000 | N/A |
| Additional Contribution | N/A |

| Excess Layer(s) | Effective Date | Expiration Date | Notes |
|-----------------|----------------|-----------------|-------|
| N/A | N/A | N/A | N/A |

ENDORSEMENTS (END-1)

| | |
|---|---------------------------|
| Non-Owned AL Endorsement | See Endorsement Worksheet |
| Uninsured/Underinsured Motorists - New Rates Eff 12/31/01 | See Endorsement Worksheet |

B. LIABILITY COVERAGES (continued)

Texana Center
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General Liability Coverage

Per Occurrence Limit of Liability \$ 400,000
 Annual Aggregate \$ 400,000 (LB-1)
 Deductible \$ 1,000
 Annual Contribution \$ 9,676
 Effective Date 09/01/16 12:01 AM
 Expiration Date 09/01/17 12:01 AM
 Original Inception Date 09/01/88 12:01 AM

Additional Per Occurrence and Annual Aggregate Limit of Liability N/A
 in Excess of \$1,000,000

Additional Contribution N/A

| Excess Layer(s) | Effective Date | Expiration Date | Notes |
|-----------------|----------------|-----------------|-------|
| N/A | N/A | N/A | N/A |

ENDORSEMENTS (END-1)

Professional Liability Coverage

Per Claim Limit of Liability \$ 1,000,000
 Annual Aggregate (Increased Annual Aggregate Effective 09/01/94) \$ 3,000,000
 Deductible \$ 1,000
 Annual Contribution \$ 28,002
 Retro Active Date 09/01/1991 12:01 AM
 Effective Date 09/01/16 12:01 AM
 Expiration Date 09/01/17 12:01 AM
 Original Inception Date 09/01/88 12:01 AM

Additional Per Claim and Annual Aggregate Limit of Liability N/A
 in Excess of \$1,000,000

Additional Contribution N/A

| Excess Layer(s) | Effective Date | Expiration Date | Notes |
|-----------------|----------------|-----------------|-------|
| N/A | N/A | N/A | N/A |
| N/A | | | |

ENDORSEMENTS (END-1)

Sexual Misconduct Endorsement See Endorsement Worksheet
 Expanded Professional Liability Professional Defense Endorse See Endorsement Worksheet

B. LIABILITY COVERAGES (continued)

Errors and Omissions Liability Coverage

Per Claim Limit of Liability \$ 1,000,000
 Annual Aggregate \$ 1,000,000
 Deductible \$ 1,000
 Annual Contribution \$ 102,064
 Retro Active Date 09/01/1988 12:01 AM
 Effective Date 09/01/16 12:01 AM
 Expiration Date 09/01/17 12:01 AM
 Original Inception Date 09/01/88 12:01 AM
 Additional Per Claim and Annual Aggregate Limit of Liability N/A
 in Excess of \$1,000,000 N/A
 Additional Contribution N/A

| Excess Layer(s) | Effective Date | Expiration Date | Notes |
|-----------------|----------------|-----------------|-------|
| N/A | N/A | N/A | N/A |

ENDORSEMENTS (END-1)
Expanded Employment Practices

See Endorsement Worksheet

C. PROPERTY COVERAGES

Coverage Basis All Risk (PR-1)
 Valuation Method for Loss Adjustment Replacement Cost (PR-2)
 Real and Personal Property
 Mobile Equipment & Automobile Physical Damage Catastrophe Coverage Actual Cash Value
 Blanket Limit Each Occurrence \$40,562,995
 Blanket Per Occurrence Deductible \$ 5,000 (PR-1)
 Annual Contribution \$ 89,189
 Effective Date 09/01/16 12:01 AM
 Expiration Date 09/01/17 12:01 AM
 Original Inception Date 09/01/88 12:01 AM

ENDORSEMENTS (END-1)

Boiler & Machinery Endorsement

See Endorsement Worksheet

D. AUTOMOBILE PHYSICAL DAMAGE COVERAGES

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| | |
|---|--------------------------------------|
| Valuation Method | Actual Cash Value |
| Property Coverage | As Scheduled (APD-1) |
| Collision Deductible per Vehicle | Varies by vehicle (APD-1) |
| Comprehensive Deductible per Vehicle | 51181 Fund Year 16-17 - Rene (APD-1) |
| Specified Causes Deductible per Vehicle | N/A (APD-1) |
| Rental Reimbursement Coverage | No (APD-1) |
| Annual Contribution | \$120,480 |
| Effective Date | ptcde054 |
| Expiration Date | 09/01/17 12:01 AM |
| Original Inception Date | 12/21/88 12:01 AM |

