

File No. 150404

Committee Item No. 5

Board Item No. \_\_\_\_\_

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Sub-Committee

Date June 3, 2015

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

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| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
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Completed by: Linda Wong Date May 29, 2015

Completed by: Linda Wong Date \_\_\_\_\_

1 [Contract Amendment - Fort Help, LLC - Substance Abuse Treatment Services - Not to  
2 Exceed \$14,852,981]

3 **Resolution retroactively approving the sixth amendment to the agreement between the**  
4 **Department of Public Health and Fort Help, LLC, for substance abuse treatment**  
5 **services for heroin and other opiate users with methadone and other opiate**  
6 **replacement therapies, increasing the contract amount by \$4,878,797 for a total**  
7 **contract amount not to exceed \$14,852,981 for the period of September 1, 2008,**  
8 **through June 30, 2018.**

9  
10 WHEREAS, The Department of Public Health awarded a contract to Fort Help, LLC,  
11 under a Request for Proposals in 2008; and

12 WHEREAS, The Department established an agreement with Fort Help, LLC, for these  
13 services in 2008; and

14 WHEREAS, Fort Help provides substance abuse treatment services for heroin and  
15 other opiate users with methadone and other opiate replacement therapies under this  
16 contract; and

17 WHEREAS, The Department wishes to amend the contract, increasing the total  
18 contract amount by \$4,878,797 to \$14,852,981 in order to enable continued services through  
19 June 30, 2018; and

20 WHEREAS, Board of Supervisors' approval is required as the total contract amount is  
21 more than \$10,000,000; and

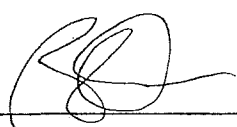
22 WHEREAS, A copy of this amendment is on file with the Clerk of the Board of  
23 Supervisors in File No. 150404, which is hereby declared to be a part of this resolution as if  
24 set forth fully herein; now, therefore, be it

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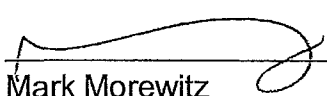
RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health and the Director of the Office of Contract Administration/Purchaser to execute an amendment to the contract with San Francisco Study Center to increase the contract by \$4,878,797 for an amount not to exceed \$14,852,981 for the period of September 1, 2008, through June 30, 2018; and, be it

FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed by all parties, the Director of Health and/or the Director of the Office of Contract Administration/Purchaser shall provide the final contract to the Clerk of the Board for inclusion into the official file (File No. \_\_\_\_\_).

RECOMMENDED:

  
\_\_\_\_\_  
Barbara A. Garcia  
Director of Health

APPROVED:

  
\_\_\_\_\_  
Mark Morewitz  
Secretary, Health Commission

**Item 5**  
**File 15-0404**

**Department:**  
Department of Public Health (DPH)

### EXECUTIVE SUMMARY

#### Legislative Objectives

- The proposed resolution would approve a sixth amendment to the contract between the Department of Public Health (DPH) and Fort Help, LLC retroactive to September 1, 2008 to (i) increase the not-to-exceed amount by \$4,878,797 from \$9,974,184 to \$14,852,981, and (ii) extend the contract termination date by three years from June 30, 2015 to June 30, 2018.

#### Key Points

- On September 1, 2008, DPH entered into a contract with the non-profit Fort Help, LLC, following a competitive Request for Proposals (RFP) process, to provide substance abuse treatment services such as methadone replacement therapy for heroin users. The contract was for a not-to-exceed amount of \$1,717,333 and for a term of 4 years and 10 months through June 30, 2013, with four one-year options to renew through June 30, 2017.<sup>1</sup> There have been five amendments to this contract, which have increased the not-to-exceed amount by \$8,256,851, from \$1,717,333 to \$9,974,184.
- Because the DPH has not yet exceeded the existing contract not-to-exceed amount of \$9,974,184, the proposed resolution does not require retroactive approval.

#### Fiscal Impact

- Based on DPH estimates of actual expenditures through June 30, 2015, and projected contract expenditures through June 30, 2018, including a 12 percent contingency over the three fiscal years from July 1, 2015 through June 30, 2018, the requested not-to-exceed amount should be reduced from \$14,852,981 to \$14,563,665, a reduction of \$289,316.
- Sources of funds to pay contract expenditures include the City's General Fund, 1991 State Mental Health Realignment Funds, 2011 State Realignment funds, Drug Medi-Cal funds, and federal Substance Abuse and Prevention Treatment (SAPT) block grants.

#### Recommendations

- Delete the retroactive approval of the sixth amendment in the proposed resolution on page 1, line 3.
- Amend the proposed resolution to reduce the proposed not-to-exceed amount by \$289,316 from \$14,852,981 to \$14,563,665.
- Approve the proposed resolution as amended.

<sup>1</sup> Although the original contract provided for the option to extend the contract through June 30, 2017, the original RFP provided for a total contract term through June 30, 2018.

**MANDATE STATEMENT / BACKGROUND****Mandate Statement**

City Charter section 9.118(b) requires approval by the Board of Supervisors for contracts or agreements entered into by a department, board or commission having a term in excess of ten years, requiring anticipated expenditures by the City and County of ten million dollars, or the modification or amendments to such contract or agreement having an impact of more than \$500,000.

**BACKGROUND**

On September 1, 2008, DPH entered into a contract with the non-profit Fort Help, LLC, following a competitive Request for Proposals (RFP) process, to provide substance abuse treatment services such as methadone replacement therapy for heroin users. The contract was for a not-to-exceed amount of \$1,717,333 and for a term of 4 years and 10 months through June 30, 2013, with four one-year options to renew through June 30, 2017.

There have been five amendments to this contract, which have increased the not-to-exceed amount by \$8,256,851, from \$1,717,333 to \$9,974,184. The initial contract end date was also extended from June 30, 2013 to June 30, 2015. Table 1 below shows the key changes to the original contract between DPH and Fort Help, LLC.

**Table 1. Contract Amendments No. 1 through No. 5**

<b>Amendment</b>	<b>Key Changes</b>
Amendment No. 1 (April 3, 2009)	<ul style="list-style-type: none"> <li>• New contract term: Initial term shortened to Sept. 1, 2008 to December 31, 2010.</li> <li>• The total not-to-exceed amount remains at \$1,717,333 through December 31, 2010.</li> </ul>
Amendment No. 2 (July 2, 2009)	<ul style="list-style-type: none"> <li>• Method of payment updated to request that contractor submit payment requests based on the number of units of service that were delivered, as opposed to submitting payments requests based on the number of units of service as well as actual costs reimbursements.</li> <li>• Updated goals for program outcomes.</li> </ul>
Amendment No. 3 (July 1, 2010)	<ul style="list-style-type: none"> <li>• Increased the not-to-exceed amount by \$400,000 from \$1,717,333 to \$2,117,333. The contract term was unchanged.</li> <li>• Reinstated the actual cost reimbursement payment option and maintained the payment requests by number of units of service.</li> </ul>
Amendment No. 4 (December 1, 2010)	<ul style="list-style-type: none"> <li>• Increased the contract term by two years from September 1, 2008 through December 31, 2012.</li> <li>• Increased the not-to-exceed amount by \$2,602,000 from \$2,117,333 to \$4,719,733.</li> </ul>
Amendment No. 5 (May 29, 2012)	<ul style="list-style-type: none"> <li>• Increased the contract term by two and a half years from September 1, 2008 through June 30, 2015.</li> <li>• Increased the not-to-exceed amount by \$5,254,451 from \$4,719,733 to \$9,974,184.</li> </ul>

Source: Department of Public Health Staff and Amendments to the Original Contract between the Department of Public Health and Fort Help, LLC.

**DETAILS OF PROPOSED LEGISLATION**

The proposed resolution would approve a sixth amendment to the contract between the Department of Public Health (DPH) and Fort Help, LLC to (i) increase the not-to-exceed amount by \$4,878,797 from \$9,974,184 to \$14,852,981, and (ii) extend the contract termination date by three years from June 30, 2015 to June 30, 2018.<sup>2</sup>

Because the DPH has not yet exceeded the existing contract not-to-exceed amount of \$9,974,184, the proposed resolution does not require retroactive approval.

**FISCAL IMPACT**

Based on DPH estimates of actual expenditures through June 30, 2015, and projected contract expenditures through June 30, 2018, the requested not-to-exceed amount should be reduced from \$14,852,981 to \$14,563,665, a reduction of \$289,316, as shown in Table 2 below.

**Table 2. Actual and Projected Expenditures**

<b>Date</b>	<b>Amount</b>
<b>Actual and Estimated Expenditures</b>	
September 1, 2008 – June 30, 2009	\$553,333
FY 2009-10	920,000
FY 2010-11	1,439,992
FY 2011-12	1,541,838
FY 2012-13	1,547,297
FY 2013-14	1,576,851
FY 2014-15 (estimated)	1,601,916
<b>Total Actual and Estimated Expenditures</b>	<b>\$9,181,227</b>
<b>Projected Expenditures</b>	
FY 2015-16	\$1,601,916
FY 2016-17	1,601,916
FY 2017-18	1,601,916
<b>Total Projected Expenditures</b>	<b>\$4,805,748</b>
Contingency (12%)	576,690
<b>Total</b>	<b>\$14,563,665</b>
<b>Requested Not-to-Exceed Contract Amount</b>	<b>14,852,981</b>
<b>Recommended Reduction by the Budget and Legislative Analyst's Office</b>	<b>\$289,316</b>

Source: Department of Public Health Staff.

According to Ms. Jacquie Hale, DPH Director of Contracts Management and Compliance, sources of funds to pay contract expenditures include the City's General Fund, 1991 State Mental Health Realignment Funds, 2011 State Realignment funds, Drug Medi-Cal funds, and federal Substance Abuse and Prevention Treatment (SAPT) block grants.

<sup>2</sup> Although the original contract provided for the option to extend the contract through June 30, 2017, the original RFP provided for a total contract term through June 30, 2018.

**RECOMMENDATIONS**

1. Delete the retroactive approval of the sixth amendment in the proposed resolution on page 1, line 3.
2. Amend the proposed resolution to reduce the proposed not-to-exceed amount by \$289,316 from \$14,852,981 to \$14,563,665.
3. Approve the proposed resolution as amended.



City and County of San Francisco

# San Francisco Department of Public Health

Barbara A. Garcia, MPA  
Director of Health

April 20, 2015

Angela Calvillo, Clerk of the Board  
Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Enclosed please find two proposed resolutions for Board of Supervisors approval, for which the continuation of behavioral health services under two multi-year contracts previously approved by the Board under Resolution 563-10 will require amendments exceeding \$500,000:

- o Bayview Hunters Point Foundation for Community Improvement
- o San Francisco Study Center

Also enclosed please find proposed resolutions for Board of Supervisors approval, for two multi-year contracts for which the continuation of services requires an amendment resulting in contracts which exceed \$10,000,000, for fiscal intermediary and methadone treatment services, respectively:

- o Public Health Foundation Enterprises
- o Fort Help

These contract amendments require Board of Supervisors approval under San Francisco Charter Section 9.118. The following is a list of accompanying documents:

- o Draft resolution, signed by the Director of Health and Health Commission Secretary;
- o Proposed amendments to each contract;
- o Resolution 563-10;
- o Form SFEC-126 for each contract.

The following person may be contacted regarding this matter: Jacquie Hale, Director, Office of Contracts Management and Compliance, Department of Public Health, (415) 554-2609 ([Jacquie.Hale@SFDPH.org](mailto:Jacquie.Hale@SFDPH.org)). Thank you for your time and consideration.

Sincerely,  
*Jacquie Hale*  
Jacquie Hale *yh*

Director  
DPH Office of Contracts Management and Compliance

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The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~

~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

[Jacquie.hale@sfdph.org](mailto:Jacquie.hale@sfdph.org) – office 415-554-2509 fax 415 554-2555

101 Grove Street, Room 307, San Francisco, CA 94102

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**City and County of San Francisco  
Office of Contract Administration  
Purchasing Division**

**Sixth Amendment**

THIS AMENDMENT (this "Amendment") is made as of November 10, 2014, in San Francisco, California, by and between **Fort Help, LLC** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

**RECITALS**

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and  
WHEREAS, City and Contractor desire to amend the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount, and update standard contractual clauses;

NOW, THEREFORE, Contractor and the City agree as follows:

**1. Definitions.** The following definitions shall apply to this Amendment:

**1a. Agreement.** The term "Agreement" shall mean the Agreement dated September 1, 2008 between Contractor and City, as amended by the:

First amendment	dated April 3, 2009, and
Second amendment	dated July 1, 2009, and
Third amendment	dated July 1, 2010, and
Fourth amendment	dated December 1, 2010, and
Fifth amendment	dated May 29, 2012, and this Sixth amendment

**1b. Contract Monitoring Division.** Effective July 28, 2012, with the exception of Sections 14B,9(D) and 14B,17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

**1c. Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

**2. Modifications to the Agreement.** The Agreement is hereby amend as follows:

**2a. Section 2 of the Agreement currently reads as follows:**

**2. Term of the Agreement:**

Subject to Section 2, the term of this Agreement shall be from September 1, 2008 through June 30, 2015.

Such Section is hereby amended in its entirety to read as follows:

2. Term of the Agreement

Subject to Section 2, the term of this Agreement shall be from September 1, 2008 through June 30, 2018.

2b. Section 5 of the Agreement currently reads as follows:

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Nine Hundred Seventy Four Thousand One Hundred Eighty Four Dollars (\$9,974,184)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

Such section is hereby amended in its entirety to read as follows:

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Fourteen Million Eight Hundred Fifty Two Thousand Nine Hundred Eighty One Dollars (\$14,852,981)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

2c. Insurance. Section 15 is hereby replaced in its entirety to read as follows:

15. Insurance

a. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage, and

3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.

4) Technology Errors and Omissions Liability coverage, with limits of \$1,000,000 each occurrence and each loss, and \$2,000,000 general aggregate. The policy shall at a minimum cover professional misconduct or lack of the requisite skill required for the performance of services defined in the contract and shall also provide coverage for the following risks:

(a) Liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in electronic form;

(b) Network security liability arising from the unauthorized access to, use of, or tampering with computers or computer systems, including hacker attacks; and

(c) Liability arising from the introduction of any form of malicious software including computer viruses into, or otherwise causing damage to the City's or third person's computer, computer system, network, or similar computer related property and the data, software, and programs thereon.

b. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

c. All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in the Section entitled "Notices to the Parties."

d. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

e. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not

reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

f. Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

g. The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

h. If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

Notwithstanding the foregoing, the following insurance requirements are waived or modified in accordance with the terms and conditions stated in Appendix C Insurance.

**2d. Replacing "Earned Income Credit (EIC) Forms" Section with "Consideration of Criminal History in Hiring and Employment Decisions" Section.** Section 32 "Earned Income Credit (EIC) Forms" is hereby replaced in its entirety to read as follows:

**32. Consideration of Criminal History in Hiring and Employment Decisions.**

a. Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code (Chapter 12T), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at [www.sfgov.org/olse/fco](http://www.sfgov.org/olse/fco). A partial listing of some of Contractor's obligations under Chapter 12T is set forth in this Section. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

b. The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, shall apply only when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco, and shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant's or potential applicant for employment's, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially

dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in subsection 32 above. Contractor or Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.

f. Contractor or Subcontractor shall state in all solicitations or advertisements for employees that are reasonably likely to reach persons who are reasonably likely to seek employment to be performed under this Agreement, that the Contractor or Subcontractor will consider for employment qualified applicants with criminal histories in a manner consistent with the requirements of Chapter 12T.

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

h. Contractor understands and agrees that if it fails to comply with the requirements of Chapter 12T, the City shall have the right to pursue any rights or remedies available under Chapter 12T, including but not limited to, a penalty of \$50 for a second violation and \$100 for a subsequent violation for each employee, applicant or other person as to whom a violation occurred or continued, termination or suspension in whole or in part of this Agreement.

**2e. Limitations on Contributions.** Section 42 is hereby replaced in its entirety as follows:

**42. Limitations on Contributions.** Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies, or equipment, for the sale or lease of any land or building, or for a grant, loan, or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or a board on which an appointee of that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer, and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity, or committee described above.

2f. **Cooperative Drafting.** Section 63 is hereby added to the Agreement, as follows:

**63. Cooperative Drafting.** This Agreement has been drafted through a cooperative effort of both parties, and both parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

2g. **Protection of Private Information.** Section 64 is hereby added to the Agreement, as follows:

**64. Protection of Private Information.** Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

2h. **Food Service Waste Reduction Requirements.** Section 59 is hereby replaced in its entirety as follows:

**59. Food Service Waste Reduction Requirements.** Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

2i. **Health Care Accountability Ordinance.** Section 44 is hereby replaced in its entirety to read as follows:

**44. Health Care Accountability Ordinance.**

Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at [www.sfgov.org/olse](http://www.sfgov.org/olse). Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission.

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

3. **Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after November 10, 2014.

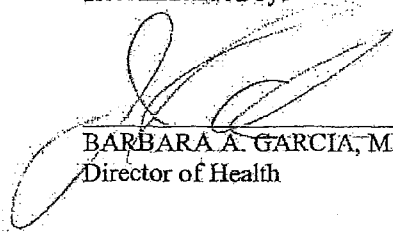
4. **Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.



IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.


CITY

Recommended by:

  
\_\_\_\_\_  
BARBARA A. GARCIA, MPA  
Director of Health

CONTRACTOR

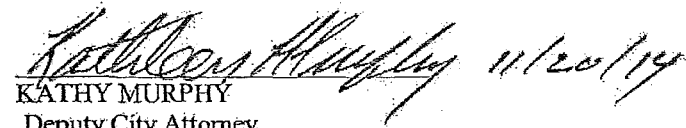
Fort Help, LLC

  
\_\_\_\_\_  
STAN SHARMA  
Executive Director  
Santa Clarita, CA 91350  
26460 Summit Circle

Approved as to Form:

City vendor number: 74019

Dennis J. Herrera  
City Attorney

By:   
\_\_\_\_\_  
KATHY MURPHY  
Deputy City Attorney

Approved:

\_\_\_\_\_  
JACI FONG  
Director of the Office of Contract Administration,  
and Purchaser

Contractor: Fort Help, LLC  
Program: Methadone  
City Fiscal Year: 2014-2015  
CMS#:6457

Appendix A-1  
Contract Term: 07/01/14 through 06/30/15

1. Program Name: Fort Help LLC  
Program Address (*primary program site address*): 915 Bryant St.  
City, State, Zip Code: San Francisco CA 94103  
Telephone: ( 415 ) 777-9953  
Facsimile: ( 415 ) 777-4717  
Program Code (38364):

2. Nature of Document (check one)

New     Renewal     Modification

3. Goal Statement

The primary goal of this program is to reduce the impact of substance abuse and addiction by counseling and maintain heroin and other opiate users with Methadone and other Opiate Replacement therapies as a substitution treatment for the street based drugs.

4. Target Population

The target population to be served by this contract is residents of San Francisco and surrounding areas who are abusing, addicted or at risk of using opioid. Priority will be given to pregnant women, elders, the disabled and intravenous opioid users (due to high-risk of infection and contagion). The target population of opioid in the following categories (not comprehensive): youth to adult, all genders and sexual orientation, every family states and any ethnic or national background.

5. Modality(ies)/Interventions

Methadone Program	B	C	D
(UOS) Description	Units of Service	Number of Clients	Unduplicated
Daily Dose - Methadone	88,658	300	300
Individual Counseling @10 minutes	16,552	300	300
Total UOS	105,210	300	300

6. Methodology

A. Fort Help conducts outreach, recruitment, promotion, and advertisement at needle exchange sites, homeless shelters, free medical clinics, and other providers who serve our target population. Fort Help maintains a website and is listed as a provider in various community referral networks.

B. Clients will be assessed at Fort Help by counseling and medical staff during an intake and admission process to determine eligibility for opiate replacement therapy. Clients will complete program application, drug use history, physical exam, and screens for TB and

Document Date: 11/10/14

RPR. Clients who meet Federal, State and medical requirements will receive an initial dose of methadone, as specified by Title IX Regulations.

Following the initial dose, clients will receive daily dosing at 915 Bryant, as well as counseling at a level of 50 minutes per month (counseling may be waived at the Physician's discretion). The assessment for fitness of Methadone treatment will include a medical exam for this specific purpose.

An initial treatment plan will be developed by the counseling staff and approved by the medical director in the first 28 days. Patients will receive counseling as prescribed by the plan. Urinalysis will screen for drugs at least monthly. The medical director will evaluate each patient dosing needs. Treatment plans will be developed every three months with an annual assessment for continuation of treatment. Referrals for psychotherapy or medical needs will be provided as determined by the physician.

- C. Fort Help is open daily for dosing. Qualified patients are given take homes for State approved holidays. Dosing hours: Mon-Fri 6:30am – 9am, 11am - 12:30pm; Sat-Sun & Holidays 8:30am – 10:30am.

Fort Help clinic at 915 Bryant provides counseling to patients as deemed medically necessary, but at least 50 minutes/month (unless waived by physician).

