

PROFESSIONAL SERVICES AGREEMENT
BETWEEN WEBB COUNTY AND JESSE GERARDO HERNANDEZ, AS
EVALUATOR FOR THE WEBB COUNTY ADULT DRUG COURT PROGRAM,
SUBSTANCE ABUSE MENTAL HEALTH SERVICES
ADMINISTRATION (SAMHSA) GRANT FUND NUMBER 5H79TI085855-03

Agreement 30th day of September 2025, by and between WEBB COUNTY, a political subdivision of the State of Texas on behalf of the Webb County Adult Drug Court Program, hereafter referred to as Webb County, and La Familia Consulting & Counseling Services, L.C. hereinafter referred to as Program Evaluator.

RECITALS

WHEREAS, Webb County through the Webb County Adult Drug Court is authorized by Chapter 123 of the Texas Government Code to provide an alternative to traditional criminal sanctions for eligible participants of the Drug Court Program; and

WHEREAS, one of the goals of the Webb County and the Webb County Adult Drug Court Program is to assist participants of the Drug Court Program in modifying their behavior so that they may be re-integrated into society as socially acceptable, self-sustaining and productive citizens of the community; and

WHEREAS, Webb County desires to secure professional services to evaluate and monitor the Webb County Adult Drug Court Program Expansion and Enhancement Project, Substance Abuse Mental Health Services Administration (SAMHSA) grant fund number **5H79TI085855-03**; and

WHEREAS, Evaluator has the experience and qualifications required to provide professional services to the Webb County Adult Drug Court Program on the terms and conditions provided herein; and

WHEREAS, Evaluator shall to the satisfaction of Webb County and its grantor, evaluate and monitor program activities as requested and described in this Agreement.

NOW, THEREFORE, Webb County hereby retains the services of the Evaluator, and Evaluator agrees to render professional services, set out and described below, to the Webb County Adult Drug Court Program, Substance Abuse Mental Health (SAMHSA) grant fund number **1H79TI085855-02**, hereinafter referred to as Project:

TERM

1. The term of this Agreement shall be for a period of 12 months beginning on September 30, 2025 and ending on September 29, 2026, provided WEBB COUNTY is awarded funding for the year and both parties are satisfied with the working arrangements governed by this Agreement.

PROFESSIONAL SERVICES AND DUTIES OF EVALUATOR

2. Evaluator shall monitor the performance and compliance of the Project with Model fidelity to keep Court personnel and the Council's Executive Director and all program staff aware of program standards and issues;
3. Evaluator shall develop a methodology for cross-referencing client and program outcomes and contextual factors in order to develop a complete picture of how clients are responding to treatment and services;
4. Evaluator shall review the goals and objectives, attached hereto as Exhibit A and incorporated herein as if fully set out, to determine and insure that the program is meeting the described needs, key activity milestones, goals, objectives, and outcomes;
5. Evaluator shall assess the success of the coordinated outreach, infrastructure development and service delivery approach and develop recommendations to improve the system;
6. Evaluator shall prepare and submit monthly and annual performance reports that shall include the following:
 - A. A comprehensive review of performance measures, goals, objectives and outcomes and early identify and address implementation concerns through quality assurance, program management and the program advisory board;
 - B. Identification and documentation of all issues, including barriers and benefits, throughout the project;
 - C. Document and report program adjustments to barriers;
 - D. Review of program according to timelines established by the grant application;
 - E. Review of goals and objectives to measure whether they are being met in a timely manner to insure achievement.
 - F. Respond to the designated outcome questions and designated process questions, attached hereto as Exhibit B.
7. Evaluator shall administer evaluation tools, analyze data collected and recommend program changes if needed;
8. Attend and participate in quarterly cross-agency team meetings to review client and program progress;
9. Evaluator shall attend the annual National Drug Court Conference (where scheduled) and the Annual Joint Grantee Meeting [5MM-ISA] (where scheduled);

10. Evaluator shall perform any and all other services as described in Program's grant application whether they are stated herein or not.