E. CRIME

| | |
|-----------------------------------|-----------------------|
| Per Occurrence Limit of Liability | See Attachment (CR-1) |
| Deductible | See Attachment (CR-1) |
| Annual Contribution | \$ 0 |
| Effective Date | 09/01/16 12:01 AM |
| Expiration Date | 09/01/17 12:01 AM |
| Original Inception Date | |

ENDORSEMENTS

FootnotesTexana Center
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- END-1 Reference individual endorsement worksheet for additional information.
- LB-1 GL Annual Aggregate Applicable to Products, Completed Operations, Contractual and Personal Injury Coverages.
- PR-1 Windstorm Coverage – Named Storm Wind:
1. Tier 1 Windstorm: Windstorm coverage is excess of the maximum amount of coverage available from the Texas Windstorm Insurance Association (TWIA) in the 14 eligible counties designated as Tier 1, subject to a \$4,424,000 minimum deductible per occurrence per Location (Total TIV at location).
 2. Harris County and Fort Bend County Windstorm: 3% per occurrence per Location (Total TIV at location) deductible, subject to a \$100,000 minimum deductible per Location (Total TIV at location) shall apply for all locations in Harris County and Fort Bend County.
 3. Location shall mean all properties, regardless as to the number scheduled with the Fund, at the same physical address. Total insured values (TIV) at the location shall mean the sum of all replacement cost values for buildings, contents and property in the yard without regard to the sublimit, at the location.
 4. For properties not located in Tier 1 or in Harris County or in Fort Bend County, the Wind/Hail Coverage Deductible – Other than Named Storm Wind would apply.
 5. Named Storm Wind is defined as the direct action of wind, including wind driven rain, storm surge, and flood when associated with or occurring in conjunction with a storm or weather disturbance, which is named, by the National Weather Bureau, National Hurricane Center or any other recognized meteorological authority as a numbered catastrophe.
- Wind/Hail Coverage Deductible – Other than Named Storm Wind:
- The deductible for wind or hail losses from weather events other than Named Storm Wind as defined above is 1% of the building TIV, subject to a \$25,000 per building maximum and \$50,000 aggregate maximum per occurrence.
- Flood Coverage:
1. Flood Coverage is excluded for property located in the 100 year flood zone A, zone V and zones prefixed A or V as shown in the most recent documentation published by the Federal Emergency Management Agency (FEMA), or other qualified and recognized authority in the absence of FEMA.
 2. For property at locations other than the 100 year flood zones, the member's standard deductible will apply for flood coverage.
 3. The aggregate limit for loss by flood in any single Fund Year shall not exceed \$10,000,000 at all locations not situated within the 100 year flood zone A, zone V, and zones prefixed A or V as shown in the most recent documentation published by the Federal Emergency Management Agency (FEMA), or other qualified and recognized authority in the absence of FEMA.
- PR-2 Coverage for buildings is provided on a replacement cost basis unless otherwise noted on the building and contents schedule.
- PR-3 Coverage for mobile equipment is provided on an actual cash value basis unless otherwise noted on the mobile equipment schedule.
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FootnotesTexana Center
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- PR-4 The following types of property must be scheduled to be covered:
Fences, Gates, Retaining Walls, Flag Poles, Radio or Television Antennas and their lead in wiring, Masts or Towers, Signs, Swimming Pools, Bulkheads, Piers, Wharves or Docks, Sidewalks, Driveways, Curbs, Patios, Parking Lots and other paved surfaces and free standing Lights and Light Poles.
- APD-1 Coverages and deductibles may vary by vehicle. The automobile physical damage vehicle schedule should be referenced to determine specific coverages and deductibles on a particular vehicle.
- APD-2 The Limit per vehicle for Hired Auto APD Coverage is \$35,000. The deductible for comprehensive and collision coverage under Hired Auto APD coverage is \$500.
- CR-1 Refer to the Crime Coverage Contribution Worksheet for specific coverages, limits and deductibles.