Counselors provide individualized Treatment Plans quarterly and Annual Reviews, which are approved by the medical director. The medical director oversees the dose level of all patients.

- D. With clean urinalysis and continuous time in treatment, as specified by Title IX, patients can earn take home privileges, reducing their visits to the clinic for medication.

Under the supervision of medical and counseling staff, stable patients may elect to detox off of Methadone entirely. Voluntary termination is supervised by the physician. For many patients, maintaining on Methadone constitutes success.

The clinic provides after-care for clients who are no longer dosing. Discharge criteria are discussed with patients upon entry to the program and annually thereafter. Involuntary termination may be based on patients' unwillingness to abide by clinic rules and regulation.

- E. The program's staffing includes nurses, drug addiction counselors, administration staff, clerical staff, physician, managers, and housekeeping staff. Currently, there is a Medical Doctor, clinical supervisor, two nurses per shift (RNS) dispensary nurses (3); and 6 Counselors/or Psychotherapy Interns.

## 7. Objectives and Measurements

All objectives and descriptions of how objectives will be measured are contained in the CBHS document entitled CBHS Performance Objectives FY 14-15.

## 8. Continuous Quality Assurance and Improvement

Contractor: Fort Help LLC  
Program: Methadone  
City Fiscal Year: 2014 - 2015  
CMS#:6457

Appendix A-1  
Contract Term: 07/01/14 through 06/30/15

Fort Help is licensed to provide services by the Department of Alcohol and Drug Treatment and is compliant with all licensing requirements and subject to annual inspections. Fort Help is accredited by the Council of Accreditation and is subject to surveys every 39 months. Fort Help Staff receives comprehensive reviews every 24 months. Fort Help clients participate in Client Satisfaction surveys annually which the staff reviews. Internally, Fort Help LLC has a quality assurance or quality control committee which audits each of the clinics, overseeing staff procedures, auditing client mental health/medical charts, etc. As part of this process, the clinic conducts client surveys monitoring client satisfaction. At the substance abuse clinics, clients fill out a CalOMS (California Outcomes and Measurement System) form at intake and upon discharge; the data gathered from this 3-page form is then submitted to CalOMS and generates an outcome report that shows race, ethnicity, and changes in drug use and functioning, for example: frequency, type of drug, change in living situation, reduction in family conflict, etc.

Internal customer satisfaction data collected in 2012- 2013, revealed the following: 95% of clients said staff was available when they needed them, 96% of clients said that they are greeted in a friendly way when they come in, 88% of clients said they were aware of the medical services available, 70% of clients said they were aware that psychiatric services were available, 85% of clients said counselors made appropriate referrals to them when needed, 80% of clients said they needed medical service, 93% of clients said the treatment services were explained to them, and 92% of clients said the staff is friendly.

Contractor: Fort Help Mission  
Program: Methadone Maintenance  
City Fiscal Year: 2014-15  
CMS#:6457

Appendix A-2  
Contract Term: 07/01/14 through 06/30/15

- Program Name: Fort Help Mission, Inc.  
Program Address (*primary program site address*): 1101 Capp St.  
City, State, Zip Code: San Francisco CA 94110  
Telephone: (415) 821-1427  
Facsimile: (415) 821-1426  
Program Code (89074):

- Nature of Document (check one)

New     Renewal     Modification

- Goal Statement

The primary goal of this program is to reduce the impact of substance abuse and addiction by: counseling and maintain heroin and other opiate users with Methadone and other Opiate Replacement therapies as a substitution treatment for the street based drugs.

- Target Population

The target population to be served by this contract is residents of San Francisco and surrounding areas who are abusing, addicted or at risk of using opioid. Priority will be given to pregnant women, elders, the disabled and intravenous opioid users (due to high-risk of infection and contagion). The target population of opioid in the following categories (not comprehensive): youth to adult, all genders and sexual orientation, every family states and any ethnic or national background.

- Modality(ies)/Interventions

Methadone Program	B	C	D
(UOS) Description	Units of Service	Number of Clients	Unduplicated
Daily Dose - Methadone	32,003	200	200
Individual Counseling @10 minutes	9,421	200	200
Total UOS	41,424	200	200

- Methodology

- A. Fort Help Mission conducts outreach, recruitment, promotion, and advertisement at needle exchange sites, homeless shelters, free medical clinics, and other providers who serve our target population. Fort Help Mission maintains a website and is listed as a provider in various community referral networks.
- B. Clients will be assessed at Fort Help Mission by counseling and medical staff during an intake and admission process to determine eligibility for opiate replacement therapy. Clients will complete program application, drug use history, physical exam, and screens for TB and RPR. Clients who meet Federal, State and medical requirements will receive an initial dose of methadone, as specified by Title IX Regulations.

Following the initial dose, clients will receive daily dosing at 1101 Capp St, as well as counseling at a level of 50 minutes per month (counseling may be waived at the Physician's discretion). The assessment for fitness of Methadone treatment will include a medical exam for this specific purpose.

An initial treatment plan will be developed by the counseling staff and approved by the medical director in the first 28 days. Patients will receive counseling as prescribed by the plan. Urinalysis will screen for drugs at least monthly. The medical director will evaluate each patient dosing needs. Treatment plans will be developed every three months with an annual assessment for continuation of treatment. Referrals for psychotherapy or medical needs will be provided as determined by the physician.

- C. Fort Help Mission is open daily for dosing. Qualified patients are given take homes for State approved holidays. Dosing hours: Mon-Fri 8:00 am – 12:30 pm; Sat-Sun & Holidays 8:30 am – 10:30 am.

Fort Help Mission clinic at 1101 Capp St. provides counseling to patients as deemed medically necessary, but at least 50 minutes/month (unless waived by physician).

Counselors provide individualized Treatment Plans quarterly and Annual Reviews, which are approved by the medical director. The medical director oversees the dose level of all patients.

- D. With clean urinalysis and continuous time in treatment, as specified by Title IX, patients can earn take home privileges, reducing their visits to the clinic for medication.

Under the supervision of medical and counseling staff, stable patients may elect to detox off of Methadone entirely. Voluntary termination is supervised by the physician. For many patients, maintaining on Methadone constitutes success.

The clinic provides after-care for clients who are no longer dosing. Discharge criteria are discussed with patients upon entry to the program and annually thereafter. Involuntary termination may be based on patients' unwillingness to abide by clinic rules and regulation.

- E. The program's staffing includes nurses, drug addiction counselors, administration staff, clerical staff, physician, managers, and housekeeping staff. Currently, there is a Medical Doctor, clinical supervisor, nurse (RN) dispensary nurses (2); and 2 counselors.

#### 7. Objectives and Measurements

All objectives and descriptions of how objectives will be measured are contained in the CBHS document entitled CBHS Performance Objectives FY 14-15.

#### 8. Continuous Quality Assurance and Improvement

Fort Help Mission is licensed to provide services by the Department of Alcohol and Drug Treatment and is compliant with all licensing requirements and subject to annual inspections. Fort Help Mission is accredited by the Council of Accreditation and is subject to surveys every 39 months. Fort Help Mission Staff receives comprehensive reviews every 24 months. Fort Help Mission clients participate in Client Satisfaction surveys annually which the staff reviews. Internally, Fort Help Mission LLC has a quality assurance or quality control committee which audits each of the clinics, overseeing staff procedures, auditing client mental health/medical charts, etc. As part of this process, the clinic conducts client surveys monitoring client satisfaction. At the substance abuse clinics, clients fill out a Cal-OMS (California Outcomes and Measurement System) form at intake and upon discharge; the data gathered from this 3-page form is then submitted to Cal-OMS and generates an outcome report that shows race, ethnicity, and changes in drug use and functioning, for example: frequency, type of drug, change in living situation, reduction in family conflict, etc.

Fort Help Mission has a sister clinic at 915 Bryant St., San Francisco CA 94103. Internal customer satisfaction data collected at Bryant St. in 2012, revealed the following: 95% of clients said staff was available when they needed them, 96% of clients said that they are greeted in a friendly way when they come in, 90% of clients said they were aware of the medical services available, 70% of clients said they were aware that psychiatric services were available, 85% of clients said counselors made appropriate referrals to them when needed, 80% of clients said they needed medical service, 93% of clients said the treatment services were explained to them, 60% of clients said they received a follow-up call from staff within the last 6 months, and 92% of clients said the staff is friendly.

**Appendix B**  
**Calculation of Charges**

**1. Method of Payment**

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All

charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

**2. Program Budgets and Final Invoice**

A. Program Budgets are listed below:

Budget Summary  
CRDC B1-B2



Appendix B-1 Fort Help LLC – 915 Bryant Street  
 Appendix B-2 Fort Help Mission – 1101 Capp Street

**B. Compensation**

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Fourteen Million Eight Hundred Fifty Two Thousand Nine Hundred Eighty One Dollars (\$14,852,981)** for the period of September 1, 2008 through June 30, 2018.

CONTRACTOR understands that, of this maximum dollar obligation, \$768,920 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

September 1, 2008 through June 30, 2009	\$553,333	BPHM09000040
July 1, 2009 through June 30, 2010	\$920,000	BPHM10000041
July 1, 2010 through June 30, 2011	\$1,440,000	
July 1, 2011 through June 30, 2012	\$1,584,297	
July 1, 2012 through June 30, 2013	\$1,576,851	
July 1, 2013 through June 30, 2014	\$1,601,916	
July 1, 2014 through June 30, 2015	\$1,601,916	
July 1, 2015 through June 30, 2016	\$1,601,916	
July 1, 2016 through June 30, 2017	\$1,601,916	
July 1, 2017 through June 30, 2018	\$1,601,916	
<b>Total September 1, 2008 through June 30, 2018</b>	<b>\$14,084,061</b>	

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or

proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR further understands that \$553,333 of the period from September 1, 2008 through June 30, 2009 in the Contract Number BPHM BPHM09000040 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM BPHM10000041 for the Fiscal Year 2009-10.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

**DPH 1: Department of Public Health Contract Budget Summary**

DHCS Legal Entity Number (MH): <u>N/A</u>		Prepared By/Phone #: <u>Leni Legaspi / 661-254-6630</u>		Fiscal Year: <u>2014-15</u>	
Contractor Name: <b>Fort Help LLC</b>		Document Date: <u>11/10/14</u>			
Contract CMS #:	<u>6457</u>				
Contract Appendix Number:	<u>B-1</u>	<u>B-2</u>			
Appendix A/Program Name:	<u>Fort Help LLC</u>	<u>Fort Help Mission</u>			
Provider Number:	<u>383836</u>	<u>388907</u>			
Program Code(s):	<u>38364,,88364</u>	<u>89074,88074</u>			
FUNDING TERM:	<u>7/1/14 -6/30/15</u>	<u>7/1/14 -6/30/15</u>			<b>TOTAL</b>
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	<u>587,538</u>	<u>269,821</u>			<u>857,359</u>
Operating Expenses:	<u>462,600</u>	<u>145,225</u>			<u>607,825</u>
Capital Expenses:					
<b>Subtotal Direct Expenses:</b>	<b><u>1,050,138</u></b>	<b><u>415,046</u></b>			<b><u>1,465,184</u></b>
Indirect Expenses:	<u>93,658</u>	<u>43,074</u>			<u>136,732</u>
Indirect %:	<u>8.92%</u>	<u>10.38%</u>			<u>9.33%</u>
<b>TOTAL FUNDING USES</b>	<b><u>1,143,796</u></b>	<b><u>458,120</u></b>			<b><u>1,601,916</u></b>
				<b>Employee Fringe Benefits %:</b>	<u>6.09%</u>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
SA FED - Drug Medi-Cal, CFDA #93.778	<u>561,898</u>	<u>229,060</u>			<u>790,958</u>
SA STATE - PSR Drug Medi-Cal	<u>561,898</u>	<u>229,060</u>			<u>790,958</u>
SA COUNTY - SA General Fund	<u>20,000</u>				<u>20,000</u>
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b><u>1,143,796</u></b>	<b><u>458,120</u></b>			<b><u>1,601,916</u></b>
<b>OTHER DPH FUNDING SOURCES</b>					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>					
<b>TOTAL DPH FUNDING SOURCES</b>	<b><u>1,143,796</u></b>	<b><u>458,120</u></b>			<b><u>1,601,916</u></b>
<b>NON-DPH FUNDING SOURCES</b>					
<b>TOTAL NON-DPH FUNDING SOURCES</b>					
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b><u>1,143,796</u></b>	<b><u>458,120</u></b>			<b><u>1,601,916</u></b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

DHCS Legal Entity Name (MH)/Contractor Name (SA): Fort Help LLC		Appendix/Page #: B-1 / Page 1	
Provider Name: Fort Help LLC		Document Date: 11/10/14	
Provider Number: 383836		Fiscal Year: 2014-15	
Program Name:	FH Methadone Maintenance	FH Methadone Maintenance	
Program Code (formerly Reporting Unit):	38364	38364	
Mode/SFC (MH) or Modality (SA)	NTP-48	NTP-48	
Service Description:	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	<b>TOTAL</b>
FUNDING TERM:	7/1/14 -6/30/15	7/1/14 -6/30/15	
<b>FUNDING USES</b>	<b>Counseling</b>	<b>Dosing</b>	
Salaries & Employee Benefits:	111,632	475,906	587,538
Operating Expenses:	87,894	374,706	462,600
Capital Expenses (greater than \$5,000):			
<b>Subtotal Direct Expenses:</b>	<b>199,526</b>	<b>850,612</b>	<b>1,050,138</b>
Indirect Expenses:	17,796	75,862	93,658
<b>TOTAL FUNDING USES:</b>	<b>217,322</b>	<b>926,474</b>	<b>1,143,796</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index/Code</b>		
SA FED - Drug Medi-Cal, CFDA #93.778	HMHSCCRES227	106,761	455,137
SA STATE - PSR Drug Medi-Cal	HMHSCCRES227	106,761	455,137
SA COUNTY - SA General Fund	HMHSCCRES227	3,800	16,200
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>217,322</b>	<b>926,474</b>
<b>OTHER DPH FUNDING SOURCES</b>			
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			
<b>TOTAL DPH FUNDING SOURCES</b>		<b>217,322</b>	<b>926,474</b>
<b>NON-DPH FUNDING SOURCES</b>			
<b>TOTAL NON-DPH FUNDING SOURCES</b>			
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>217,322</b>	<b>926,474</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>			
Number of Beds Purchased (if applicable)			
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program	350	350	
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	
DPH Units of Service:	16,552	88,658	
Unit Type:	Slot Days	Slot Days	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	13.13	10.45	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	13.13	10.45	
Published Rate (Medi-Cal Providers Only):	13.13	10.45	
Unduplicated Clients (UDC):	300	300	<b>Total UDC: 300</b>

DPH 3: Salaries & Benefits Detail

Program Code: 38364  
 Program Name: Fort Help  
 Document Date: 11/10/14

Position Title	TOTAL		Federal Drug Medi-Cal, State PSR Drug Medi-Cal, & General Fund HMHSCRES227		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
MD1	1.00	85,300	1.00	85,300								
Clinical Supervisor1	1.00	55,000	1.00	55,000								
RN1	1.00	53,000	1.00	53,000								
RN2	1.00	36,000	1.00	36,000								
LVN1	1.00	36,000	1.00	36,000								
Counselor1	1.00	42,000	1.00	42,000								
Counselor2	1.00	42,000	1.00	42,000								
Counselor3	1.00	36,000	1.00	36,000								
Counselor4	1.00	35,000	1.00	35,000								
Counselor5	1.00	35,000	1.00	35,000								
Counselor6	1.00	35,000	1.00	35,000								
Clerk1	1.00	32,000	1.00	32,000								
Clerk2	1.00	30,000	1.00	30,000								
<b>Totals:</b>	13.00	552,300	13.00	552,300	-	-	-	-	-	-	-	-

<b>Employee Fringe Benefits:</b>	6.38%	35,238	6.38%	35,238								
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**TOTAL SALARIES & BENEFITS**      587,538      587,538      -      -      -      -

DPH 4: Operating Expenses Detail

Program Code: 38364

Appendix/Page #: B-1 / Page 3

Program Name: Fort Help LLC

Document Date: 11/10/14

Expenditure Category	TOTAL	Federal Drug Medi-Cal, State PSR Drug Medi-Cal, & General Fund HMHSCCRES227				
	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: _____	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	207,600	207,600				
Utilities (telephone, electricity, water, gas)	14,000	14,000				
Building Repair/Maintenance	16,500	16,500				
<b>Materials &amp; Supplies:</b>						
Office Supplies	25,000	25,000				
Photocopying	-	-				
Printing	-	-				
Program Supplies	145,500	145,500				
Computer hardware/software	-	-				
<b>General Operating:</b>						
Training/Staff Development	8,000	8,000				
Insurance	14,000	14,000				
Professional License	-	-				
Permits	14,000	14,000				
Equipment Lease & Maintenance	7,500	7,500				
<b>Staff Travel:</b>						
Local Travel	-	-				
Out-of-Town Travel	-	-				
Field Expenses	5,000	5,000				
<b>Consultant/Subcontractor:</b>						
	-	-				
	-	-				
<b>Other:</b>						
Bio-Hazard Waste Fees	5,500	5,500				
	-	-				
	-	-				
<b>TOTAL OPERATING EXPENSE</b>	<b>482,600</b>	<b>482,600</b>				

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

DHCS Legal Entity Name (MH)/Contractor Name (SA): Fort Help LLC				Appendix/Page #: B-2 / Page 1
Provider Name: Fort Help Mission				Document Date: 11/10/14
Provider Number: 388907				Fiscal Year: 2014-15
Program Name:	FH Methadone Maintenance	FH Methadone Maintenance		
Program Code (formerly Reporting Unit):	89074	89074		
Mode/SFC (MH) or Modality (SA):	NTP-48	NTP-48		
Service Description:	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Narcotic Tx Narc Replacement Therapy - All Svcs		<b>TOTAL</b>
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15		
<b>FUNDING USES</b>	<b>Counseling</b>	<b>Dosing</b>		
Salaries & Employee Benefits:	72,852	196,969		269,821
Operating Expenses:	39,211	106,014		145,225
Capital Expenses (greater than \$5,000):				
<b>Subtotal Direct Expenses:</b>	<b>112,063</b>	<b>302,983</b>		<b>415,046</b>
Indirect Expenses:	11,629	31,445		43,074
<b>TOTAL FUNDING USES:</b>	<b>123,692</b>	<b>334,428</b>		<b>458,120</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>				
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>				
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	Index Code:			
SA FED - Drug Medi-Cal, CFDA #93.778	HMHSACCRES227	61,846	167,214	229,060
SA STATE - PSR Drug Medi-Cal	HMHSACCRES227	61,846	167,214	229,060
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>123,692</b>	<b>334,428</b>	<b>458,120</b>
<b>OTHER DPH FUNDING SOURCES</b>				
<b>TOTAL OTHER DPH FUNDING SOURCES</b>				
<b>TOTAL DPH FUNDING SOURCES</b>		<b>123,692</b>	<b>334,428</b>	<b>458,120</b>
<b>NON-DPH FUNDING SOURCES</b>				
<b>TOTAL NON-DPH FUNDING SOURCES</b>				
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>123,692</b>	<b>334,428</b>	<b>458,120</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>				
Number of Beds Purchased (If applicable)				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)				
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program	200	200		
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS		
DPH Units of Service:	9,421	32,003		
Unit Type:	Slot Days	Slot Days		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	13.13	10.45		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	13.13	10.45		
Published Rate (Medi-Cal Providers Only):	13.13	10.45		
Unduplicated Clients (UDC):	200	200		<b>Total UDC: 200</b>

DPH 3: Salaries & Benefits Detail

Program Code: 89074  
 Program Name: Fort Help Mission  
 Document Date: 11/10/14

Appendix/Page #: B-2 / Page 2

41,554

Position Title	TOTAL		Federal Drug Medi-Cal & State PSR Drug Medi-Cal HMHSCCRES227		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
MD1	1.00	64,000	1.00	64,000								
Clinical Supervisor1	1.00	36,000	1.00	36,000								
RN1	1.00	36,000	1.00	36,000								
LVN1	1.00	26,850	1.00	26,850								
Counselor1	1.00	34,000	1.00	34,000								
Counselor2	1.00	34,000	1.00	34,000								
Clerk1	1.00	25,000	1.00	25,000								
Totals:	7.00	255,850	7.00	255,850								

Employee Fringe Benefits:	5.46%	13,971	5.46%	13,971								
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TOTAL SALARIES & BENEFITS

269,821	269,821				
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DPH 4: Operating Expenses Detail

Program Code: 89074  
 Program Name: Fort Help Mission  
 Document Date: 11/10/14

Appendix/Page #: B-2 / Page 3

Expenditure Category	TOTAL		General Fund, State Drug Medical & Federal Drug Medical #93.778				
	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15					
<b>Occupancy:</b>							
Rent	41,675	41,675					
Utilities (telephone, electricity, water, gas)	9,000	9,000					
Building Repair/Maintenance	6,500	6,500					
<b>Materials &amp; Supplies:</b>							
Office Supplies	13,000	13,000					
Photocopying	-	-					
Printing	-	-					
Program Supplies	48,250	48,250					
Computer hardware/software	-	-					
<b>General Operating:</b>							
Training/Staff Development	4,500	4,500					
Insurance	9,300	9,300					
Professional License	-	-					
Permits	6,000	6,000					
Equipment Lease & Maintenance	2,500	2,500					
<b>Staff Travel:</b>							
Local Travel	-	-					
Out-of-Town Travel	-	-					
Field Expenses	-	-					
<b>Consultant/Subcontractor:</b>							
	-	-					
	-	-					
<b>Other:</b>							
Bio-Hazard Waste Fees	4,500	4,500					
	-	-					

TOTAL OPERATING EXPENSE

145,225

145,225

**DPH 7: Contract-Wide Indirect Detail**

Contractor Name Fort Help LLC

Document Date: 11/10/14

Fiscal Year: 2014-15

**1. SALARIES & BENEFITS**

Position Title	FTE	Salaries
<b>Fort Help LLC</b>		
Program Director/CEO	1.00	35,000
Program Director/CFO	1.00	35,000
Billing Clerk	1.00	20,000
<b>Fort Help Mission</b>		
Program Director/CEO	1.00	14,500
Program Director/CFO	1.00	14,500
Billing Clerk	1.00	9,500
EMPLOYEE FRINGE BENEFITS		-
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>128,500</b>

**2. OPERATING COSTS**

Expenditure Category	Amount
<b>Fort Help LLC</b>	
Bank Fees	750
Miscellaneous Expenses	2,908
<b>Fort Help Mission</b>	
Bank Fees	350
Miscellaneous Expenses	4,224
<b>TOTAL OPERATING COSTS</b>	<b>8,232</b>

**TOTAL INDIRECT COSTS** 136,732  
 (Salaries & Benefits + Operating Costs)



Policy Number:

Date Entered: 11/06/2014

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/6/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Aston Insurance Agency</b> 15545 Devonshire St. #108 Mission Hills, CA 91345 (818)672-9009 FAX (818)830-3602	CONTACT NAME:	
	PHONE (A/C No. Ext): ( ) -	FAX (A/C No): ( ) -
INSURED <b>Fort Help, LLC- Mission, Inc</b>  1101 CAPP STREET SAN FRANCISCO, CA 94110	INSURER(S) AFFORDING COVERAGE	
	INSURER A: LLOYDS OF LONDON	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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.