WEBB COUNTY OBLIGATIONS

11. WEBB COUNTY, by and through Webb County Adult Drug Court Program, will be responsible for:

- A. Collecting and reporting client-level data consistent with SAMHSA's requirements and will ensure the quality and security of all data collected;
- B. Identify and address barriers to the collection of client-level data and relay these potential barriers to the Evaluator;
- C. Maintain the technological infrastructure (PCs, LAN, internet access) needed to communicate with the Evaluator to ensure the flow of data and other relevant information;
- D. Maintain a Quality Assurance Management team consisting in part of the Program Director, which will work with the Evaluator to implement his recommendations for maintaining and/or improving the program;
- E. Respond to Evaluator's request for information or data on a timely basis;
- F. Coordination and preauthorization of the Evaluator's travel expense (Hotel, Meals, and transportation) for the annual National Drug Court Conference (where scheduled) and the annual Joint Grantee Meetings (where scheduled) [5MM-ISA] and thereafter reimbursement of said expenses, unless expenses are covered under another grant.

CONFIDENTIALITY

12. Any reports, information, data or studies given or assembled by Evaluator under this Agreement shall be kept confidential and shall not be made available to any individual or organization without the prior written approval of WEBB COUNTY, unless otherwise required by law. Evaluator shall further comply with any and all regulations under the Health Insurance Portability and Accountability Act, the Alcohol and Drug Abuse Patient Records Regulations found at 42 CFR 2, the Program's Privacy Rules, and the Participant's Consent Rules.

INDEPENDENT CONTRACTOR

13. It is the intention of the parties that under this Agreement the Evaluator is an Independent Contractor and not an employee of Webb County. In this regard, Webb County shall not dictate the manner and method of providing services so long as such services are provided in compliance with accepted procedures and standards of care of Evaluator's profession.

14. In order to protect Webb County, Evaluator shall maintain a policy of professional liability insurance in an amount of two million dollars (\$2,000,000) and vehicle liability insurance in an amount of one million dollars (\$1,000,000). The Evaluator shall further indemnify and hold Webb County harmless from any and all claims arising out of the performance of his duties under this Agreement.

PERSONNEL AND EQUIPMENT

15. Evaluator agrees to provide personnel with the required skills and all equipment and, expertise and resources needed to perform the above-mentioned services at no additional cost to Webb County.

NON-ASSIGNABILITY

16. Evaluator shall not assign any interests in this Agreement nor delegate the performance of any of his duties herein specified without the written consent of Webb County.

GOVERNING LAW

17. This Agreement shall be governed and construed according to the laws of the State of Texas. Jurisdiction and venue for any action or claim arising out of this Agreement shall be in Webb County Texas.

ENTIRE AGREEMENT

18. This Agreement supersedes any and all prior agreements between Webb County and Evaluator whether written or oral. If any item, provision, covenant or condition of this Agreement should be held by a court of competent jurisdiction to be invalid, void or unenforceable, and such term, provision or condition is not an essential part of the Agreement and appears not to have been a controlling or material inducement to the making thereof, the same shall be deemed of no effect, and shall upon application of either party be stricken from the Agreement without affecting the binding force of the Agreement as it shall remain after omitting such provision.

AMENDMENT

19. This Agreement may only be amended by the mutual agreement of the parties hereto in writing.

PROFESSIONAL FEES AND EXPENSES

20. In consideration for the Professional Services to be performed by Evaluator under this Agreement, Webb County shall pay Evaluator not more than \$2,083.00 per month, for time spent on evaluation, monitoring and other professional services defined herein. Evaluator shall submit written, signed reports of the time spent performing the services described herein, itemizing in reasonable detail the dates on which services were performed, the number of hours spent on such dates and a brief description of the services rendered. Webb County shall pay Evaluator the

amounts due pursuant to submitted invoices within 30 days after such reports are received by Webb County. The payment of fees shall not exceed \$25,000.00 on an annual basis and may be adjusted in years subsequent to the 2025-2026 award year based on funds awarded by grantor (SAMHSA).