INBR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY		ME01169412.14	8/24/2014	8/24/2015	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$1,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJ				GENERAL AGGREGATE \$3,000,000
	<input type="checkbox"/> LOC					PRODUCTS-COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY:					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR				AGGREGATE \$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUS: <input type="checkbox"/> TORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
A	PROFESSIONAL LIABILITY		ME01169412.14	8/24/2014	8/24/2015	E.L. DISEASE - POLICY LIMIT \$
						EACH CLAIM \$2,000,000
						AGGREGATE \$4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
PROFESSIONAL LIABILITY INCLUDES SUBLIMIT OF \$2 MILLION AGGREGATE FOR SEXUAL MISCONDUCT, SEXUAL ABUSE, AND/OR CHILD ABUSE

CITY AND COUNTY OF SAN FRANCISCO, ITS OFFICERS, EMPLOYEES OR AGENTS ARE NAMED AS ADDITIONAL INSURED.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
DEPARTMENT OF PUBLIC HEALTH CBHS 1380 HOWARD STREET, ROOM 419B SAN FRANCISCO, CA 94103	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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ACORD 25 (2010/05)

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## General Liability Coverage Part (Claims-Made and Reported)

1. persons or organizations having proper temporary custody of **your** property are **insureds**, but only with respect to the maintenance or use of such property and only for acts until **your** legal representative has been appointed; and
  2. **your** legal representative is an **insured**, but only with respect to his or her duties as **your** legal representatives. As such, they will assume **your** legal rights and duties under this Coverage Part.
- B. Partnerships or joint ventures  
If **you** are a duly organized partnership (including a limited liability partnership) or a joint venture, **your** members, partners, and their spouses are **insureds**, but only with respect to the conduct of **your** business.
- C. Limited liability companies  
If **you** are a duly organized limited liability company, **your** members and their spouses are **insureds**, but only with respect to the conduct of **your** business. **Your** managers are also **insureds**, but only with respect to their duties as **your** managers.
- D. Other organizations  
If **you** are an organization (including a professional corporation) other than a partnership, joint venture, or limited liability company, **your** directors and **officers** are **insureds**, but only with respect to their duties as **your** directors or **officers**. **Your** stockholders and their spouses are also **insureds**, but only with respect to their liability as **your** stockholders.
- E. Trusts  
If **you** are a trust, **your** trustees are **insureds**, but only with respect to their duties as **your** trustees.
- F. Employees  
**Your** employees are **insureds**, but only while in the course and scope of their employment by **you** or while performing duties related to the conduct of **your** business.
- G. Volunteer workers  
**Your** volunteer workers are **insureds**, but only while in the course and scope of their activities related to the conduct of **your** business performed on **your** behalf or at **your** direction.
- H. Real estate managers  
Persons (other than **your** employees) or organizations acting as **your** real estate managers are **insureds**, but only with respect to their duties as **your** real estate managers.
- I. Newly acquired or formed organizations  
If there is no other similar insurance available, any organization **you** acquire or form during the **policy period**, and in which **you** have majority ownership or interest at the time of an occurrence or offense covered by this Coverage Part, will qualify as an **insured**. This coverage is effective on the date of acquisition or formation and is afforded only until the 90th day after **you** acquire or form the organization, or the end of the **policy period**, whichever is earlier.
- There is no coverage for the acquired or formed organization for:
1. **bodily injury or property damage** that occurred; or
  2. **personal or advertising injury** arising out of an offense that was committed, before **you** acquired or formed the organization.
- The acquired or formed organization is an **insured** only with respect to the conduct of **your** business.
- J. Additional insureds  
If **you** have agreed in a written contract or agreement to add them as an additional insured to a policy providing the type of coverage afforded by this Coverage Part, the following persons or organizations are **insureds**:
1. Any person or organization from whom **you** lease any premises, but only with respect to liability arising out of the ownership, maintenance, or use of that part of the premises leased to **you**.  
However, there is no coverage for such additional insureds for any structural alterations, new construction, or demolition operations performed by or on behalf of the additional insured.  
A person or organization's status as an additional insured under this subsection 1 ends when **you** cease to be a tenant in the premises.

City and County of San Francisco  
Office of Contract Administration  
Purchasing Division

Fifth Amendment

THIS AMENDMENT (this "Amendment") is made as of May 29, 2012 in San Francisco, California, by and between Fort Help, LLC ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to extend the performance period and increase the contract amount;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved contract number 4152-09/10 on 6/21/10;

NOW, THEREFORE, Contractor and the City agree as follows:

1. **Definitions.** The following definitions shall apply to this Amendment:

1a. **Agreement.** The term "Agreement" shall mean the Agreement dated September 1, 2008 from the RFP 6-2008 dated March 13, 2008, Contract Numbers BPHM09000040 and DPHM09000322 between Contractor and City, as amended by the:

First amendment dated April 3, 2009 Contract Number DPHM09000322

Second amendment dated July 1, 2009 Contract Numbers BPHM10000041 and DPHM10000326

Third amendment dated July 1, 2010 Contract Numbers DPHM11000185

Four amendment dated December 1, 2010 Contract Numbers DPHM11000185 and this Fifth amendment

1b. **Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

2. **Modifications to the Agreement.** The Agreement is hereby modified as follows:

2a. **Section 2 of the Agreement currently reads as follows:**

2. Term of the Agreement

Subject to Section 1, the term of this Agreement shall be from September 1, 2008 through December 31, 2012.

Such Section is hereby amended in its entirety to read as follows:

2. Term of the Agreement

Subject to Section 1, the term of this Agreement shall be from September 1, 2008 through June 30, 2015.

2b. **Section 5 of the Agreement currently reads as follows:**

5. **Compensation**

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Four Million Seven Hundred Nineteen Thousand Seven Hundred Thirty Three Dollars (\$4,719,733)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

**Such section is hereby amended in its entirety to read as follows:**

5. **Compensation**

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Nine Hundred Seventy Four Thousand One Hundred Eighty Four Dollars (\$9,974,184)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

2c. **Attached hereto and incorporated into this Amendment is Appendix B dated May 29, 2012 and Appendices B-1 and B-2 dated March 7, 2012.**

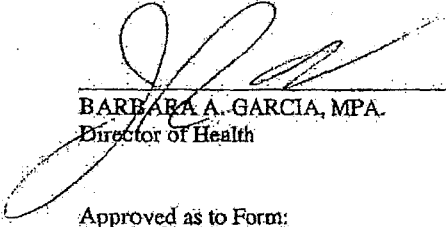
3. **Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and the date of this Amendment.

4. **Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

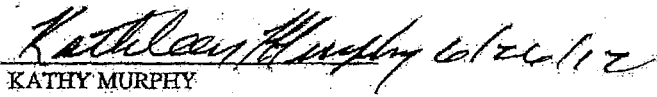
Recommended by:

  
\_\_\_\_\_  
BARBARA A. GARCIA, MPA.  
Director of Health

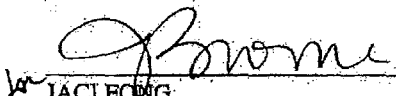
Approved as to Form:

Dennis J. Herrera  
City Attorney

By:

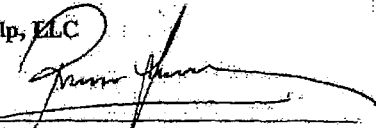
  
\_\_\_\_\_  
KATHY MURPHY  
Deputy City Attorney

Approved:

  
\_\_\_\_\_  
JACI FONG  
Director Office of Contract  
Administration and Purchaser

CONTRACTOR

Fort Help, LLC

  
\_\_\_\_\_  
STAN SHARMA  
Executive Director  
26460 Summit Circle  
Santa Clarita, CA 91350

City vendor number: 74019

RECEIVED  
PURCHASING DEPARTMENT

12 JUL 10 AM 11:13



**Appendix B**  
**Calculation of Charges**

**I. Method of Payment**

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

**B. Final Closing Invoice**

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

**2. Program Budgets and Final Invoice**

**A. Program Budgets are listed below:**

- Budget Summary
- CRDC B1-B2
- Appendix B-1 Fort Help LLC – 915 Bryant Street
- Appendix B-2 Fort Help Mission – 1101 Capp Street

**B. Compensation**

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Nine Million Nine Hundred Seventy Four Thousand One Hundred Eighty Four Dollars (\$9,974,184)** for the period of **September 1, 2008 through June 30, 2015.**

CONTRACTOR understands that, of this maximum dollar obligation, **\$723,663** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

September 1, 2008 through June 30, 2009	\$553,333	BPHM09000040
July 1, 2009 through June 30, 2010	\$920,000	BPHM10000041
July 1, 2010 through June 30, 2011	\$1,440,000	

July 1, 2011 through June 30, 2012	\$1,584,297
July 1, 2012 through June 30, 2013	\$1,584,297
July 1, 2013 through June 30, 2014	\$1,584,297
July 1, 2014 through June 30, 2015	\$1,584,297
Total September 1, 2008 through June 30, 2015	\$9,250,521

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR acknowledges and agrees that the Appendix B consists of CONTRACTOR'S Fiscal Year 2011/12 Appendix B Contract Budget Summary By Program dated March 7, 2012 as accepted and approved by the CITY for Fiscal Year 2012/13; shall also constitute the Appendix B under the terms of this Agreement. CONTRACTOR agrees that all dates in the Appendix B referring to dates in Fiscal Year 2011/12 shall, for the purposes of this Agreement only, be construed to refer to Fiscal Year 2012/13.

(5) CONTRACTOR agrees to comply with the Program Budget for Fiscal Year 2011/12 as shown in Appendix B in the provision of SERVICES. Changes to the Budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provision of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

(6) CONTRACTOR understands that the CITY may also need to adjust Appendix B, encumbrances of funds and related payments to CONTRACTOR in order to comply with the CITY'S Fiscal Year 2010/11 budget and sources of revenue, according to written notification provided to CONTRACTOR in Fiscal Year 2012/13 award letters by the CITY.

(7) CONTRACTOR understands and agrees to any reasonable adjustments to dates and amounts the CITY may make to Appendix B in order to facilitate the administration of federal and state grants or monies in compliance with the CITY'S Fiscal Year 2012/13 budget and sources of revenue.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

**DPH 1: Department of Public Health Contract Budget Summary**

DMH Legal Entity Number (MH):		Prepared By/Phone #: Pramesh Sharma / 661-254-6630 Fiscal Year: 2011-2012				
DMH Legal Entity Name (MH)/Contractor Name (SA): Fort Help LLC		Document Date: 3/7/12				
Contract Appendix Number:	B-1	B-2				
Provider Number:	383836	388907				
FUNDING TERM:	7/1/11 - 6/30/11	7/1/11 - 6/30/11				
	Fort Help	Fort Help Mission				TOTAL
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	556,347	267,300				823,647
Operating Expenses:	450,750	128,900				579,650
Capital Expenses:	37,000	-				37,000
<b>Subtotal Direct Expenses:</b>	<b>1,044,097</b>	<b>396,200</b>				<b>1,440,297</b>
Indirect Expenses:	97,700	46,300				144,000
Indirect %:	9.36%	11.69%				
<b>TOTAL FUNDING USES</b>	<b>1,141,797</b>	<b>442,500</b>				<b>1,584,297</b>
					Employee Fringe Benefits %:	7.03%
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
SA FED - Drug Medi-Cal #93.778	1,085,000	442,500				1,527,500
SA COUNTY - General Fund	56,797	-				56,797
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>1,141,797</b>	<b>442,500</b>				<b>1,584,297</b>
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>						
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>						
<b>TOTAL DPH FUNDING SOURCES</b>	<b>1,141,797</b>	<b>442,500</b>				<b>1,584,297</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>						
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>1,141,797</b>	<b>442,500</b>				<b>1,584,297</b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

DMH Legal Entity Name (MH)/Contractor Name (SA): Fort Help LLC		Contract Appendix #: B-1; Page 1		
Provider Name: Fort Help		Document Date: 3/7/12		
Provider Number: 383836		Fiscal Year: 2011-2012		
Program Name:	FH Methadone Maintenance	FH Methadone Maintenance	FH Methasoft	
Program Code (formerly Reporting Unit):	38364	38364	38364	
Mode/SFC (MH) or Modality (SA):	NTP-48	NTP-48	Supt-03	
Service Description:	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Support Prog Dev	TOTAL
FUNDING TERM:	7/1/11-6/30/12	07/01/11-06/30/12	7/1/11-6/30/12	
<b>FUNDING USES</b>				
Salaries & Employee Benefits:	83,567	472,780	-	556,347
Operating Expenses:	67,705	383,045	-	450,750
Capital Expenses (greater than \$5,000):	-	-	37,000	37,000
Subtotal Direct Expenses:	151,272	855,825	37,000	1,044,097
Indirect Expenses:	14,676	83,024	-	97,700
<b>TOTAL FUNDING USES:</b>	<b>165,948</b>	<b>938,849</b>	<b>37,000</b>	<b>1,141,797</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>				
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>				
SA FED - Drug Medi-Cal #93.778	93,778	182,974	922,026	1,085,000
SA COUNTY - General Fund	-	2,974	16,823	56,797
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>93,778</b>	<b>185,948</b>	<b>938,849</b>	<b>1,141,797</b>
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>				
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>	<b>165,948</b>	<b>938,849</b>	<b>37,000</b>	<b>1,141,797</b>
<b>NON-DPH FUNDING SOURCES</b>				
<b>TOTAL NON-DPH FUNDING SOURCES</b>	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>165,948</b>	<b>938,849</b>	<b>37,000</b>	<b>1,141,797</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>				
Number of Beds Purchased (if applicable)				
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)				
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program	350	350	n/a	
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	CR	
Units of Service:	12,000	82,000	80	
Unit Type:	Slot Days	Slot Days	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	13.83	11.45	462.50	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	13.83	11.45	462.50	
Published Rate (Medi-Cal Providers Only):	13.91	11.86	n/a	
Unduplicated Clients (UDC):	378	378	n/a	<b>Total UDC: 378</b>

DPH 3: Salaries & Benefits Detail

Provider Number: 383836  
 Provider Name: Fort Help  
 Document Date: 3/7/12

Position Title	TOTAL		County General Fund & Federal Drug Medi-Cal #93,778		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Fort Help:												
MD	1.00	85,297	1.00	85,297								
RN1	1.00	55,550	1.00	55,550								
RN2	1.00	48,000	1.00	48,000								
LVN1	1.00	36,000	1.00	36,000								
LVN2	1.00	48,000	1.00	48,000								
Counselor 1	1.00	43,000	1.00	43,000								
Counselor 2	1.00	41,000	1.00	41,000								
Counselor 3	1.00	36,000	1.00	36,000								
Counselor 4	1.00	35,000	1.00	35,000								
Counselor 5	1.00	35,000	1.00	35,000								
Clerk 1	1.00	35,000	1.00	35,000								
Clerk 2	1.00	29,000	1.00	29,000								
Totals:	12.00	526,847	12.00	526,847								

Employee Fringe Benefits:	5.80%	29,500	5.80%	29,500								
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TOTAL SALARIES & BENEFITS

556,347

556,347

DPH 4: Operating Expenses Detail

Provider Number: 383636  
 Provider Name: Fort Help  
 Document Date: 3/7/12

Appendix #: B-1, Page 3

Expenditure Category	TOTAL	County General Fund & Federal Drug Medi-Cal #93.778				
<b>Fort Help:</b>			Term: 7/1/11 - 6/30/12	Term: 7/1/11 - 6/30/12	Term: _____	Term: _____
Rental of Property	155,000	155,000				
Utilities (Elec, Water, Gas, Phone, Scavenger)	8,000	8,000				
Office Supplies, Postage	27,000	27,000				
Building Maintenance Supplies and Repair	21,000	21,000				
Insurance	15,000	15,000				
Staff Training	6,000	6,000				
Rental of Equipment	11,000	11,000				
Property Taxes	19,200	19,200				
License Fee	18,000	18,000				
Bio Hazard Waste Fees	5,400	5,400				
Medical Supplies & Lab Test	127,000	127,000				
Communications	12,500	12,500				
Miscellaneous Expenses	25,660	25,660				
<b>TOTAL OPERATING EXPENSE</b>	<b>450,750</b>	<b>450,750</b>				

DPH 5: Capital Expenses Detail

Provider Number: 383836

Appendix #: B-1, Page 4

Provider Name: Fort Help

Document Date: 3/7/12

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Methasoft Software	1		General Fund	37,000	37,000
					-
					-
					-
					-
					-
					-
					-

Total Equipment Cost

37,000

Remodelling Cost


Total Remodelling Cost

-

Total Capital Expenditure  
(Equipment plus Remodeling Cost)

37,000



**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

DMH Legal Entity Name (MH)/Contractor Name (SA): Fort Help LLC				Contract Appendix #:	B-2, Page 1
Provider Name: Fort Help Mission				Document Date:	3/7/12
Provider Number: 388907				Fiscal Year:	2011-2012
Program Name:	FH Mission Methadone Maintenance	FH Mission Methadone Maintenance			
Program Code (formerly Reporting Unit):	89074	89074			
Mode/SFC (MH) or Modality (SA)	NTP-48	NTP-48			
Service Description:	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	0	0	0
FUNDING TERM:	7/1/11-6/30/12	07/01/11-06/30/12			TOTAL
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	40,150	227,150			267,300
Operating Expenses:	19,362	109,538			128,900
Capital Expenses (greater than \$5,000):					
Subtotal Direct Expenses:	59,512	336,688			396
Indirect Expenses:	6,955	39,345			46,300
<b>TOTAL FUNDING USES:</b>	<b>66,467</b>	<b>376,033</b>			<b>442,500</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
SA FED - Drug Medi-Cal #93.778	93.778	66,467	376,033		442,500
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>66,467</b>	<b>376,033</b>			<b>442,500</b>
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>					
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>					
<b>TOTAL DPH FUNDING SOURCES</b>	<b>66,467</b>	<b>376,033</b>			<b>442,500</b>
<b>NON-DPH FUNDING SOURCES</b>					
<b>TOTAL NON-DPH FUNDING SOURCES</b>					
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>66,467</b>	<b>376,033</b>			<b>442,500</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program	200	200			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS			
Units of Service:	5,000	33,000			
Unit Type:	Slot Days	Slot Days			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	13.29	11.39			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	13.29	11.39			
Published Rate (Medi-Cal Providers Only):	13.91	11.86			
Unduplicated Clients (UDC):	216	216			Total UDC: 216