21. Travel expense reimbursement rate will be at the state per diem rate for travel, lodging, and meal expenses. Such other reasonable expenses will be agreed upon by both parties before authorization. Evaluator shall submit a Travel/Expense Reimbursement Claim Form [attached as Exhibit C] along with written documentation when requesting travel reimbursement.

22. Webb County shall compensate Evaluator not more often than monthly upon his submission of fee invoices and Travel/Expense Reimbursement Claim Forms, if any, to the **Honorable Tano Tijerina, 1000 Houston Street, 3rd floor, Laredo, Texas 78040, by and through the Program Director.**

TERMINATION

23. Either party may terminate this Agreement upon thirty (30) days written notice to the other party. Evaluator will be paid to the date of termination and final payment will be prorated if termination date falls prior to month end.

IMMUNITY

24. Webb County does not and shall not waive or relinquish any immunity or defense on behalf of itself, its commissioners, offices, employees and agents as a result of the execution of this Agreement and performance of the functions and obligations described herein

ADDITIONAL PROVISIONS

25. This Agreement is made as a result of the Webb County Adult Drug Court Program Expansion and Enhancement Project, Substance Abuse Mental Health Services Administration (SAMHSA) grant fund number **5H79TI085855-03**, which has been awarded to Webb County. The Assurances and Certifications of the grant application are reflected in Substance Abuse Mental Health Services Administration (SAMHSA) grant fund number: **5H79TI085855-03** and incorporated herein as if set out in full. Evaluator has received a true and correct copy of said Assurances and Certifications and agrees to abide by those Assurances and Certifications for the duration of the Agreement.

NOTICES

26. Unless otherwise provided in this Agreement, all notices shall be in writing. All notices shall be delivered by personal delivery or by United States mail, first-class, postage prepaid, return receipt requested. If mailed, any notice or communication shall be deemed to be received three (3) days after the date of deposit in the United States mail, first-class, postage prepaid, return receipt requested. Notices shall be delivered to the following addresses:

**To Webb County: Honorable Tano Tijerina
Webb County Judge
1000 Houston Street
Laredo, Texas 78040**

**To Evaluator: La Familia Consulting & Counseling Services, L.C.
1319 Corpus Christi
Laredo, Texas 78040**

Either party may designate a different address by giving the other party at least ten (10) days written notice in the manner prescribed above.

WITNESS OUR HANDS EFFECTIVE the _____ day of _____, 20__.

WEBB COUNTY, TEXAS:

**WEBB COUNTY ADULT DRUG COURT
PROGRAM EVALUATOR:**

**By: _____
Tano Tijerina
Webb County Judge**

**By: Jesse Gerardo Hernandez, MA, LPC-S, LCDC
Jesse Hernandez
La Familia Consulting & Counseling
Services, L.C.**

ATTESTED:

Margie Ramirez Ibarra
Webb CountyClerk

APPROVED AS TO FORM:

Jorge L. Treviño
Webb County Civil Legal Division*

*By Law, this office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval, and should seek review and approval of their own respective attorney(s).

EXHIBIT A

Resources (Needs)	Program Components (Activities)	Outputs (Objectives)	Outcomes (Goals)
1) Treatment services are fragmented due to limited funding for comprehensive services.	1. 2. Thinking for a Change 3. Screening /Assessment 4. Community-Based Counseling 5. Group Therapy 6. Continuum of Care 5. Brief Interventions 6. Relapse Prevention 7. Outpatient Treatment 8. Random Urinalysis Testing	1. At least 85% of participants in the DCP will reduce the frequency of alcohol and other drug use 2. At least 80% of the eligible participants will complete the program successfully and remain abstinent at 60 days, 90 days and 6 month follow-up 3. 100% of the participants who graduate will complete a relapse prevention plan using CENAPS Model. 4. 100% of the participants who successfully graduate will have completed the Cognitive Behavioral Therapy (CBT) Thinking for a Change model to change distorted thinking patterns that impact mental health, and lead to criminogenic behavior.	To promote self-sufficiency by reducing alcohol and drug abuse, and improving mental health through treatment in the DCP
2) Participants need to be motivated, educated and provided with hope for DCP compliance including retention, completion, and drug and alcohol usage.	1. MET 2. Matrix Model 2. BST/Vivitrol 3. Counselors 4. Case managers 5. Referrals 6. Justice System (Judicial, Prosecutor, Defense, Probation) provide rewards and Incentives.	1. 100% of the participants referred will be actively receiving alcohol and drug abuse treatment at any given time and will complete the MET Model and the Matrix Treatment Model Protocols. 2. At least 80% of the participants who complete DCP will be employed upon graduation. 3. 25% of the high risk/high need participants of the ORP who are alcohol, or opiate dependent (25% of target goal – 56 clients) will participate in Broad Spectrum Treatment (BST) and Naltrexone for Alcohol Dependence model for high risk/high need alcohol and opiate dependent clients by using injectable Naltrexone (Vivitrol). 4. At least 80% of the participants who complete the DCP will be employed upon graduation.	To provide an integrated program of alcohol, and drug abuse treatment, education, and rehabilitation services for veterans through DCP enhanced services.
3) Participants have a high incidence of mental health/PTSD and health issues, and are also at high risk for contracting HIV/AIDS/STD's/Hep C.	1. Mental Health Screening Form-III. 2. Millon Multiaxial Clinical Inventory III (MCMI III). 3. Co-Occurring Psychiatric and Substance Abuse Disorders (COPSD) 4. Trauma Informed Services - Seeking Safety Model Program for PTSD. 5. Gateway Community Health Center 6. Counseling-Testing Referral(CTR), Health Education and Risk Reduction (HERR), Hep B&C 7. Tobacco Cessation Education and referral 8. Case management, referrals, wraparound	1. 100% of the DCP participants will be screened for co-occurring psychiatric and substance use disorders as per the protocol of TIP 42 using the Mental Health Screening Form-III. 2. 100% of the DCP participants screened and identified with co-occurring psychiatric and substance abuse disorders will have a structured mental health assessment completed including being administered the Million Multiaxial Clinical Inventory III (MCMI III). 3. 100% of DCP participants assessed with co-occurring psychiatric and substance use disorders will be referred to the Laredo/Webb County Veterans Clinic for psychiatric services, medication management, and social services, as well as other community appropriate based providers including but not limited to LPC's, LMFT's and LCSW's for individual marital and family counseling as well as to appropriate agencies for case management. 4. 100% of DCP participants assessed with co-occurring psychiatric and substance use disorders and PTSD will be provided with Prolonged Exposure Therapy (PE) for PTSD. 5. 100% of DCP participants will be referred for health services, as well as appropriate health care providers	To improve mental health/PTSD and health status for DCP participants as well as prevention and treatment of infectious diseases.

	services	including, but not limited to private physicians and the Gateway Community Health Center. 6. 100% of DCP participants will be referred for comprehensive HIV/AIDS/ STD prevention, Hepatitis B&C education and CTR services at community based CDC services with either the City of Laredo Health Department, or nonprofit agencies. 7. 100% of DCP participants will be referred for tobacco cessation education and for appropriate medical intervention with local health care providers	
4) DCP offenders are often rearrested.	DCP, Justice System (Judicial, Prosecutor, Defense, Probation) provide rewards and incentives, as well as sanctions.	1. No more than 5% of the participants who graduate from the DCP will be rearrested within six months. 2. No more than 10% of the participants who graduate from DCP will be rearrested within one year.	To promote public safety by reducing recidivism for participants.
5) DCP offenders increase the cost to operate the justice system, CPS. And other social services	1. Justice System (Judicial, Prosecutor, Defense, Probation) provide rewards and incentives, as well as Sanctions. 2. Staff will explore all funding avenues	1. To reduce costs to the criminal justice system by 10%. 2. Not more than 5% of participants who graduate from the program will have child abuse or neglect allegations filed within one year post graduation will reduce costs to the criminal justice system. 3. DCP staff will pursue additional funding from TXDHS, Webb county, private foundations and other sources to continue services.	To evaluate the cost-effectiveness of the DCP and to promote future funding and development of diversified funds.