DPH 3: Salaries & Benefits Detail

Provider Number: 388907

Appendix #: B-2, Page 2

Provider Name: Fort Help Mission

Document Date: 3/7/12

Position Title	TOTAL		Federal Drug Medi-Cal #93.778									
	Term: 7/1/11 - 6/30/12		Term: 7/1/11 - 6/30/12		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
<b>Fort Help:</b>												
MD	1.00	60,000	1.00	60,000								
RN1	1.00	30,000	1.00	30,000								
LVN1	1.00	26,850	1.00	26,850								
LVN2	1.00	26,850	1.00	26,850								
Counselor1	1.00	42,000	1.00	42,000								
Counselor2	1.00	42,000	1.00	42,000								
Clerk1	1.00	15,000	1.00	15,000								
<b>Totals:</b>	<b>7.00</b>	<b>242,700</b>	<b>7.00</b>	<b>242,700</b>								

<b>Employee Fringe Benefits:</b>	10.14%	24,600	10.14%	24,600								
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TOTAL SALARIES & BENEFITS

267,300

267,300

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DPH 4: Operating Expenses Detail

Provider Number: 388907  
 Provider Name: Fort Help Mission  
 Document Date: 3/7/12

Appendix #: B-2, Page 3

Expenditure Category	TOTAL	Federal Drug Medi-Cal #93.77B				
Fort Help:	Term: 7/1/11 - 6/30/12	Term: 7/1/11 - 6/30/12	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	30,240	30,240				
Utilities (Elec, Water, Gas, Phone, Scavenger)	10,000	10,000				
Office Supplies, Postage	10,000	10,000				
Building Maintenance Supplies and Repair	5,000	5,000				
Insurance	3,000	3,000				
Staff Training	3,000	3,000				
Rental of Equipment	2,000	2,000				
License Fee	6,000	6,000				
Bio Hazard Waste Fees	3,000	3,000				
Medical Supplies & Lab Test	47,960	47,960				
Communications	4,200	4,200				
Miscellaneous Expenses	4,500	4,500				
<b>TOTAL OPERATING EXPENSE</b>	<b>128,900</b>	<b>128,900</b>				



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Control Number

Contractor: Fort Help LLC

Address: 26480 Summit Circle, Santa Clarita, CA, 91350-2991

Tel No.: (661) 254-6630

Fax No.: (661) 254-6644

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

Cl. Blanket No.: BPHM

Cl. PO No.: POHM  User Cd

Fund Source:

Invoice Period:

Final Invoice:  (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (MCH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 FH Methadone Maintenance PC# - 35364												
NTP-48 SA-Narcotic TX Narc	81,996				\$ 11.45	\$ -	0,000		0.00%			81,996,000
Replacement Therapy - Dosing												
NTP-48 SA-Narcotic TX Narc	11,999				\$ 13.83	\$ -	0,000		0.00%			11,999,000
Replacement Therapy - Counseling												
B-2 FH Miasion Methadone Maintenance PC# - 89074												
NTP-48 SA-Narcotic TX Narc	33,014				\$ 11.39	\$ -	0,000		0.00%			33,014,000
Replacement Therapy - Dosing												
NTP-48 SA-Narcotic TX Narc	5,001				\$ 13.29	\$ -	0,000		0.00%			5,001,000
Replacement Therapy - Counseling												
<b>TOTAL</b>	<b>132,010</b>		<b>0,000</b>				<b>0,000</b>		<b>0.00%</b>			<b>132,010,000</b>

938,864.20  
 165,948.17 \$ 1,104,800.37  
 376,029.46  
 66,463.29 \$ 442,492.75  
 1,547,293.12

SUBTOTAL AMOUNT DUE \$  
 Less: Initial Payment Recovery  
 (For PPH UOS) Other Adjustments  
 NET REIMBURSEMENT \$

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

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

Title: \_\_\_\_\_

Send to:  
 DPH Fiscal/Invoice Processing  
 1380 Howard St. - 4th Floor  
 San Francisco, CA 94103

DPH Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory: \_\_\_\_\_ Date \_\_\_\_\_



Policy Number:

Date Entered: 03/15/2012

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/15/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Aston Insurance Agency</b> 15545 Devonshire St. #108 Mission Hills, CA 91345 (818)672-9009 FAX (818)830-3602	CONTACT NAME:	
	PHONE (A/C. No. Extn. ( ) - )	FAX (A/C. No): ( ) -
INSURED <b>Fort Help, LLC</b>  915 BRYANT ST. SAN FRANCISCO, CA 94103	INSURER(S) AFFORDING COVERAGE:	
	INSURER A: <b>LLOYDS OF LONDON</b>	NAIC#
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

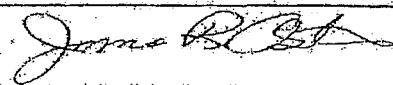
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			MEO1169412.11	10/10/2011	10/10/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED \$
	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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EX EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required).

CITY AND COUNTY OF SAN FRANCISCO, IT OFFICERS, EMPLOYEES OR AGENTS ARE NAMED AS ADDITIONAL INSURED.

<b>CERTIFICATE HOLDER</b> DEPT OF PUBLIC HEALTH CBHS 1380 HOWARD STREET, ROOM 419D SAN FRANCISCO, CA 94103	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	---

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CERTHOLDER COPY

NA



P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 09-09-2011

GROUP: 000488  
POLICY NUMBER: 0001550-2011  
CERTIFICATE ID: 3  
CERTIFICATE EXPIRES: 08-06-2012  
08-06-2011/08-06-2012

AMERICAN HELP SERVICES  
26460 SUMMIT CIR  
SANTA CLARITA CA 91350-2991

NA

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions of such policy.

*James Neary*  
Authorized Representative

*Thomas E. Kane*  
President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1901 - SHARMA, SEANJAY - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 08-06-2010 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

FORT HELP, LLC  
PO BOX 801809  
VALENCIA CA 91380

NA

[HLB,CN]

PRINTED : 09-09-2011



Endorsement 10:

NAMED INSURED: American Health Services LLC; El Dorado Community Service Center; Tavarua Health Service

EB50.1 AI for GL - Blanket (PL GL)

Page 1 of 1

In consideration of the premium charged, it is understood and agreed the section of this Policy entitled V. Definitions, Part J. is amended to include the following:

Solely with respect to coverage afforded under Insuring Agreement B, Claims Made General Liability, **Insured** shall include **Additional Insured(s)**, provided however whenever used in this endorsement,

1. **Additional Insured** shall mean any landlord, owner or property manager of **Designated Premises**; any tradeshow or convention sponsor or operator; or any lessor of equipment; and
2. **Designated Premises** shall mean all premises leased or rented to the **Named Insured**, premises temporarily occupied by the **Named Insured** for a tradeshow or convention and/or equipment leased to the **Named Insured**.

It is further understood and agreed that coverage afforded to any **Additional Insured** as defined herein shall apply solely:

1. to Claims arising out of the **Named Insured's** occupancy of, or failure to maintain the **Designated Premises**, but solely with respect to the products, goods or operations of the **Named Insured** and only if liability of such Claim is determined to be solely the negligence or responsibility of the **Named Insured**; and
2. for **Accidents** at, on or upon that portion of the **Designated Premises** which is occupied by the **Named Insured** and taking place during the term of the **Named Insured's** lease/occupance of such **Designated Premises**.

All other terms and conditions remain unchanged.

Endorsement effective: 08/21/2011

Certificate No.: MEO1169412.11

Endorsement No: 10

Processed Date: 10/19/2011

Hiscox Inc.

By : Ed Donnelly  
(Authorized Representative)



**FORT HELP, LLC.**

Oct. 02, 2008

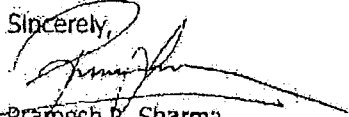
San Francisco Department of Public Health

Dear Ms. Yoshimi Salto,

Please be advised that at our Fort Help facility we do not own, lease or hire any vehicles. Therefore the insurance company cannot give us coverage for such items. In order for us to have coverage, according to the insurance company, we must provide them with Vehicle Identification Numbers.

Because of the location of this facility, there is no need for our staff to use a vehicle. Public transportation is much more convenient for the staff to use should they need to conduct company business on company time.

Sincerely,

  
Pramesh P. Sharma  
Executive Vice President

*As per above statement,  
waiver of automobile liability  
insurance requirement is  
being granted*

*G. Fitzgibbon  
Rel. Manager  
10.3.08*

26460 Summit Circle  
Canyon Country, Ca  
91350

PHONE (661) 254-6630  
FAX (661) 254-6644

City and County of San Francisco  
Office of Contract Administration  
Purchasing Division

Fourth Amendment

THIS AMENDMENT (this "Amendment") is made as of **December 1, 2010**, in San Francisco, California, by and between **Fort Help, LLC** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"); acting by and through its Director of the Office of Contract Administration.

RECITALS

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to increase the contract amount, and update standard contractual clauses;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved contract number **4152-09/10 on 6/21/10**;

NOW, THEREFORE, Contractor and the City agree as follows:

1. **Definitions.** The following definitions shall apply to this Amendment:

1a. **Agreement.** The term "Agreement" shall mean the Agreement dated **September 1, 2008** from the **RFP 6-2008 dated March 13, 2008**, Contract Numbers **BPHM09000040** and **DPHM09000322** between Contractor and City, as amended by the:

First amendment dated April 3, 2009 Contract Number **DPHM09000322**

Second amendment dated July 1, 2009 Contract Numbers **BPHM10000041** and **DPHM10000326**

Third amendment dated July 1, 2010 Contract Numbers **DPHM11000185** and this Four amendment.

1b. **Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

2. **Modifications to the Agreement.** The Agreement is hereby modified as follows:

2a. **Section 2 of the Agreement currently reads as follows:**

2. Term of the Agreement

Subject to Section 1, the term of this Agreement shall be from September 1, 2008 through December 31, 2011.

Such Section is hereby amended in its entirety to read as follows:

2. Term of the Agreement

Subject to Section 1, the term of this Agreement shall be from September 1, 2008 through December 31, 2012.

2b. **Section 5 of the Agreement currently reads as follows:**

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Two Million One Hundred Seventeen Thousand Three Hundred Thirty Three Dollars (\$2,117,333)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

Such section is hereby amended in its entirety to read as follows:

5 Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Four Million Seven Hundred Nineteen Thousand Seven Hundred Thirty Three Dollars (\$4,719,733)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

2.c Appendix A-1 dated 9/30/10 (i.e., September 30, 2010) for FY 10-11 is hereby added.

2.d Appendices B and B-1 dated 12/21/10 (i.e., December 21, 2010) for FY 10-11 are hereby added.

3. **Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and the date of this Amendment.

4. **Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

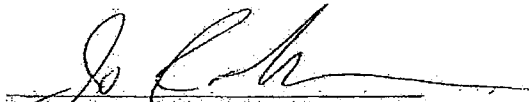
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.


CITY

CONTRACTOR

Recommended by:

Fort Help, LLC

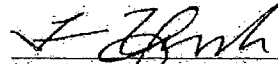
  
MITCHELL H. KATZ, M.D.  
Director of Health  
Department of Public Health

  
STAN SHARMA  
Executive Director  
26460 Summit Circle  
Santa Clarita, CA 91350

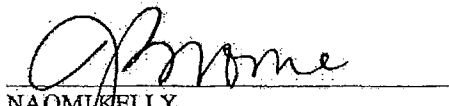
City vendor number: 74019

Approved as to Form:

Dennis J. Herrera  
City Attorney

By:  1/18/11  
TERENCE HOWZELL  
Deputy City Attorney

Approved:

  
NAOMI KELLY  
Director of the Office of Contract Administration, and  
Purchaser

RECEIVED  
PURCHASING DEPARTMENT  
11 JAN 31 PM 1:49

**Fort Help LLC  
Methadone Program**

**Appendix A-1  
Contract Term  
07/01/10 through 06/30/11**

2010-2011 (CBHS only)

1. **Program Name:** Fort Help LLC  
**Program Address:** 915 Bryant Street  
**City, State, Zip Code:** San Francisco, CA 94103  
**Telephone ( 415 )** 777-9953  
**Facsimile ( 415 )** 777-4717

2. **Nature of Document (select one)**

New     **Renewal**     **Modification**

3. **Goal Statement**

The primary goal of this program is to reduce the impact of substance abuse and addiction by counseling and maintain heroin and other opiate users with Methadone and other Opiate Replacement therapies as a substitution treatment for the street based drugs.

4. **Target Population**

The target population to be served by this contract is residents of San Francisco and surrounding areas who are abusing, addicted or at risk of using opioids. Priority will be given to pregnant women, elders, the disabled and intravenous opioid users (due to high-risk of infection and contagion). The target population of opioid and at-risk opioid users include potential patients who have co-occurring mental disorders and fall in the following categories (not comprehensive): youth to adult, all genders and sexual orientation, every family states and any ethnic or national background.

5. **Methodology**

Methadone Program	B	C	D
(UOS) Description	Units of Service	Number Clients	Unduplicated
Daily Dose - Methadone 224 slots X 365 days/year = 81,578	81,578	224	224
Individual Counseling @ 10 Min 224 slots X 5 10 min counseling increments / month X 12 months = 13,410	13,410	224	224
Total UOS Delivered	94,988	224	224
Total UDC Served 224 slots X 1 treatment cycle annually = 224			224

The unit of service definitions for NTPs are based on California Code of Regulations (CCR) Title 9, Narcotic Treatment Protocols, and Title 22, Medi-Cal Protocols. One unit of service for a Narcotic Treatment Program is defined as either one dose of methadone or LAAM (either for clinic consumption or take-home) or one 10 minute period of face-to-face individual or group counseling to include assessment, treatment planning, collateral counseling to family and friends, medication review, and crisis intervention. Groups must be 4-10 members in size. For Medi-Cal reimbursement, the standards for service delivery specify daily dosing and five units of counseling per month in maintenance programs.

2010-2011 (CBHS only)

**A. Briefly describe how your program conducts outreach, recruitment, promotion, and a advertisement.**

Fort Help conducts outreach, recruitment, promotion, and advertisement at needle exchange sites, homeless shelters, free medical clinics, and other providers who serve our target population. For Help maintains a website and is listed as a provider in various community referral networks.

**B. Briefly describe your program's admission, enrollment and/or intake criteria and process where applicable.**

Clients will be assessed at Fort Help by counseling and medical staff during an intake and admission process to determine eligibility for opiate replacement therapy. Clients will complete program application, drug use history, physical exam, and screens for TB and RPR. Clients who meet Federal, State and medical requirements, will receive an initial dose of methadone, as specified by Title IX regulations.

Following the initial dose, clients will receive daily dosing at 915 Bryant, as well as counseling at a level of 50 minutes per month (counseling may be waived at the Physician's discretion). The assessment for fitness of Methadone treatment will include a medical exam for this specific purpose.

An initial treatment plan will be developed by the counseling staff and approved by the medical director in the first 28 days. Patients will receive counseling as prescribed by the plan. Urinalysis will screen for drugs at least monthly. The medical director will evaluate each patient dosing needs. Treatment plans will be developed every three months with an annual assessment for continuation of treatment. Referrals for psychotherapy or medical needs will be provided as determined by the physician.

**C. Briefly describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.**

Fort Help Clinic is open daily for dosing. Qualified patients are given take homes for State approved holidays. Dosing hours: Mon-Fri 6:30am-9am, 11am-12:30pm; Sat-Sun & Holidays 8:30am-10:30am.

Fort Help clinic at 915 Bryant provides counseling to patients as deemed medically necessary, but at least 50 minutes/month (unless waived by physician).

Counselors provide individualized Treatment Plans quarterly and Annual Reviews, which are approved by the medical director. The medical director oversees the dose level of all patients.

**D. Briefly describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.**

2010-2011 (CBHS only)

With clean urinalysis and continuous time in treatment, as specified by Title IX, patients can earn take home privileges, reducing their visits to the clinic for medication.

Under the supervision of medical and counseling staff, stable patients may elect to detox off of Methadone entirely. Voluntary termination is supervised by the physician. For many patients, maintaining on Methadone constitutes success.

The clinic provides after-care for clients who are no longer dosing. Discharge criteria are discussed with patients upon entry to the program and annually thereafter. Involuntary termination may be based on patients' unwillingness to abide by clinic rules and regulations.

E. **Briefly describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.**

The programs' staffing includes nurses, drug addiction counselors, administration staff, clerical staff, physicians, managers, and housekeeping staff. Currently there is a Medical Doctor, clinical supervisor, two nurses (RNS) dispensary nurses (3); and 5 counselors.

6. **Objectives and Measurements**

Fort Help participates in the CalOMS project which measures a multiple of objectives at admission and annually. The CalOMS tools matches those of the ASI and measures among others: employment, judicial system contact, drugs of abuse, prior history & length in treatment. The outcome measures provide means to objectify treatment delivery.

**Objective A.1: Reduced Psychiatric Symptoms**

A.1.a The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

**Objective A.2: Reduce Substance Use**

A.2.a.(ii) Methadone Objective – 70 % of client admitted into methadone treatment will still be in methadone treatment and stay in treatment for 12 months after admission.

A.2.b Substance Abuse Outpatient Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program for 60 days or longer. For Substance Abuse Residential Treatment Providers, this will be measured from admission to discharge for clients who remain in the program for 30 days or longer.

A.2.c Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer.

**Objective A.3: Increase Stable Living Environment**



2010-2011 (CBHS only)

- A.3.a 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

**Objective F.1: Health Disparity in African Americans**

**F.1.a Metabolic and health screening**

Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

**F.1.b Primary Care provider and health care information**

All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

*The new Avatar system will allow electronic documentation of such information.*

**F.1.c Active engagement with primary care provider**

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

**Objective G.1: Alcohol Use/Dependency**

- G.1.a For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

*Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.*

- G.1.b All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

**Objective H.1: Planning for Performance Objective FY 2011-2012**

- H.1.a Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. *System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.*

- H.1.b Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. *Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.*

**7. Continuous Quality Improvement**

Fort Help is licensed to provide services by the Department of Alcohol and Drug Treatment and

**Fort Help LLC  
Methadone Program**

**Appendix A-1  
Contract Term  
07 / 01 / 10 through 06 / 30 / 11**

**2010-2011 (CBHS only)**

is compliant with all licensing requirements and subject to annual inspections. Fort Help is accredited by the Council of Accreditation and is subject to surveys every 39 months. For Help staff receive comprehensive reviews every 24 months. Fort Help clients participate in Client Satisfaction surveys annually which the staff reviews. Internally, For Help LLC has a quality assurance or quality control committee which audits each of the clinics, overseeing staff procedures, auditing client mental health/medical charts, etc. As part of this process, the clinic conducts client surveys monitoring client satisfaction. At the substance abuse clinics, clients fill out a CalOMS (California Outcomes and Measurements System) form at intake and upon discharge; the data gathered from this 3 page form is then submitted to CalOMS and generates an outcome report that shows race, ethnicity, and changes in drug use and functioning, for example: frequency, type of drug, change in living situation, reduction in family conflict, etc.

Internal customer satisfaction data collected in 2009, revealed the following: 93% of clients said staff was available when they needed them, 95% of clients said that they are greeted in a friendly way when they come in, 90% of clients said they were aware of the medical services available, 78% of clients said they were aware that psychiatric services were available, 80% of clients said counselors mad appropriate referrals to them when needed, 80% of clients said they needed medical service, 93% of clients said the treatment services were explained to them, 60% of clients said they received a follow-up call from staff within the last 6 months, and 92% of clients said the staff is friendly.

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**Appendix B**  
**Calculation of Charges**

**I. Method of Payment**

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds, "General Fund Appendixes" shall mean all those Appendixes, which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the Appendixes cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1: Methadone Maintenance

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Four Million Seven Hundred Nineteen Thousand Seven Hundred Thirty Three Dollars (\$4,719,733) for the period September 1, 2008 through December 31, 2012.**

CONTRACTOR understands that, of this maximum dollar obligation, **\$446,400** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

September 1, 2008 through June 30, 2009	\$553,333
July 1, 2009 through June 30, 2010	\$920,000
July 1, 2010 through June 30, 2011	\$1,120,000
July 1, 2011 through June 30, 2012	\$1,120,000
July 1, 2012 through December 31, 2012	<u>\$560,000</u>
Total September 1, 2008 through December 31, 2012	\$4,273,333

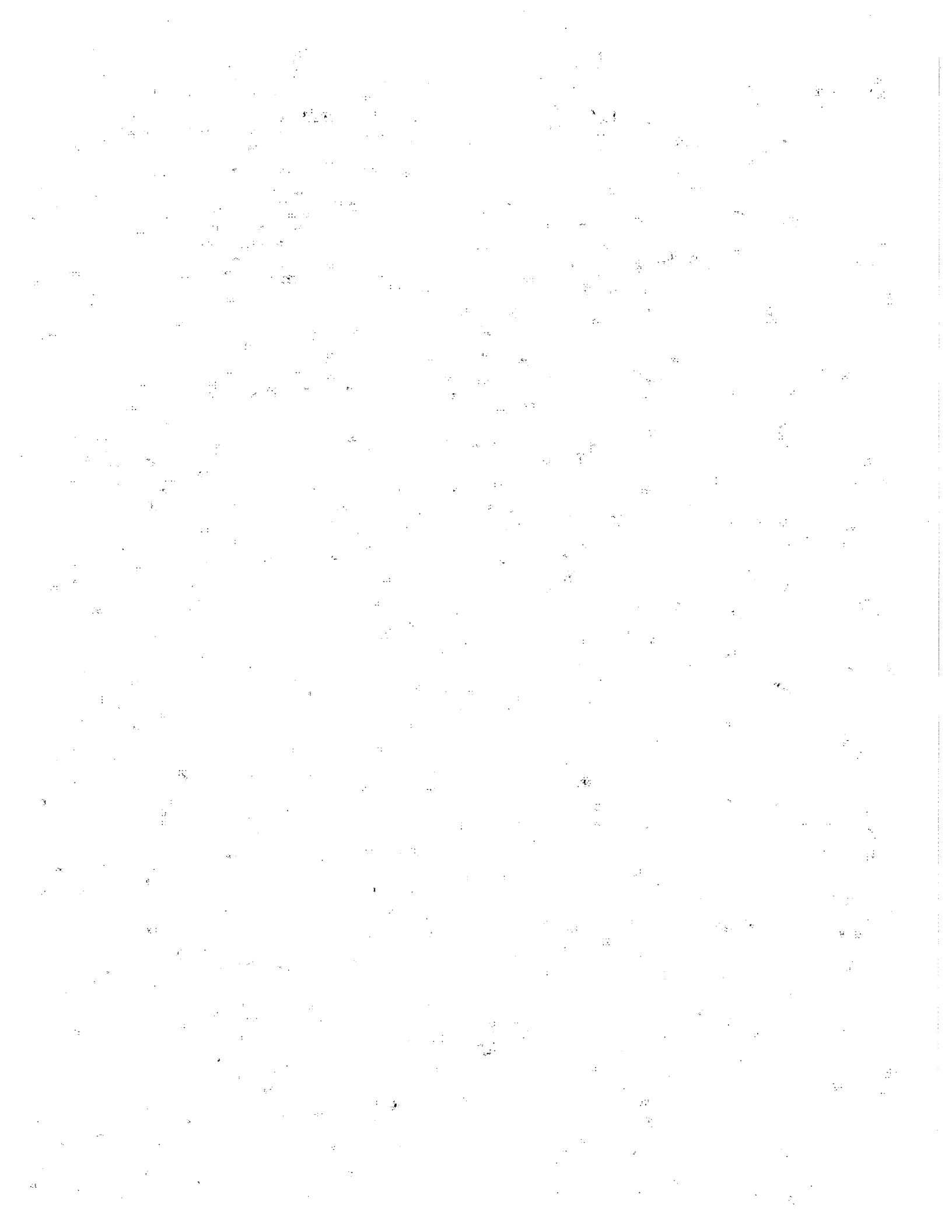
(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.



DPH Department of Public Health Contract Budget Summary

CONTRACT TYPE: <b>Renewal</b>		APPENDIX: <b>B</b>	
If modification, Effective Date of Mod.:		# of Mod:	
LEGAL ENTITY NUMBER:		DOCUMENT DATE: <b>12/21/10</b>	
LEGAL ENTITY/CONTRACTOR NAME: <b>Fort Help, LLC</b>		VENDOR ID (DPH USE ONLY): <b>74019</b>	
APPENDIX NUMBER	B-1		
PROVIDER NUMBER			
PROVIDER NAME	Fort Help Methadone Maintenance		<b>TOTAL</b>
CBHS FUNDING TERM	7/1/10-6/30/11		
<b>FUNDING USES</b>			
SALARIES & EMPLOYEE BENEFITS	822,525		822,525
OPERATING EXPENSE	297,475		297,475
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	1,120,000		1,120,000
INDIRECT COST AMOUNT	-		-
INDIRECT %	0%		0%
<b>TOTAL FUNDING USES</b>	<b>1,120,000</b>		<b>1,120,000</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
FEDERAL REVENUES			
STATE REVENUES			
GRANTS			
PRIOR YEAR ROLL OVER			
WORK ORDERS			
3RD PARTY PAYOR REVENUES			
REALIGNMENT FUNDS			
COUNTY GENERAL FUND			
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
FEDERAL REVENUES			
Drug Medi-Cal #93.776	HMHS00RES227	1,100,000	1,100,000
STATE REVENUES			
GRANTS/PROJECTS			
WORK ORDERS			
3RD PARTY PAYOR REVENUES			
COUNTY GENERAL FUND	HMHS00RES227	20,000	20,000
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>1,120,000</b>	<b>1,120,000</b>
<b>TOTAL DPH REVENUES</b>		<b>1,120,000</b>	<b>1,120,000</b>
NON-DPH REVENUES			
<b>TOTAL NON-DPH REVENUES</b>			
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>		<b>1,120,000</b>	<b>1,120,000</b>

Prepared by/Phone #: PRAMESH P SHARMA 661-254-6630



DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR	2010-2011		APPENDIX #:	B-1
LEGAL ENTITY NAME	Fort Help, LLC		DOCUMENT DATE:	12/21/10
PROVIDER NAME	Fort Help Methadone Maintenance		PROVIDER #:	
REPORTING UNIT NAME	Fort Help MM	Fort Help MM		
REPORTING UNIT	38364	38364		
MODE OF SVCS / SERVICE FUNCTION CODE	NTP-4B	NTP-4B		
SERVICE DESCRIPTION	SA-Narcotic Tx Narc Replacement Therapy - All Svcs (Dosing)	SA-Narcotic Tx Narc Replacement Therapy - All Svcs (Individual Counseling)		TOTAL
CBHS FUNDING TERM	7/1/10-6/30/11	7/1/10-6/30/11		
<b>FUNDING USES</b>				
SALARIES & EMPLOYEE BENEFITS	689,568	182,957		822,525
OPERATING EXPENSE	249,889	48,086		297,475
CAPITAL OUTLAY (COST \$5,000 AND OVER)				
SUBTOTAL DIRECT COSTS	938,957	181,043		1,120,000
INDIRECT COST AMOUNT				
INDIRECT %	0%	0%		0%
<b>TOTAL FUNDING USES</b>	<b>938,957</b>	<b>181,043</b>		<b>1,120,000</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>				
FEDERAL REVENUES				
STATE REVENUES				
GRANTS				
PRIOR YEAR ROLL OVER				
WORK ORDERS				
3RD PARTY PAYOR REVENUES				
REALIGNMENT FUNDS				
COUNTY GENERAL FUND				
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>				
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>				
FEDERAL REVENUES				
Drug Med-Cal #93,778	HMHSOCRES227	922,190	177,810	1,100,000
STATE REVENUES				
GRANTS/PROJECTS				
WORK ORDERS				
3RD PARTY PAYOR REVENUES				
COUNTY GENERAL FUND	HMHSOCRES227	16,767	3,233	20,000
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>938,957</b>	<b>181,043</b>		<b>1,120,000</b>
<b>TOTAL DPH REVENUES</b>	<b>938,957</b>	<b>181,043</b>		<b>1,120,000</b>
NON-DPH REVENUES				
<b>TOTAL NON-DPH REVENUES</b>				
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>938,957</b>	<b>181,043</b>		<b>1,120,000</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>				
UNITS OF SERVICE <sup>1</sup>	81,578	13,410		
UNITS OF TIME <sup>2</sup>				
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	11.51	13.50		
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	11.51	13.50		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)				
UNDUPLICATED CLIENTS	224	224		

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

**DPH 3: Salaries & Benefits Detail**

Provider Number: \_\_\_\_\_

Provider Name: **Fort Help Methadone Maintenance**

Appendix #: **B-1**

Document Date: **12/21/10**

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	Term: 7/1/10-6/30/11		Term: 7/1/10-6/30/11		Term: _____		Term: _____		Term: _____		Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
MD	1.00	84,500	1.00	84,500								
RN	1.00	55,250	1.00	55,250								
LVN 2	1.00	39,000	1.00	39,000								
LVN 3	1.00	48,000	1.00	48,000								
Counselor 1	1.00	48,000	1.00	48,000								
Counselor 2	1.00	48,000	1.00	48,000								
Counselor 3	1.00	48,000	1.00	48,000								
Counselor 4	1.00	48,000	1.00	48,000								
Counselor 5	1.00	48,000	1.00	48,000								
Counselor 6	1.00	48,000	1.00	48,000								
Clerk 1	1.00	36,000	1.00	36,000								
Clerk 2	1.00	36,000	1.00	36,000								
Billing Clerk	1.00	24,000	1.00	24,000								
Program Director	1.00	52,000	1.00	52,000								
CEO	1.00	73,000	1.00	73,000								
CFP	1.00	12,000	1.00	12,000								
<b>TOTALS</b>	<b>16.00</b>	<b>747,750</b>	<b>16.00</b>	<b>747,750</b>								

EMPLOYEE FRINGE BENEFITS      10% 74,775      10% 74,775      -      -      -      -

**TOTAL SALARIES & BENEFITS**      **822,525**      **822,525**      -      -      -      -

**DPH 4: Operating Expenses Detail**

Provider Number: \_\_\_\_\_  
 Provider Name: **Fort Help Methadone Maintenance**

Appendix #: **B-1**  
 Document Date: **12/21/10**

Expenditure Category:	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: _____ (grant title):	GRANT #2: _____ (grant title):	WORK ORDER #1: _____ (dept. name):	WORK ORDER #2: _____ (dept. name):
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	126,000	126,000				
Utilities(Elec, Water, Gas, Phone, Scavenger)	5,500	5,500				
Office Supplies, Postage	23,975	23,975				
Building Maintenance Supplies and Repair	12,000	12,000				
Printing and Reproduction	5,000	5,000				
Insurance	15,000	15,000				
Staff Training	5,000	5,000				
Staff Travel-(Local & Out of Town)	-	-				
Rental of Equipment	-	-				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Medical Supplies	8,000	8,000				
License Fees	20,000	20,000				
Communication	4,000	4,000				
Methadone Supply	35,000	35,000				
Lab Test	20,000	20,000				
Property Tax	18,000	18,000				
<b>TOTAL OPERATING EXPENSE</b>	<b>297,475</b>	<b>297,475</b>				

**Appendix F**

**Invoice**



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
 PAGE A

Control Number

Contractor: Fort Help LLC

Address: 26460 Summit Circle, Santa Clarita, CA 91350-2991

Tel No.: (661) 254-8630  
 Fax No.: (661) 254-8644

Funding Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S01 JL 0

Cl. Blanket No.: BPHM: TBD

Ct. PQ No.: POHM: TBD

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
-----------------------------------	------------------------------	-----------------------------------	-------------------------------	------------------------	------------------------------------

\*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
<b>B-1 Fort Help Methadone Maintenance RU# 38364</b>												
NTP-48 SA-Narcotic TX Narc	81,577				\$ 11.51	\$ -	0.000		0.00%		81,577.000	\$ 938,951.27
Replacement Therapy-All Svcs (Dosing)												
NTP-48 SA-Narcotic TX Narc	13,410				\$ 13.50	\$ -	0.000		0.00%		13,410.000	\$ 181,035.00
Replacement Therapy-All Svcs (Individual Counseling)												
<b>TOTAL</b>	<b>94,987</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>94,987.000</b>	<b>\$ 1,119,986.27</b>

SUBTOTAL AMOUNT DUE \$ -  
 Less: Initial Payment Recovery  
 (For DPH Use) Other Adjustments  
**NET REIMBURSEMENT \$ -**

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

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

Title: \_\_\_\_\_

Send to:  
 DPH Fiscal/Invoice Processing  
 1380 Howard St. - 4th Floor  
 San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: KB  
FORTH-1DATE (MM/DD/YYYY)  
10/14/10

<b>PRODUCER</b> Blue Horizon Insurance Service License# 0E83617 5360 Jackson Drive, Suite 220 La Mesa CA 91942 Phone: 619-461-6022 Fax: 619-461-2456	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.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: Admiral Insurance Company	
	INSURER B:	
	INSURER C:	
INSURER D:		
INSURER E:		

## INSURED

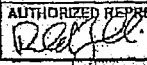
Fort Help, LLC  
 Pramesh Sharma  
 915 Bryant Street  
 San Francisco CA 94103

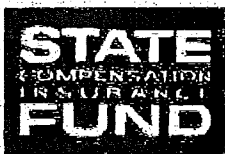
## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CO00000102704	10/10/10	10/10/11	EACH OCCURRENCE \$ 100000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 300000 PRODUCTS - COM/OP AGG \$ Excluded
	<b>AUTOMOBILE LIABILITY</b> <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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE: RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab	CO00000102704 10/10/07 RETRO DATE	10/10/10	10/10/11	Each Clm \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 \*10 Day Notice of Cancellation in the Event of Non-Payment of Premium.  
 City and County of San Francisco, its officers, agents and employees are Named as Additional insured with respects to insureds operations.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
SANFRAN  City & County of San Francisco Department of Public Health 101 Grove Street, Room 307 San Francisco CA 94102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 



P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 08-06-2010

GROUP: 000488  
POLICY NUMBER: 0001580-2010  
CERTIFICATE ID: 2  
CERTIFICATE EXPIRES: 08-06-2011  
08-06-2010/08-06-2011

CITY & COUNTY OF SAN FRANCISCO  
DEPARTMENT PUBLIC HEALTH  
1380 HOWARD ST FL 3  
SAN FRANCISCO, CA 94103-2850

NA

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions of such policy.

*James Neary*  
Authorized Representative

*Douglas V Stewart*  
Interim President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1901 - SHARNA, SEANJAY - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 11-09-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

FORT HELP, LLC  
PO BOX 801808  
VALENCIA CA 91380

NA



Policy Number: CO000001027-04

AE 06 54 02 95

Effective Date: 10/10/2010

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED  
ENDORSEMENT**

In consideration of the premium charged, it is agreed that the following is added as an additional insured:

CITY & COUNTY OF SAN FRANCISCO, IT'S OFFICERS, AGENTS AND EMPLOYEES  
are recognized as Additional Insureds under General Liability coverage as respects to their contract agreement with the  
"Named Insured", subject to the policy limits, conditions and exclusions.

DEPARTMENT OF PUBLIC HEALTH  
101 GROVE STREET, ROOM 307  
SAN FRANCISCO, CA 94102

but only as respects liability arising out of the operations of the Named Insured.

**ALL OTHER PROVISIONS AND STIPULATIONS REMAIN UNCHANGED.**

Date of Issuance: 10/08/2010

**FORT HELP, LLC.**

Oct. 02, 2008

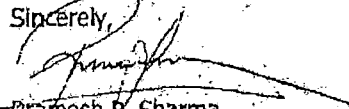
San Francisco Department of Public Health

Dear Ms. Yoshimi Salto,

Please be advised that at our Fort Help facility we do not own, lease or hire any vehicles. Therefore the insurance company cannot give us coverage for such items. In order for us to have coverage, according to the Insurance company, we must provide them with Vehicle Identification Numbers.

Because of the location of this facility, there is no need for our staff to use a vehicle. Public transportation is much more convenient for the staff to use should they need to conduct company business on company time.

Sincerely,

  
Pramesh P. Sharma  
Executive vice President

*As per above statement,  
waiver of automobile liability  
insurance requirement is  
now by granted.*

*E. Fitzgerald  
Fed. Manager*

*10-3-08*

26460 Summit Circle  
Canyon Country, Ca  
91350

PHONE (661) 254-6630  
FAX (661) 254-6644

City and County of San Francisco  
Office of Contract Administration  
Purchasing Division

Third Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2010, in San Francisco, California, by and between Fort Help, LLC ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to increase the contract amount, and update standard contractual clauses;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 2012-08/09 on May 18, 2009;

NOW, THEREFORE, Contractor and the City agree as follows:

1. **Definitions.** The following definitions shall apply to this Amendment:

1a. **Agreement.** The term "Agreement" shall mean the Agreement dated September 1, 2008 from the RFP 6-2008 dated March 13, 2008, Contract Numbers BPHM09000040 and DPHM09000322 between Contractor and City, as amended by the:

First amendment dated April 3, 2009 Contract Number DPHM09000322

Second amendment dated July 1, 2009 Contract Numbers BPHM10000041 and DPHM10000326 and this Third amendment.

1b. **Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

2. **Modifications to the Agreement.** The Agreement is hereby modified as follows:

2a. **Section 5: Compensation of the Agreement** currently reads as follows:

5. **Compensation**

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **One Million Seven Hundred Seventeen Thousand Three Hundred Thirty Three Dollars (\$1,717,333)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

Such section is hereby amended in its entirety to read as follows:

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Two Million One Hundred Seventeen Thousand Three Hundred Thirty Three Dollars (\$2,117,333)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

2b. **Submitting False Claims; Monetary Penalties.** Section 8 is hereby replaced in its entirety to read as follows:

Section 8. Submitting False Claims; Monetary Penalties.

Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

2c. **Requiring Minimum Compensation for Covered Employees.** Section 43 is hereby replaced in its entirety to read as follows:

Section 43. Requiring Minimum Compensation for Covered Employees

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at [www.sfgov.org/olse/mco](http://www.sfgov.org/olse/mco). A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the

MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

**2d. Requiring Health Benefits for Covered Employees:** Section 44 is hereby replaced in its entirety to read as follows:

**44. Requiring Health Benefits for Covered Employees.**

Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at [www.sfgov.org/olse](http://www.sfgov.org/olse). Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission.

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot

reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

l. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

2e. Attached hereto and incorporated by reference is Appendix B dated 7/1/10 (i.e., July 1, 2010).

2f. Attached hereto and incorporated by reference is Appendix E dated 5/10/2010 (i.e., May 10, 2010).

3. **Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after July 1, 2010.

4. **Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

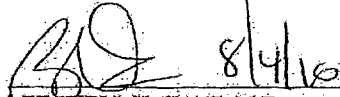
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

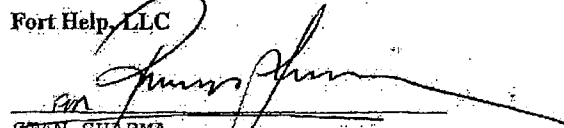
CITY

CONTRACTOR

Recommended by:

Fort Help, LLC


  
MITCHELL H. KATZ, M.D.  
Director of Health  
Department of Public Health

  
STAN SHARMA  
Executive Director  
26460 Summit Circle  
Santa Clarita, CA 91350

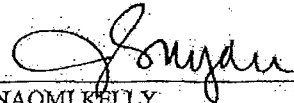
City vendor number: 74019

Approved as to Form:

Dennis J. Herrera  
City Attorney

By:   
TERENCE HOWZELL  
Deputy City Attorney

Approved:

  
NAOMI KELLY  
Director of the Office of Contract Administration, and  
Purchaser

**Appendix B**  
**Calculation of Charges**

**I. Method of Payment**

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendixes" shall mean all those Appendixes, which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix E, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the Appendixes cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice:

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."



2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1: Methadone Maintenance

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Two Million One Hundred Seventeen Thousand Three Hundred Thirty Three Dollars (\$2,117,333)** for the period **September 1, 2008 through December 31, 2010.**

CONTRACTOR understands that, of this maximum dollar obligation, **\$184,000** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

September 1, 2008 through June 30, 2009	\$553,333
July 1, 2009 through June 30, 2010	\$920,000
July 1, 2010 through December 31, 2010	<u>\$ 460,000</u>
Total September 1, 2008 through December 31, 2010	<u>\$1,933,333</u>

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR acknowledges and agrees that the Appendix B consists of CONTRACTOR'S Fiscal Year 2009/10 Appendix B Contract Budget Summary By Program dated December 18, 2009 as:

accepted and approved by the CITY for Fiscal Year 2010/11, shall also constitute the Appendix B under the terms of this Agreement. CONTRACTOR agrees that all dates in the Appendix B referring to dates in Fiscal Year 2009/10 shall, for the purposes of this Agreement only, be construed to refer to Fiscal Year 2010/11.

(5) CONTRACTOR agrees to comply with the Program Budget for Fiscal Year 2009/10 as shown in Appendix B in the provision of SERVICES. Changes to the Budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provision of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

(6) CONTRACTOR understands that the CITY may also need to adjust Appendix B, encumbrances of funds and related payments to CONTRACTOR in order to comply with the CITY'S Fiscal Year 2009/10 budget and sources of revenue, according to written notification provided to CONTRACTOR in Fiscal Year 2010/11 award letters by the CITY.

(7) CONTRACTOR understands and agrees to any reasonable adjustments to dates and amounts the CITY may make to Appendix B in order to facilitate the administration of federal and state grants or monies in compliance with the CITY'S Fiscal Year 2010/11 budget and sources of revenue.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

## Appendix E

### BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

---

#### RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

In consideration of the mutual promises below and the exchange of information pursuant to this Addendum, the parties agree as follows:

#### 1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.
- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- h. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
- k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
- l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- m. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).

2. **Obligations of Business Associate**

- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
- b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses

Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable *written* assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931].
- e. **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(i)(C); 45 C.F.R. Section 164.308(b)].
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection

and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).