Unduplicated Number of Individuals to be served:

Year 1 (9 Months of Operation) Year 2 Year 3 Year 4 Year 5

7085

95105 105

EXHIBIT B

DESIGNATED OUTCOME QUESTIONS

1. What was the effect of the Drug Court intervention on participants? *[Evaluator shall use pre- and post-intervention GPRA data collection to answer this question]*
2. What program/contextual factors were associated with outcomes?
3. How did the policies and procedures of the Drug Court affect participant success?
4. What factors in the administration of the Court's mandated interventions were associated with long-term sobriety at follow-up?
5. Which, if any, factors in the administration of the Court's mandated interventions were associated with relapse?
6. What individual factors were associated with outcomes? *[Evaluator shall use client information data, collected and captured through a global assessment. that includes many individual factors, during the intake process]*
7. How durable were the effects? *[The Evaluator shall measure the durability of effects through follow-up GPRA data that are collected at 6 months and 12 months. It is expected that most participants will complete the MET counseling sessions approximately 3 months after admission and the Matrix Model approximately 8 months after admission. This will allow the program Evaluator to assess durability at two points upon completion of the program.]*

DESIGNATED PROCESS QUESTIONS:

1. How closely did implementation match the plan? *[Evaluator shall evaluate the program from a qualitative viewpoint. The evaluator will regularly communicate with the project director and the Webb County Drug Court Team and monitor activities according to the grant application proposal's narrative, timeline and other expected measures of activities. Activities will be documented regularly to assess implementation fidelity.]*
2. What types of deviation from the plan occurred? What led to the deviations? And what effect did the deviations have on the planned intervention and performance assessment? *[If there are deviations from the fidelity of the implementation plan, the evaluator will document them and the barriers, concerns and contextual factors that required the program deviation. In addition, the evaluator will provide additional assessment of the deviation to document the effects produced by the deviation. The Evaluator shall include whether the deviation impacted processes or outcomes.]*
3. Who provided (program staff) what services (modality, type, intensity, duration) to whom.

EXHIBIT C

WEBB COUNTY ADULT DRUG COURT PROGRAM EXPANSION AND ENHANCEMENT PROJECT EVALUATOR TRAVEL/EXPENSE REIMBURSEMENT CLAIM FORM

DATE SUBMITTED: _____

REQUESTED GRAND TOTAL: \$ _____

DEPARTMENT HEAD'S CERTIFICATION TO THE COUNTY AUDITOR:

I hereby certify that the travel described above is true and correct, and necessary to the provision of professional services by Jesse Gerardo Hernandez to Webb County, Texas. I further certify that this travel will not be reimbursed by any other entity.

Margarita Herrera-Garza

CERTIFICATION BY LA FAMILIA CONSULTING & COUNSELING SERVICES, L.C., EVALUATOR/CLAIMANT

I hereby certify that the information contained on this form is true and correct. I have attached documentation of the actual expenditures for the funds requested pursuant to this form.

La Familia Consulting & Counseling Services, L.C.

TRAVEL DATES: _____

MILEAGE: Round trip to Laredo from _____ = _____ miles @\$.50 mile = TOTAL: \$ _____

AIR FARE: Round trip to and from Laredo, Texas to _____ = TOTAL: \$ _____

MEALS:

_____ Breakfasts @ \$10.00 each = \$ _____
_____ Lunches @ \$14.00 each = \$ _____
_____ Dinners @ \$16.00 each = \$ _____
TOTAL: \$ _____

LODGING: [SUGGESTED RATES U.S. GENERAL SERVICES ADMINISTRATION PERDIEM RATE CHART ATTACHED]

_____ night (s) on trip @ _____ per night = TOTAL \$ _____

OTHER EXPENSES (receipts required):\$ TOTAL \$ _____