- h.* **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i.* **Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph *h* shall survive the termination of this Agreement.
- j.* **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with the

Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

- k. **Minimum Necessary.** BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- l. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- m. **Business Associate's Insurance.** BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.
- n. **Notification of Breach.** During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p. **Audits, Inspection and Enforcement.** Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies, and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms

mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

### 3. Termination

- a. **Material Breach.** A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract; any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the Contract, effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. **Effect of Termination.** Upon termination of the Contract for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA or its agents or subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections of Section 2 of this Addendum to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible [45 C.F.R. Section 164.504(e)(ii)(2)(I)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed.

### 4. Limitation of Liability

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

### 5. Disclaimer

CE makes no warranty or representation that compliance by BA with this Addendum, HIPAA, the HITECH Act, or the HIPAA Regulations will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.



## 6. Certification

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

## 7. Amendment

- a. **Amendment to Comply with Law.** The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Contract or Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Contract upon thirty (30) calendar days written notice in the event (i) BA does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this Section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

## 8. Assistance in Litigation or Administrative Proceedings

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

## 9. No Third-Party Beneficiaries

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

## 10. Effect on Contract

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

## **11. Interpretation**

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

## **12. Replaces and Supersedes Previous Business Associate Addendums or Agreements**

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
 PAGE A

Control Number  
 \_\_\_\_\_

Contractor: Fort Help LLC  
 Address: 26460 Summit Circle, Santa Clarita, CA 91350-2991  
 Tel No.: (661) 254-6830  
 Fax No.: (661) 254-6844  
 Contract Term: 07/01/2010 - 12/31/2010  
 PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S01 JL 0  
 Cl. Blanket No.: BPHM TBD  
 Cl. PO No.: POHM TBD  
 Fund Source: General Fund  
 Invoice Period: July 2010  
 Final Invoice: (Check if Yes)  
 ACE Control Number:

Unduplicated Clients for Exhibit	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

\*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Rapig. Unit Modality/Mode # - Svc Func (priority)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 Methadone Maintenance												
Daily Dosing	35,201				\$ 11.34	\$	0.000		0.00%		35,201.000	\$ 399,179.34
Individual Counseling	4,573				\$ 13.30	\$	0.000		0.00%		4,573.000	60,820.90
<b>TOTAL</b>	39,774		0.000				0.000		0.00%		39,774.000	\$ 460,000.24

SUBTOTAL AMOUNT DUE \$  
 Less: Initial Payment Recovery  
 (For DPH Use) Other Adjustments  
**NET REIMBURSEMENT \$**

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

Send to:  
 DPH Fiscal/Invoice Processing  
 1380 Howard St. - 4th Floor  
 San Francisco, CA 94103

DPH Authorization for Payment:  
 \_\_\_\_\_  
 Authorized Signatory Date

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/13/2009

**PRODUCER**  
BB&T-John Burnham Ins Services  
750 B Street Suite 2400  
San Diego, CA 92101  
619 231-1010

**INSURED**  
Fort Help LLC  
P.O. Box 801809  
Valencia, CA 91380

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Admiral Insurance Company	24856
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L TR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS								
A		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CO0000102703	10/10/2009	10/10/2010	EACH OCCURRENCE \$1,000,000* DAMAGE TO RENTED PREMISES (Ex occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$3,000,000* PRODUCTS - COMP/OP AGG \$								
		<b>AUTOMOBILE LIABILITY</b> <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 (Ex accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EL EACH ACCIDENT	\$	EL DISEASE - EA EMPLOYEE	\$	EL DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
EL EACH ACCIDENT	\$													
EL DISEASE - EA EMPLOYEE	\$													
EL DISEASE - POLICY LIMIT	\$													
A		<b>OTHER Commercial Professional Liab</b>	CO0000102703	10/10/2009	10/10/2010	1,000,000* Per Occ 3,000,000* Aggregate								

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate applies to all policy limits, conditions and exclusions.  
 Professional Liability and General Liability Shared Limits\* - Methadone Clinic \$2,500 Ded per claim (including claim expenses) \$1,000,000 Any One Occurrence Cov I and Cov II; \$3,000,000 Aggregate.  
 Retro Date 10/10/2007 Co-ins%: 0  
 (See Attached Descriptions)

## CERTIFICATE HOLDER

City and County of San Francisco  
 Department of Public Health  
 101 Grove Street, Room 307  
 San Francisco, CA 94102

## CANCELLATION 10 Days for Non-Payment

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

AUTHORIZED REPRESENTATIVE

Malia Gagnon, Account Manager

Policy Number: CO000001027-03

AE 06 54 02 95

Effective Date: 10/10/2009

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED  
ENDORSEMENT**

In consideration of the premium charged, it is agreed that the following is added as an additional insured:

CITY & COUNTY OF SAN FRANCISCO, IT'S OFFICERS, AGENTS AND EMPLOYEES  
are recognized as Additional Insureds under General Liability coverage as respects to their contract agreement with the  
"Named Insured", subject to the policy limits, conditions and exclusions

DEPARTMENT OF PUBLIC HEALTH  
101 GROVE STREET, ROOM 307  
SAN FRANCISCO, CA 94102

but only as respects liability arising out of the operations of the Named Insured.

ALL OTHER PROVISIONS AND STIPULATIONS REMAIN UNCHANGED

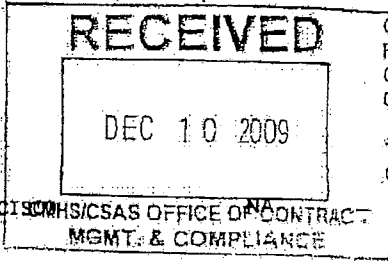
Date of Issuance: 10/10/2008

**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 11-09-2009



GROUP: 000488  
POLICY NUMBER: 0001550-2009  
CERTIFICATE ID: 2  
CERTIFICATE EXPIRES: 08-06-2010  
08-06-2009/08-06-2010  
THIS CERTIFICATE SUPERSEDES AND CORRECTS  
CERTIFICATE # 1 DATED 08-10-2009

CITY & COUNTY OF SAN FRANCISCO  
DEPARTMENT PUBLIC HEALTH  
1380 HOWARD ST FL 3  
SAN FRANCISCO CA 94103-2650

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

*James Neary*  
AUTHORIZED REPRESENTATIVE

*Janet Frank*  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1901 - SHARMA, SEANJAY - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 11-09-2009 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

FORT HELP, LLC  
PO BOX 801809  
VALENCIA CA 91380

NA

[SGM,CS]

PRINTED : 11-09-2009

Appendix C - Insurance Waiver Approval

**FORT HELP, LLC.**

June 15, 2009


San Francisco Department of Public Health

Dear Ms. Alicia Neumann,

Please be advised that at our Fort Help facility, we do not own, lease or hire any vehicles. Therefore the insurance company cannot give us coverage for such items. In order for us to have coverage, according to the insurance company, we must provide them with Vehicle Identification Numbers.

Because of the location of this facility, there is no need for our staff to use a vehicle. Public transportation is much more convenient for the staff to use should they need to conduct company business on company time.

Sincerely,

  
Pramesh P. Sharma  
Executive Vice President

*Waiver of automobile liability  
insurance is hereby granted.*

*G. J. [Signature]  
Rich [Signature]  
9-9-09*

26460 Summit Circle  
Canyon Country, Ca  
91350

PHONE (661) 254-6630  
FAX (661) 254-6644

**City and County of San Francisco  
Office of Contract Administration  
Purchasing Division**

**Second Amendment**

THIS AMENDMENT (this "Amendment") is made as of July 1, 2009, in San Francisco, California, by and between Fort Help, LLC ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to update Section 45, First Source Hiring Program; Section 15, Insurance; Appendix A, Description of Services to be Provided; Appendix B, Calculation of Charges; and Appendix C, Insurance Waiver;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 2013-04/05 on June 6, 2005, and 2012-08/09 on May 18, 2009 and July 6, 2009;

NOW, THEREFORE, Contractor and the City agree as follows:

1. **Definitions.** The following definitions shall apply to this Amendment:

a. **Agreement.** The term "Agreement" shall mean the Agreement dated September 1, 2008 from RFP 6-2008 dated March 13, 2008, Contract Numbers BPHM10000041, BPHM09000040 and DPH09000322 between Contractor and City, as amended by the First Amendment dated April 3, 2009 and this Second Amendment.

The following items, as established in the Agreement, are included for reference purposes only:

i. **Term of the Agreement.** The term of the Agreement shall be from September 1, 2008 to December 31, 2010. The City shall have the sole discretion to exercise the following options pursuant to RFP# 6-2008 dated March 13, 2008, to extend the Agreement term:

- Option 1: January 1, 2011 – June 30, 2011
- Option 2: July 1, 2012 – June 30, 2013
- Option 3: July 1, 2013 – June 30, 2014
- Option 4: July 1, 2014 – June 30, 2015
- Option 5: July 1, 2015 – June 30, 2016
- Option 6: July 1, 2016 – June 30, 2017

ii. **Compensation.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of the Agreement; that the **Director of the Public Health Department**, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **One Million Seven Hundred Seventeen Thousand Three Hundred Thirty-Three Dollars (\$1,717,333)**. The breakdown of costs associated with the Agreement appears in Appendix



B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **The Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

b. **Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

2. **Modifications to the Agreement.** The Agreement is hereby modified as follows:

a. **Appendix A-1.** Appendix A-1 of the First Amendment dated 4/2/2009 is hereby deleted and the following A-1 dated 9/10/2009 is added, substituted, and incorporated by reference.

b. **Appendices B and B-1.** Appendices B and B-1 dated 2/26/2009 are hereby deleted and the following B and B-1 dated 9/10/2009 are added, substituted, and incorporated by reference.

c. **Appendix C.** Appendix C dated September 1, 3008 is hereby deleted and the following Appendix C dated 9/9/2009 is added, substituted, and incorporated by reference.

d. **First Source Hiring Program.** Section 45 is hereby replaced in its entirety to read as follows:

**45. First Source Hiring Program**

a. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapter 83 of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

b. **First Source Hiring Agreement.** As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

(1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs may be certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.

(2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.

(3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry level and training positions, identification of English language proficiency requirements, or absence thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.

(4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

(5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

(6) Set the term of the requirements.

(7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.

(8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.

(9) Require the developer to include notice of the requirements of this Chapter in leases,

subleases, and other occupancy contracts.

**c. Hiring Decisions.** Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.

**d. Exceptions.** Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.

**e. Liquidated Damages.** Contractor agrees:

(1) To be liable to the City for liquidated damages as provided in this section;

(2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;

(3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.

(4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;

(5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

A. The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and

B. In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

therefore, liquidated damages that total \$5,000 for first violations and \$10,000 for subsequent violations as determined by FSHA constitute a fair, reasonable, and conservative attempt to quantify the harm caused to the City by the failure of a contractor to comply with its first source referral contractual obligations.

(6) That the failure of contractors to comply with this Chapter, except property contractors, may be subject to the debarment and monetary penalties set forth in Sections 6.80 et seq. of the San Francisco Administrative Code, as well as any other remedies available under the contract or at law; and

Violation of the requirements of Chapter 83 is subject to an assessment of liquidated damages in the amount of \$5,000 for every new hire for an Entry Level Position improperly withheld from the first source hiring process. The assessment of liquidated damages and the evaluation of any defenses or mitigating factors shall be made by the FSHA.

f. **Subcontracts.** Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.

2d. **Insurance.** Section 15 is hereby replaced in its entirety to read as follows:

**15. Insurance**

a. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

(2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

(3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable. In consideration of deletion of the requirement for Automobile Liability Insurance CONTRACTOR hereby warrants that CONTRACTOR will use public transportation in the performance of these services.

(4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with professional services to be provided under this Agreement.

b. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

(1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

d. All policies shall provide thirty days' advance written notice to the City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section.

e. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

f. Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

g. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

h. Before commencing any operations under this Agreement, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement.

i. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

k. Any of the terms of conditions of this Section 15 may be waived by the City's Risk Manager in writing, and attached to this Agreement as Appendix C. Such waiver is fully incorporated herein. The waiver shall waive only the requirements that are expressly identified and waived, and under such terms and conditions as stated in the waiver.

3. **Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.

4. **Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

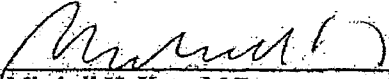
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

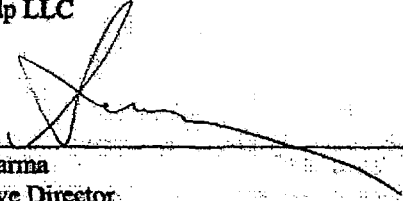
CONTRACTOR

Recommended by:

Fort Help LLC



Mitchell H. Katz, M.D.  
Director of Health



Stan Sharma  
Executive Director  
26460 Summit Circle  
Santa Clarita, CA91350

Approved as to Form:

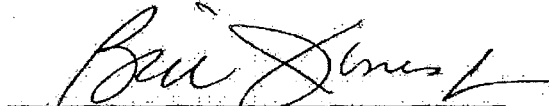
City vendor number: 74019

Dennis J. Herrera  
City Attorney

By:

  
Deputy City Attorney

Approved:

  
Naomi Kelly  
Director of the Office of Contract Administration,  
and Purchaser

Fort Help, LLC  
Methadone Maintenance  
General Fund, Drug Medi-Cal  
07/1/2009-06/30/2010

Appendix A  
Page 1 of 8

1. **Program Name: Fort Help LLC**  
**Program Address: 915 Bryant Street**  
**City, State, Zip Code: San Francisco, CA 94103**  
**Telephone: (415) 777-9953**  
**Facsimile: (415) 777-4717**

2. **Nature of Document**

New       Renewal       Modification

3. **Goal Statement**

The primary goal of this program is to reduce the impact of substance abuse and addiction by: Counseling and maintaining heroin and other opiate users with Methadone and other Opiate Replacement therapies as a substitution treatment for the street based drugs.

4. **Target Population**

The target population to be served by this contract is residents of San Francisco and surrounding areas who are abusing, addicted or at risk of using opiod. Priority will be given to pregnant women, elders, the disabled and intravenous opiod users (due to high-risk of infection and contagion). The target population of opiod and at-risk opiod user include potential patients who have co-occurring mental disorders and fall in the following categories (not comprehensive): youth to adult, all genders and sexual orientation, every family states and any ethnic or national background.

5. **Modality(ies)/Interventions**

A. **Modality of service:**

The service modalities methadone maintenance dosing and are individual and group counseling.

- B. The unit of service for a Narcotic Treatment Program is based on California Code of Regulations (CCR) Title 9, Narcotic Treatment Protocols, and the Title 22, Medi-Cal Protocols. One unit of service for a Narcotic Treatment Program is defined as either one dose of Methadone (either for clinic consumption or take-home) or one 10 minute period of face-to-face individual or group counseling to include assessment, treatment planning, collateral counseling to family and friends, medication review and crisis intervention.

6. **Methodology**

A. **Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

Clients will be assessed at Fort Help by counseling and medical staff during an Intake and Admission process to determine eligibility for opiate replacement therapy. Clients will complete a program application, drug use history, physical exam, and screens for TB

and RPR. Clients who meet Federal, State and medical requirements, will receive an initial dose of methadone, as specified by Title IX regulations.

Following the initial dose, clients will receive daily dosing at 915 Bryant, as well as counseling at a level of 50 minutes per month (counseling may be waived at the physicians discretion). The assessment for fitness for methadone treatment will include a medical exam for this specific purpose.

An initial treatment plan will be developed by the counseling staff and approved by the medical director in the first 28 days. Patients will receive counseling as prescribed by the plan. Urinalysis will screen for drugs at least monthly. The medical director will evaluate each patient dosing needs. Treatment plans will be developed every three months with an annual assessment for continuation of treatment. Referrals for psychotherapy or medical needs will be provided as determined by the physician.

**B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

Fort Help conducts outreach, recruitment, promotion, and advertisement at needle exchange sites, homeless shelters, free medical clinics, and other providers who serve our target population. Fort Help maintains a web site and is listed as a provider in various community referral networks.

**C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.**

Fort Help's admission, enrollment and/or intake criteria are established by Title IX, and include: a one-year history of opiate use, evidence of addiction to opiates, and one past treatment attempt.

**D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.**

Fort Help Clinic is open daily for dosing. Patients are given take homes for State approved holidays.

Dosing hours: Mon-Fri 6:30-9, 11-12:30; Sat, Sun & Holidays 8:30-10:30 AM.

Fort Help clinic at 915 Bryant provides counseling to patients as medically necessary, but at least 50 minutes/month (unless waived by physician).

Counselors provide individualized Treatment Plans quarterly and Annual Reviews, which



are approved by the medical director. The medical director oversees the dose level of all patients.

**E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.**

With clean urinalysis and continuous time in treatment, as specified by Title IX, patients can earn take home privileges, reducing their visits to the clinic for medication.

Under the supervision of medical and counseling staff, stable patients may elect to detox off of methadone entirely. Voluntary termination is supervised by the physician. For many patients, maintaining on methadone constitutes success.

The clinic provides after-care for clients who are no longer dosing. Discharge criteria are discussed with patients upon entry to the program and annually thereafter. Involuntary termination may be based on patients' unwillingness to abide by clinic rules and regulations.

## 7. Objectives and Measurements

<b>OUTCOME A: IMPROVE CLIENT SYMPTOMS</b>
---

A.2a.

**During Fiscal Year 2009-10, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes.**

*Data Source:*

CBHS CalOMS BIS discharge status field, codes #11, 12, 13 and 14.

*Client Inclusion Criteria:*

Clients discharged between July 1, 2009 and June 30, 2010

*Program Review Measurement:*

Objective will be evaluated based on data submitted between July 1, 2009 to June 30, 2010

**A.2.b Substance abuse providers will show a reduction of AOD use from admission to discharge for 60% of clients who remaining the program for thirty days.**

*Client Inclusion Criteria:*

Clients discharged between July 1, 2009 and June 30, 2010

*Program Review Measurement:*

Objective will be evaluated based on data submitted between July 1, 2009 to June 30, 2010

**A.2.c Substance Abuse Treatment providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal year 2009-2010.**

*Client Inclusion Criteria:*

Clients discharged between July 1, 2009 and June 30, 2010

*Program Review Measurement:*

Objective will be evaluated based on data submitted between July 1, 2009 to June 30, 2010

**OUTCOME B: Other Measureable Objective**

**Objective 1. Program Productivity**

**C.1a.**

**During Fiscal Year 2009-10, 53,285 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.**

*Date Source:*

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

*Program Review Measurement:*

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

**Objective 4. Client satisfaction**

**B.6c**

**During Fiscal Year 2009-2010, 100% of unduplicated treatment clients in attendance at the program on the target satisfaction survey days will be given and encouraged to complete the Citywide Client Satisfaction Survey.**

*Date Source:*

Program tracking Sheet and Program self report

*Program Review Measurement:*

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2009 to June 30, 2010.

**Objective 4. Client Outcomes Data Collection**  
B,4a

**During Fiscal Year 2009-2010, 70% of closed treatment episodes will show a 30 or more service days of treatment as measured by BIS indicating clients engagement in the treatment process.**

*Date Source:* CBHS Billing Information System- includes outpatient, residential single adult and residential family, methadone detoxification and methadone maintenance and excludes residential social or residential medical detoxification. CBHS will compute.

*Program Review Measurement:*

Objective will be evaluated based on discharges during a 12 month period from July 1, 2009 to June 30, 2010.

C.4f.

**100% of active substance abuse treatment staff who collect CalOMS data must complete the ADP CalOMS web-based training by September 30, 2009. All new substance abuse treatment staff must complete the web-based training within 30 days of their start date.**

*Program Review Measurement*

Staff must complete a sign-in indicating the date on which they completed the training. Sign-in Sheets will be collected from all substance abuse treatment programs after September 30, 2009, and will be compared to active staff lists generated from the INSYST billing data provider tables.

**Objective 5. Integration Activities \*\***

C.5a. Applicable to:

**Each program will complete a new self-assessment with the revise COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).**

*Data Source:*

Program managers to review information sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org) via the shared folder to monitor compliance.

*Program Review Measurement:*

Objective will be evaluated based on a 12-month period from July 1, 2009 to June 30, 2010.

C.5b. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).**

*Data Source:*

Each program will complete the COMPASS self assessment process and submit a summary of the scores to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

*Program Review Measurement:*

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5c. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).**

*Data Source:*

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

*Program Review Measurement:*

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

DPH Standardized Appendix A Contract Program Format:

**Specific Instructions for Community Behavioral Health Services - FY 09-10** CBHS 2009-10 Updated Renewal Instructions Appendix A/Description of Services (including 2009-10 Objectives) Section Page 12 of 22

C.5d. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).**

*Data Source:*  
Program Self Report.

*Program Review Measurement:*

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings to be held by December 2009 and March 2010 will be included in the program review.

C.5e. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

**During Fiscal Year 2009-10, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.**

*Data Source:*  
Program Self Report.

*Program Review Measurement:*

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

C.5f. Applicable to: All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment service in Fiscal Year 2009-10.

**Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years.**

*Data Source:*

Program self report with submission of document of staff completion of CODECAT sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager will document this activity.

## **8. Continuous Quality Improvement**

Fort Help is licensed to provide services by the Department of Alcohol and Drug Treatment and is compliant with all licensing requirements and subject to annual inspections.

Fort Help is accredited by the Joint Commission and is subject to surveys every 39 months.

Fort Help Staff receive comprehensive reviews every 24 months. Fort Help clients participate in Client Satisfaction surveys annually which the staff reviews.

**Appendix B**  
**Calculation of Charges**

**1. Method of Payment**

A. Contractor shall submit monthly invoices by the fifteenth (15th) working day of each month, in the format attached in Appendix F, based upon the number of units of service that were delivered in the immediately preceding month. All deliverables associated with the Services listed in Section 2 of Appendix A, times the unit rate as shown in the Program Budgets listed in Section 2 of Appendix B shall be reported on the invoice(s) each month.

**2. Program Budgets and Final Invoice**

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1 Fort Help, LLC

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, **\$184,000** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

The maximum dollar for each term and funding source shall be as follows:

Term:	Amount
09/01/08-06/30/09	\$ 553,333
07/01/09-06/30/10	620,000
07/01/10-12/31/10	360,000
Contingency	184,000
Total	\$ 1,717,333

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those Services rendered during the referenced period of performance. If Services are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City. City's final reimbursement to the Contractor at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in the Program Budgets attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

APPENDIX

	A	B	C	D	E
1	Appendix B: Budget Summary Page 2				
2	Document Date: 09/21/09				
3					
4	<b>DEPARTMENT OF PUBLIC HEALTH</b>				
5	<b>CONTRACT BUDGET SUMMARY BY PROGRAM</b>				
6					
7	Contractor's Name			Contract Term	
8	Fort Help			FY2009-2010 07/01/09-06/30/10	
9	(Check One)	New	Renewal	Modification X	
10	If modification, Effective Date of Mod.		No. of Mod.		
11	Programs		Methadone Maintenance		Total
12	Budget Reference Page No.(s)		B - 1	B - 2	B - 3
13	Program Term				
14	<b>Expenditures</b>				
15	Salaries & Benefits		451,000		451,000
16	Operating Expense		169,000		169,000
17	Capital Expenditure				0
18	Direct Cost		620,000	0	0
19	Indirect Cost		0		0
20	Indirect Percentage (%) of Cost	Direct	0.00%	#DIV/0!	#DIV/0!
21	<b>TOTAL EXPENDITURES</b>		<b>\$620,000</b>	<b>\$0</b>	<b>\$0</b>
22	<b>DPH Revenues</b>				
23					0
24	Drug MediCal		620,000		620,000
25	General Fund		0		0
26					0
27					0
28					0
29					0
30					0
31					0
32					0
33	<b>Total DPH Revenues</b>		<b>\$620,000</b>	<b>\$0</b>	<b>\$0</b>
34	<b>Other Revenues</b>				
35					0
36					0
37					0
38					0
39					0
40	<b>TOTAL REVENUES</b>		<b>\$620,000</b>	<b>\$0</b>	<b>\$0</b>
41	Total Units of Service		53,285		
42	Cost Per Unit of Service		\$11.64	#DIV/0!	#DIV/0!
43	Full Time Equivalent (FTE)		13.00		13.00
45	Prepared by: Pramesh P Sharma	Telephone No.:661-254-6630			
46	DPH-CO Review Signature:	_____			
47	DPH #1				



	A	B	C	D	E	F
1	<b>Appendix B: Client Summary Page 3</b>					
2	Document Date: 09/21/09					
3	<b>SUMMARY OF CLIENT SERVICES BY PROGRAM</b>					
4	<b>AND BY FUNDING SOURCE</b>					
5						
6						
7	Program Name: <b>Methadone Maintenance</b>			TERM: 2009-2010		
8	Funding Source: <b>General Fund &amp; Drug MediCal</b>					
9						
10			Total	Unduplicated	No. of	Cost Per
11	Mode & Service Function		Cost	Clients	Units	Unit
12	20	DAILY DOSING	\$511,752	141	45,146.00	\$11.34
13	26	INDIV COUNSELING	\$108,248	141	8,139	\$13.30
14						#DIV/0!
15			\$620,000		53,285	#DIV/0!
16						
17	Program Name: _____			TERM: 2008-2009		
18	Funding Source: _____					
19						
20			Total	Unduplicated	No. of	Cost Per
21	Mode & Service Function		Cost	Clients	Units	Unit
22						#VALUE!
23						#DIV/0!
24						#DIV/0!
25						#DIV/0!
26						
27	Program Name: _____			TERM: _____		
28	Funding Source: _____					
29						
30			Total	Unduplicated	No. of	Cost Per
31	Mode & Service Function		Cost	Clients	Units	Unit
32						#DIV/0!
33						#DIV/0!
34						#DIV/0!
35						#DIV/0!
36						
37	Program Name: _____			TERM: _____		
38	Funding Source: _____					
39						
40			Total	Unduplicated	No. of	Cost Per
41	Mode & Service Function		Cost	Clients	Units	Unit
42						#DIV/0!
43						#DIV/0!
44						#DIV/0!
45						#DIV/0!
46	DPH #1A <span style="float: right;">rev. 11/8/2000</span>					



4 Program Name: Methadone Maintenance  
5 (Same as Line 9 on DPH #1)

Operating Expenses Detail

0.892472581

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	DMC	COUNTY		
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION		
	2009-2010	2008-2009	2009-2010	2008-2009		
12 Expenditure Category						
13 Rental of Property	75,000		75,000			
14 Utilities(Elec, Water, Gas, Phone, Scavenger)	5,500		5,500			
15 Office Supplies, Postage	8,000		8,000			
16 Building Maintenance Supplies and Repair	8,000		8,000			
17 Printing and Reproduction	5,000		5,000			
18 Insurance	15,000		15,000			
19 Staff Training	4,000		4,000			
20 Staff Travel-(Local & Out of Town)						
21 Rental of Equipment						
22 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
23						
24						
25						
26						
27 Employee Benefits	0		0			
28 OTHER	5,000		5,000			
29 Medical Supplies	8,000		8,000			
30 Licence Fess	8,000		8,000			
31 Communication	4,000		4,000			
32 Methadone Supply	15,000		15,000			
33 Lab Test	8,500		8,500			
34						
35 TOTAL OPERATING EXPENSE	\$169,000	\$0	\$169,000	\$0		\$0

FORT HELP, LLC.  
PROGRAM: METHADONE MAINTENANCE, DRUG MEDI-CAL  
CONTRACT TERM: 7/1/2009 - 6/30/2010

SERVICE UNITS

CSAS Service Units for Billing and Reimbursement

Units of Service Definition (UOS):

- | One dose of methadone = 1 unit of dosing service
- | One 10 minute increment of counseling = 1 unit of counseling service

Unduplicated Clients Served (UDC):

- | 133 contracted slots x 1.06 cycle annually = 141 UDC annually

Unit of Service Calculation:

- | Dosing:  
133 contracted slots x 365 days/year x .93 (utilization rate) = 45,146 dosing units
- | Counseling individual  
133 clients x 5 ten minute counseling increments/month x 12 months X 1.02 = 8139
- | Total Units of Service = 53,285

Unit of Service Cost: Dosing & Counseling:

- | 45,146 dosing units of service x \$11.34 = \$511,752
- | 8139 counseling units of service x \$13.30 = \$108,248
- | Total Cost = \$620,000
- | Rate is based on State Approved Drug Medi-Cal Rates for FY 2009-10.

Unit Cost:

- |  $\$511,752 / 45,146 = \$11.34$
- |  $\$108,248 / 8,139 = \$13.30$

24-Hour Point in Time Capacity

- | 133 point in time capacity

Client#: 1281443

303FORTHTEL

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/13/2009

**PRODUCER**  
BB&T-John Burnham Ins Services  
750 B Street Suite 2400  
San Diego, CA 92101  
619 231-1010

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.

**INSURED**  
Fort Help LLC  
P.O. Box 801809  
Valencia, CA 91380

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Admiral Insurance Company	24856
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CO00000102703	10/10/2009	10/10/2010	EACH OCCURRENCE \$1,000,000* DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$3,000,000* PRODUCTS - COMP/OP* AGG \$
		<b>AUTOMOBILE LIABILITY</b> <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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) <input type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		<b>OTHER Commercial Professional Liab</b>	CO00000102703	10/10/2009	10/10/2010	1,000,000* Per Occ 3,000,000* Aggregate

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Certificate applies to all policy limits, conditions and exclusions.  
 Professional Liability and General Liability Shared Limits\* - Methadone Clinic \$2,500 Ded per claim (including claim expenses) \$1,000,000 Any One Occurrence Cov I and Cov II; \$3,000,000 Aggregate.  
 Retro Date 10/10/2007 Co-Ins%: 0  
 (See Attached Descriptions)

**CERTIFICATE HOLDER**

City and County of San Francisco  
 Department of Public Health  
 101 Grove Street, Room 307  
 San Francisco, CA 94102

**CANCELLATION**

10 Days for Non-Payment

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

AUTHORIZED REPRESENTATIVE  
 Malia Gagnon, Account Manager

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 11-09-2009

GROUP: 000488  
POLICY NUMBER: 0001550-2009  
CERTIFICATE ID: 2  
CERTIFICATE EXPIRES: 08-06-2010  
08-06-2009/08-06-2010

THIS CERTIFICATE SUPERSEDES AND CORRECTS  
CERTIFICATE # 1 DATED 09-10-2009

CITY & COUNTY OF SAN FRANCISCO  
DEPARTMENT PUBLIC HEALTH  
1380 HOWARD ST FL 3  
SAN FRANCISCO CA 94103-2850

NA

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

*James Neary*  
AUTHORIZED REPRESENTATIVE

*Janet Frank*  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1901 - SHARMA, SEANJAY - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 11-09-2009 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

FORT HELP, LLC  
PO BOX 801809  
VALENCIA CA 91380

NA

[SGM,CS]

POLICYHOLDER COPY

SC

**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 07-01-2009

GROUP:  
POLICY NUMBER: 1514478-2009  
CERTIFICATE ID: 6  
CERTIFICATE EXPIRES: 07-01-2010  
07-01-2009/07-01-2010

CITY & COUNTY OF SAN FRANCISCO  
DEPT. OF PUBLIC HEALTH  
1 DR CARTON B GOODLETT PL  
SAN FRAN CA 94102-4603

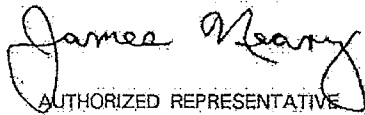
SC

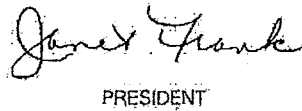
This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

  
AUTHORIZED REPRESENTATIVE

  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1901 - AMERICAN HEALTH SERVICES LLC - EXCLUDED.

ENDORSEMENT #1901 - DR. STAN SHARMA MGR MEM - EXCLUDED.

EMPLOYER

AMERICAN HEALTH SERVICES, LLC (A LIMITED LIABILITY CO) DBA: FORT HELP  
PO BOX 801809  
SANTA CLARITA CA 91380 SC



Policy Number: CO000001027-03

AE 06 54 02 95

Effective Date: 10/10/2009

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED ENDORSEMENT**

In consideration of the premium charged, it is agreed that the following is added as an additional insured:

CITY & COUNTY OF SAN FRANCISCO, ITS OFFICERS, AGENTS AND EMPLOYEES  
are recognized as Additional Insureds under General Liability coverage as respects to their contract agreement with the  
"Named Insured", subject to the policy limits, conditions and exclusions

DEPARTMENT OF PUBLIC HEALTH  
101 GROVE STREET, ROOM 307  
SAN FRANCISCO, CA 94102

but only as respects liability arising out of the operations of the Named Insured.

**ALL OTHER PROVISIONS AND STIPULATIONS REMAIN UNCHANGED**

Date of Issuance: 10/10/2008

## DESCRIPTIONS (Continued from Page 1)

The City and County of San Francisco, its Officers, Employees & Agents are recognized as additional insureds under General Liability coverage as respects to their contract agreement with the named insured.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/15/08

**PRODUCER**  
**B&T Insurance Svcs of CA, Inc.**  
 750 B Street, Suite 2400  
 San Diego, CA 92101  
 800 421-6744

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.

**INSURED**  
**Fort Help LLC**  
 P.O. Box 801809  
 Valencia, CA 91380

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A	Admiral Insurance Company	24956
INSURER B		
INSURER C		
INSURER D		
INSURER E		

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

DESCRIPTION OF COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER CLAIM <input type="checkbox"/> LTD	C000000102702	10/10/08	10/10/09	EACH OCCURRENCE \$1,000,000*
	<input type="checkbox"/> 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				DAMAGE TO RENTED PREMISES (EA OCCUR) \$ MED EXP (Any 1/yr person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (EA OCCUR) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY, AGG \$
	<input type="checkbox"/> EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION: \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe above. SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A	<input type="checkbox"/> OTHER Commercial Professional Liab	C000000102702	10/10/08	10/10/09	1,000,000 3,000,000 Aggregate

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Certificate is subject to all policy limits, conditions and exclusions.  
 The City and County of San Francisco, its Officers, Employees & Agents are recognized as additional insureds under General Liability coverage as respects to their contract agreement with the named insured.

**CERTIFICATE HOLDER**

City and County of San Francisco  
 Department of Public Health  
 101 Grove Street, Room 307  
 San Francisco, CA 94102

**CANCELLATION - Ten Day Notice for Non-Payment of Premium**

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

Policy Number: CO000001027-02

AE 06 54 02 95

Effective Date: 10/10/2008

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED  
ENDORSEMENT**

In consideration of the premium charged, it is agreed that the following is added as an additional insured:

CITY & COUNTY OF SAN FRANCISCO, IT'S OFFICERS, AGENTS AND EMPLOYEES  
are recognized as Additional Insureds under General Liability coverage as respects to their contract agreement with the  
"Named Insured", subject to the policy limits, conditions and exclusions

DEPARTMENT OF PUBLIC HEALTH  
101 GROVE STREET, ROOM 307  
SAN FRANCISCO, CA 94102

but only as respects liability arising out of the operations of the Named Insured.

ALL OTHER PROVISIONS AND STIPULATIONS REMAIN UNCHANGED

Date of issuance: 10/10/2008

AE 06 54 02 95

Page 1 of 1

**FORT HELP, LLC.**

June 15, 2009

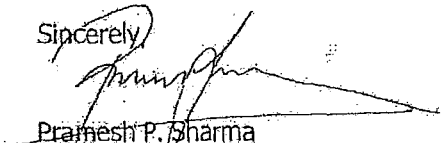
San Francisco Department of Public Health

Dear Ms. Alicia Neumann,

Please be advised that at our Fort Help facility we do not own, lease or hire any vehicles. Therefore the insurance company cannot give us coverage for such items. In order for us to have coverage, according to the insurance company, we must provide them with Vehicle Identification Numbers.

Because of the location of this facility, there is no need for our staff to use a vehicle. Public transportation is much more convenient for the staff to use should they need to conduct company business on company time.

Sincerely,

  
Pramesh P. Sharma  
Executive vice President

*Waiver of automobile liability  
insurance is hereby granted.*

*By Jeffrey  
Risk Manager  
9-9-09*

26460 Summit Circle  
Canyon Country, Ca  
91350

PHONE (661) 254-6630  
FAX (661) 254-6644

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
 PAGE A

Control Number

INVOICE NUMBER:

Cl. Blanket No.: BPHM

Cl. PO No.: POHM

Fund Source:

Invoice Period:

Final Invoice:  (Check if Yes)

ACE Control Number:

Contractor: Fort Help LLC

Address: 16460 Summit Circle, Santa Clarita, CA 94103

Tel No.: (661) 254-6630  
 Fax No.: (415)

Contract Term: 07/01/2009 - 06/30/2010

PHP Division: Community Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (M1 Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 Methadone Maintenance</b>												
Daily Dosing	45,146				\$ 11.34	\$ -	0.000		0.00%		45,146.000	
Individual Counseling	8,139				\$ 13.30	\$ -	0.000		0.00%		8,139.000	
<b>TOTAL</b>	<b>53,285</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>53,285.000</b>	

<b>SUBTOTAL AMOUNT DUE</b>	\$ -
Less: Initial Payment Recovery	
(For DPH Use) Other Adjustments	
<b>NET REIMBURSEMENT</b>	\$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

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

Title: \_\_\_\_\_

Send to:  
 DPH Fiscal/Invoice Processing  
 1380 Howard St - 4th Floor  
 San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

**City and County of San Francisco  
Office of Contract Administration  
Purchasing Division**

**First Amendment**

THIS AMENDMENT (this "Amendment") is made as of April 3, 2009, in San Francisco, California, by and between Fort Help, LLC ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

**RECITALS**

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to revise the contract term and reallocate annual award;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 2013-04/05 on January 5, 2009;

NOW, THEREFORE, Contractor and the City agree as follows:

**1. Definitions.** The following definitions shall apply to this Amendment:

**1a. Agreement.** The term "Agreement" shall mean the Agreement dated September 1, 2008 from RFP 6-2008 dated March 13, 2008, Contract Numbers BPHM0900040 and DPHM09000322 between Contractor and City, as amended by this First Amendment.

**1b. Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

**2. Modifications to the Agreement.** The Agreement is hereby modified as follows:

**2a. Section 2 of the Agreement** currently reads as follows:

**2. Term of the Agreement**

Subject to Section 1, the term of this Agreement shall be from September 1, 2008 to June 30, 2013. The City shall have the sole discretion to exercise the following options pursuant to RFP#06-2008 dated March 13, 2008, to extend the Agreement term:

- Option 1: July 1, 2013 – June 30, 2014
- Option 2: July 1, 2014 – June 30, 2015
- Option 3: July 1, 2015 – June 30, 2016
- Option 4: July 1, 2016 – June 30, 2017

Such section is hereby amended in its entirety to read as follows:

**2. Term of the Agreement**

Subject to Section 1, the term of this Agreement shall be from September 1, 2008 to December 31, 2010. The City shall have the sole discretion to exercise the following options pursuant to RFP# 6-2008 dated March 13, 2008, to extend the Agreement term:

- Option 1: January 1, 2011 – June 30, 2011
- Option 2: July 1, 2011 – June 30, 2012
- Option 3: July 1, 2012 – June 30, 2013
- Option 4: July 1, 2013 – June 30, 2014
- Option 5: July 1, 2014 – June 30, 2015
- Option 6: July 1, 2015 – June 30, 2016

2b. Appendix A -1 dated 9/12/08 (i.e., September 12, 2008) is hereby deleted and the following A-1 dated 4/2/09 (i.e., April 2, 2009) is added, substituted, and incorporated by reference.

2c. Appendices B and B-1 dated 9/12/08 (i.e., September 12, 2008) are hereby deleted and the following B and B-1 dated 2/26/09 (i.e., February 26, 2009) are added, substituted, and incorporated by reference.

**3. Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.

**4. Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.



IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

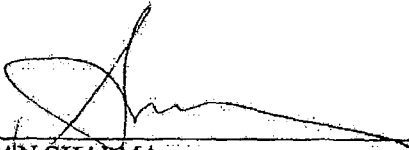
CONTRACTOR

Recommended by:

FORT HELP, LLC.

  
\_\_\_\_\_  
MITCHELL H. KATZ, M.D.  
Director of Health

4/13/09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
STAN SHARMA  
Executive Director  
26460 Summit Circle  
Santa Clarita, CA, 91350

4-9-09  
\_\_\_\_\_  
Date

City vendor number: 74019

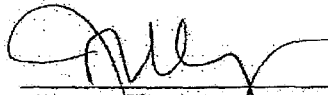
Approved as to Form:

DENNIS J. HERRERA  
City Attorney

RECEIVED

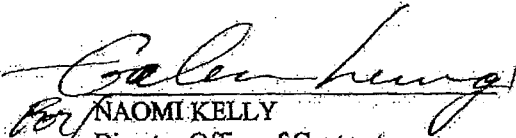
APR 10 2009

CBHS OFFICE OF CONTRACT  
MGMT & COMPLIANCE

  
\_\_\_\_\_  
By: Deputy City Attorney

4-17-09  
\_\_\_\_\_  
Date

Approved:

  
\_\_\_\_\_  
NAOMI KELLY  
Director Office of Contract  
Administration and Purchaser

5/4/09  
\_\_\_\_\_  
Date

Contractor: Fort Help LLC

Appendix A-I

Program: Methadone Maintenance

Contract Term

09/01/08 through 06/30/09

City Fiscal Year (CBHS only): FY2008-09

Funding Source (CBHS): Drug Medi-Cal

1. Program Name: Fort Help LLC  
Program Address: 915 Bryant Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 777-9953  
Facsimile: (415) 777-4717

2. Nature of Document

New       Renewal       Modification

3. Goal Statement

The primary goal of this program is to reduce the impact of substance abuse and addiction by: Counseling and maintaining heroin and other opiate users with Methadone and other Opiate Replacement therapies as a substitution treatment for the street based drugs.

4. Target Population

The target population to be served by this contract is residents of San Francisco and surrounding areas who are abusing, addicted or at risk of using opiod. Priority will be given to pregnant women, elders, the disabled and intravenous opiod users (due to high-risk of infection and contagion). The target population of opiod and at-risk opiod user include potential patients who have co-occurring mental disorders and fall in the following categories (not comprehensive): youth to adult, all genders and sexual orientation, every family states and any ethnic or national background.

5. Modality(ies)/Interventions

A. Modality of service:

The service modalities methadone maintenance dosing and are individual and group counseling.

B. The unit of service for a Narcotic Treatment Program is based on California Code of Regulations (CCR) Title 9, Narcotic Treatment Protocols, and the Title 22, Medi-Cal Protocols. One unit of service for a Narcotic Treatment Program is defined as either one dose of Methadone (either for clinic consumption or take-home) or one 10 minute period of face-to-face individual or group counseling to include assessment, treatment planning, collateral counseling to family and friends, medication review and crisis intervention.

6. Methodology

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Clients will be assessed at Fort Help by counseling and medical staff during an Intake and Admission process to determine eligibility for opiate replacement therapy. Clients will complete a program application, drug use history, physical exam, and screens for TB and RPR. Clients who meet Federal, State and medical requirements, will receive an initial dose of methadone, as specified by Title IX

Contractor: Fort Help LLC

Appendix A-1

Program: Methadone Maintenance

Contract Term

09/01/08 through 06/30/09

City Fiscal Year (CBHS only): FY2008-09

Funding Source (CBHS): Drug Medi-Cal

regulations.

Following the initial dose, clients will receive daily dosing at 915 Bryant, as well as counseling at a level of 50 minutes per month (counseling may be waived at the physicians discretion). The assessment for fitness for methadone treatment will include a medical exam for this specific purpose.

An initial treatment plan will be developed by the counseling staff and approved by the medical director in the first 28 days. Patients will receive counseling as prescribed by the plan. Urinalysis will screen for drugs at least monthly. The medical director will evaluate each patient dosing needs. Treatment plans will be developed every three months with an annual assessment for continuation of treatment. Referrals for psychotherapy or medical needs will be provided as determined by the physician.

**B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

Fort Help conducts outreach, recruitment, promotion, and advertisement at needle exchange sites, homeless shelters, free medical clinics, and other providers who serve our target population. Fort Help maintains a web site and is listed as a provider in various community referral networks.

**C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.**

Fort Help's admission, enrollment and/or intake criteria are established by Title IX, and include: a one-year history of opiate use, evidence of addiction to opiates, and one past treatment attempt.

**D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.**

Fort Help Clinic is open daily for dosing. Patients are given take homes for State approved holidays. Dosing hours: Mon-Fri 6:30-9, 11-12:30; Sat, Sun & Holidays 8:30-10:30 AM.

Fort Help clinic at 915 Bryant provides counseling to patients as medically necessary, but at least 50 minutes/month (unless waived by physician).

Counselors provide individualized Treatment Plans quarterly and Annual Reviews, which are approved by the medical director. The medical director oversees the dose level of all patients.

**E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.**

Contractor: Fort Help LLC

Appendix A-1

Program: Methadone Maintenance

Contract Term

09/01/08 through 06/30/09

City Fiscal Year (CBHS only): FY2008-09

Funding Source (CBHS): Drug Medi-Cal

With clean urinalysis and continuous time in treatment, as specified by Title IX, patients can earn take home privileges, reducing their visits to the clinic for medication.

Under the supervision of medical and counseling staff, stable patients may elect to detox off of methadone entirely. Voluntary termination is supervised by the physician. For many patients, maintaining on methadone constitutes success.

The clinic provides after-care for clients who are no longer dosing. Discharge criteria are discussed with patients upon entry to the program and annually thereafter. Involuntary termination may be based on patients' unwillingness to abide by clinic rules and regulations.

## 7. Objectives and Measurements

At least 119 individuals will be identified at intake or re-assessment as members of the target population to receive specialized case management and therapy services:

For the identified individuals, the following outcome objectives will be achieved:

### OUTCOME A: IMPROVE CLIENT SYMPTOMS

#### A. Reduce Substance Use

- a. During Fiscal year 2008-2009, at least 40% of discharged clients will successfully complete treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes, applicable to both Adult/Older Adult & CYF Substance Abuse Treatment Providers.
- b. Substance Abuse Treatment Providers will show a reduction of AOD use from admission to discharge for 60 % of clients who remain in the program for 30 days.
- c. Substance Abuse Treatment Providers will show a reduction of use of mental health outpatient emergency and psychiatric facility visits from admission to discharge for 60 % of new clients admitted during Fiscal Year 2008-09.

#### B. Other Measurable Objectives

- a. During fiscal year 2008-2009, 70% of closed treatment episodes will show three or more service days of treatment as measured by BIS indicating clients engaged in the treatment process.
- b. During fiscal year 2008-09, 100% of unduplicated clients or prevention participants in attendance at the program on the targeted satisfaction survey days will be given and encouraged to complete the Citywide Client Satisfaction Survey.
- c. During fiscal year 2008-09, 43,103 units of service will be provided, consisting of methadone maintenance treatment, individual counseling, or group counseling services

Program: Methadone Maintenance

Contract Term

09/01/08 through 06/30/09

City Fiscal Year (CBHS only): FY2008-09

Funding Source (CBHS): Drug Medi-Cal

- as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.
- d. During fiscal year 2008-09, all Substance Abuse Prevention providers will complete a common risk assessment tool for 60% of the program participants.
  - e. Each program will complete a new self-assessment with the COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).
  - f. Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org)
  - g. Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org)
  - h. Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).
  - i. During Fiscal Year 2008-09, each program will participate in one Primary Care partnership activity with the Department of Public Health or Public Health Consortium Clinic located in closest proximity to their program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.
  - j. Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT.
  - k. Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2008. Reports should be sent to both program managers and the DPH/EEO.
  - l. If applicable each program shall report to CBHS Administrative Staff on Innovative and/or best practices being used by the program including available outcome data.
  - m. During Fiscal Year 2008-09, Substance Abuse Providers will make quarterly Improvement in the accuracy of assessment and recording of admission and discharge CalOMS afa for the following ADP and County priority questions.
    - 1) Change in all AOD use from admission to discharge
    - 2) Change in housing from admission to discharge
    - 3) Change in any arrests in the 30 days prior to discharge compared with any arrests 30 days prior to admission

Contractor: Fort Help LLC

Appendix A-1

Program: Methadone Maintenance

Contract Term

09/01/08 through 06/30/09

City Fiscal Year (CBHS only): FY2008-09

Funding Source (CBHS): Drug Medi-Cal

- 4) Change in employment or in school from admission to discharge
- 5) Length of stay from date of admission to date of last service
- 6) Change in emergency room visits and hospital overnights from admission to discharge
- 7) Change in mental health outpatient emergency and psychiatric facility visits from admission to discharge

### 8. Continuous Quality Improvement

Fort Help is licensed to provide services by the Department of Alcohol and Drug Treatment and is compliant with all licensing requirements and subject to annual inspections.

Fort Help is accredited by the Joint Commission and is subject to surveys every 39 months.

Fort Help Staff receive comprehensive reviews every 24 months. Fort Help clients participate in Client Satisfaction surveys annually which the staff reviews.

**Appendix B**  
**Calculation of Charges**

**I. Method of Payment**

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1: Methadone Maintenance

B. **COMPENSATION**

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed One Million Seven Hundred Seventeen Thousand Three Hundred Thirty-Three Dollars (\$1,717,333) for the period of September 1, 2008 through December 31, 2010.

CONTRACTOR understands that, of this maximum dollar obligation, \$184,000 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

September 1, 2008 through June 30, 2009	\$553,333
July 1, 2009 through June 30, 2010	\$620,000
July 1, 2010 through December 31, 2010	\$360,000
Total September 1, 2008 through December 31, 2010	\$1,533,333

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall



be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

APPENDIX

	A	B	C	D	E
1	<b>Appendix B: Budget Summary</b>				
2	Document Date: 02/26/09				
3					
4	<b>DEPARTMENT OF PUBLIC HEALTH</b>				
5	<b>CONTRACT BUDGET SUMMARY BY PROGRAM</b>				
6					
7	Contractor's Name			Contract Term	
8	Fort Help			FY2008/09 9/1/08 - 6/30/09	
9	(Check One) New		Renewal	Modification X	
10	If modification, Effective Date of Mod.		No. of Mod.		
11	Programs:	Methadone Maintenance			Total
12	Budget Reference Page No.(s)	B - 1	B - 2	B - 3	
13	Program Term				
14	Expenditures				
15	Salaries & Benefits	369,037			369,037
16	Operating Expense	184,296			184,296
17	Capital Expenditure				0
18	Direct Cost	553,333	0	0	553,333
19	Indirect Cost	0			0
20	Indirect Percentage (%) of Cost	0.00%	#DIV/0!	#DIV/0!	0.00%
21	<b>TOTAL EXPENDITURES</b>	<b>\$553,333</b>	<b>\$0</b>	<b>\$0</b>	<b>\$553,333</b>
22	DPH Revenues				
23					0
24	Drug-Medical	537,500			537,500
25	General Fund	15,833			15,833
26					0
27					0
28					0
29					0
30					0
31					0
32					0
33	<b>Total DPH Revenues</b>	<b>\$553,333</b>	<b>\$0</b>	<b>\$0</b>	<b>\$553,333</b>
34	Other Revenues				
35					0
36					0
37					0
38					0
39					0
40	<b>TOTAL REVENUES</b>	<b>\$553,333</b>	<b>\$0</b>	<b>\$0</b>	<b>\$553,333</b>
41	Total Units of Service	43,098			
42	Cost Per Unit of Service	\$12.84	#DIV/0!	#DIV/0!	
43	Full Time Equivalent (FTE)	6.38			6.38
45	Prepared by: Pramesh P Sharma		Telephone No.:661-254-6630		
46	DPH-CO Review Signature:				
47	DPH #1				

	A	B	C	D	E	F
1	Appendix B: Client Summary					
2	Document Date: 02/26/09					
3	<b>SUMMARY OF CLIENT SERVICES BY PROGRAM</b>					
4	<b>AND BY FUNDING SOURCE</b>					
5						
6						
7	Program Name: <u>Methadone Maintenance</u>				TERM: <u>2008-2009</u>	
8	Funding Source: <u>General Fund &amp; Drug MediCal</u>					
9						
10						
11	Mode & Service Function		Total Cost	Unduplicated Clients	No. of Units	Cost Per Unit
12	20	DAILY DOSING	\$452,578	112	36,381	\$12.44
13	26	INDIV COUNSELING	\$100,755	112	6,717	\$15.00
14						#DIV/0!
15			\$553,333		43,098	#DIV/0!
16						
17	Program Name: _____				TERM: <u>2008-2009</u>	
18	Funding Source: _____					
19						
20						
21	Mode & Service Function		Total Cost	Unduplicated Clients	No. of Units	Cost Per Unit
22						#VALUE!
23						#DIV/0!
24						#DIV/0!
25						#DIV/0!
26						
27	Program Name: _____				TERM: _____	
28	Funding Source: _____					
29						
30						
31	Mode & Service Function		Total Cost	Unduplicated Clients	No. of Units	Cost Per Unit
32						#DIV/0!
33						#DIV/0!
34						#DIV/0!
35						#DIV/0!
36						
37	Program Name: _____				TERM: _____	
38	Funding Source: _____					
39						
40						
41	Mode & Service Function		Total Cost	Unduplicated Clients	No. of Units	Cost Per Unit
42						#DIV/0!
43						#DIV/0!
44						#DIV/0!
45						#DIV/0!
46	DPH #1A <span style="float: right;">rev. 11/8/2000</span>					

Program Name: Methadone Maintenance

(Same as Line 9 on DPH #1)

**Salaries & Benefits Detail**

0.892472581

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		DMC		COUNTY		Proposed Transaction		Proposed Transaction		
	FTE	SALARIES	%	SALARIES	%	SALARIES	%	SALARIES	FTE	SALARIES	FTE	SALARIES	
MD	0.45	111,569	0.45	111,569									
RN	0.45	37,930	0.45	37,930									
LVN 2	0.45	22,312	0.45	22,312									
	0.00												
COUNSELOR 1	0.45	17,849	0.45	17,849									
COUNSELOR 2	0.45	26,774	0.45	26,774									
COUNSELOR 3	0.45	17,849	0.45	17,849									
COUNSELOR 4	0.56	22,312	0.56	22,312									
COUNSELOR 5	0.45	17,849	0.45	17,849									
CLERK 1	0.45	14,280	0.45	14,280									
CLERK 2	0.45	13,387	0.45	13,387									
	0.00												
BILLING CLERK	0.45	17,849	0.45	17,849									
PROGRAM DIRECTOR	0.45	35,699	0.45	35,699									
C F O	0.22	13,387	0.22	13,387									
<b>TOTALS</b>	<b>5.69</b>	<b>\$369,037</b>	<b>5.69</b>	<b>\$369,037</b>	<b>0.00</b>	<b>\$0</b>			<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
EMPLOYEE FRINGE BENEFITS	0%		0%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$369,037</b>		<b>\$369,037</b>		<b>\$0</b>		<b>\$0</b>		<b>\$0</b>		<b>\$0</b>	

Program Name: \_ Methadone Maintenance  
(Same as Line 9 on DPH #1)

Operating Expenses Detail

0.892472581

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	DMC	COUNTY		
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION		
	2008-2009	2008-2009	2008-2009	2008-2009		
9 Expenditure Category						
13 Rental of Property	79,430	79,430				
14 Utilities(Elec, Water, Gas, Phone, Scavenger)	3,570	3,570				
15 Office Supplies, Postage	15,172	15,172				
16 Building Maintenance Supplies and Repair	4,462	4,462				
17 Printing and Reproduction	2,677	2,677				
18 Insurance	6,247	6,247				
19 Staff Training	4,462	4,462				
20 Staff Travel-(Local & Out of Town)						
21 Rental of Equipment						
22 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
23						
24						
25						
26						
27 Employee Benefits	6,694	6,694				
28 OTHER	23,204	23,204				
29 Medical Supplies	6,694	6,694				
30 Licence Fess	6,694	6,694				
31 Communication	2,677	2,677				
32 Methadone Supply	13,387	13,387				
33 Lab Test	8,925	8,925				
34						
35 TOTAL OPERATING EXPENSE	\$184,296	\$184,296	\$0		\$0	\$0

**FORT HELP, LLC.**  
**PROGRAM: METHADONE MAINTENANCE, DRUG MEDI-CAL**  
**CONTRACT TERM: 9/1/2008 - 6/30/2009**

SERVICE UNITS

CSAS Service Units for Billing and Reimbursement

Units of Service Definition (UOS):

- One dose of methadone = 1 unit of dosing service
- One 10 minute increment of counseling = 1 unit of counseling service

Unduplicated Clients Served (UDC):

- 112 contracted slots x 1.06 cycle annually = 119 UDC annually

Unit of Service Calculation:

- Dosing:
  - 112 contracted slots x 365 days/year x .89 (utilization rate) = 36,383 dosing units
- Counseling individual
  - 112 clients x 5 ten minute counseling increments/month x 12 months = 6,720
- Total Units of Service = 43,103

Unit of Service Cost: Dosing & Counseling:

- 36,381 dosing units of service x \$12.44 = \$452,578
- 6,717 counseling units of service x \$15.00 = \$100,755
- Total Cost = \$553,333
- Rate is based on State Approved Drug Medi-Cal Rates for FY 2008-09

State Net Negotiated Amount (NNA) Units

- 112 slot days x 365 available days = 40,880 units

Unit Cost:

- $\$452,575/36,381 = \$12.44$
- $\$100,755/6,717 = \$15.00$

24-Hour Point in Time Capacity

- 112 point in time capacity

**Appendix F  
Invoice**

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Control Number	INVOICE NUMBER :	S01 JL 8
Contractor: Fort Help LLC	Ct. Blanket No.: BPHM	TBD
Address: 915 Bryant Street, San Francisco, CA 94103	Ct. PO No.: POHM	TBD User Cd
Tel No.: (415) 777-9953	Fund Source :	General Fund
Fax No.: (415)	Invoice Period :	Jul-08
Contract Term: 09/01/08 - 06/30/09	Final Invoice :	(Check if Yes)
PHP Division: Community Behavioral Health Services	ACE Control Number :	

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

\*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg: Unit Modality/Mode # - Svc Func (Net Qty)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 Medication Maintenance</b>												
Daily Dosing	36,381				\$ 12.44	\$ -	0.000		0.00%		36,381.000	\$ 452,579.64
Individual Counseling	6,717				\$ 15.00	\$ -	0.000		0.00%		6,717.000	\$ 100,755.00
												\$ 553,334.64
<b>TOTAL</b>	<b>43,098</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>43,098.000</b>	

SUBTOTAL AMOUNT DUE	\$ -
Less: Initial Payment Recovery (for DPH Use), Other Adjustments	
<b>NET REIMBURSEMENT</b>	<b>\$ -</b>

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment	
_____ Authorized Signatory	_____ Date



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 10/15/08
PRODUCER <b>BB&amp;T Insurance Svcs of CA, Inc.</b> 750 B Street, Suite 2400 San Diego, CA 92101 800 421-6744	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.	
INSURED <b>Fort Help LLC</b> P.O. Box 801809 Valencia, CA 91380	INSURERS AFFORDING COVERAGE INSURER A: <b>Admiral Insurance Company</b> INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # <b>24896</b>

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR ADD'L / LTR INSTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC	CO0000102702	10/10/08	10/10/09	EACH OCCURRENCE: <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (EA OCCURRENCE): \$ MED EXP (Any one person): \$ PERSONAL & ADV INJURY: \$ GENERAL AGGREGATE: <b>\$5,000,000</b> PRODUCTS - COMP/OP AGG: \$
	<b>AUTOMOBILE LIABILITY</b> <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 (EA accident): \$ BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT: \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE: \$ AGGREGATE: \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUS <input type="checkbox"/> OTH-TRY LIMITS E.L. EACH ACCIDENT: \$ E.L. DISEASE - EA EMPLOYEE: \$ E.L. DISEASE - POLICY LIMIT: \$
A	<b>OTHER Commercial Professional Liab</b>	CO00000102702	10/10/08	10/10/09	1,000,000 3,000,000 Aggregate

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS:**

Certificate is subject to all policy limits, conditions and exclusions.  
 The City and County of San Francisco, its Officers, Employees & Agents are recognized as additional insureds under General Liability coverage as respects to their contract agreement with the named insured.

**CERTIFICATE HOLDER**

City and County of San Francisco  
 Department of Public Health  
 101 Grove Street, Room 307  
 San Francisco, CA 94102

**CANCELLATION Ten Day Notice for Non-Payment of Premium**

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

AUTHORIZED REPRESENTATIVE: *Malia Gagnon*

Policy Number: CO000001027-02

AE 06 54 02 95

Effective Date: 10/10/2008

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED ENDORSEMENT**

In consideration of the premium charged, it is agreed that the following is added as an additional insured:

CITY & COUNTY OF SAN FRANCISCO, IT'S OFFICERS, AGENTS AND EMPLOYEES  
are recognized as Additional Insureds under General Liability coverage as respects to their contract agreement with the  
"Named Insured", subject to the policy limits, conditions and exclusions

DEPARTMENT OF PUBLIC HEALTH  
101 GROVE STREET, ROOM 307  
SAN FRANCISCO, CA 94102

but only as respects liability arising out of the operations of the Named Insured.

ALL OTHER PROVISIONS AND STIPULATIONS REMAIN UNCHANGED

Date of Issuance: 10/10/2008

AE 06 54 02 95

Page 1 of 1

**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 07-01-2008

GROUP:  
POLICY NUMBER: 1514478-2008  
CERTIFICATE ID: 8  
CERTIFICATE EXPIRES: 07-01-2009  
07-01-2008/07-01-2009

CITY & COUNTY OF SAN FRANCISCO SC  
DEPT. OF PUBLIC HEALTH  
1 DR CARTON B GOODLETT PL  
SAN FRAN CA 94102-4509

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

*James Neary*  
AUTHORIZED REPRESENTATIVE

*Janet Frank*  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1801 - AMERICAN HEALTH SERVICES LLC - EXCLUDED.

ENDORSEMENT #1801 - DR. STAN SHARMA MGR NEM - EXCLUDED.

EMPLOYER

AMERICAN HEALTH SERVICES, LLC (A LIMITED LIABILITY CO) DBA: FORT HELP SC  
PO BOX 801808  
SANTA CLARITA CA 91380

**FORT HELP, LLC.**

Oct. 02, 2008

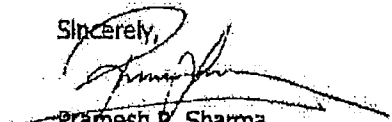
San Francisco Department of Public Health

Dear Ms. Yoshimi Salto,

Please be advised that at our Fort Help facility we do not own, lease or hire any vehicles. Therefore the insurance company cannot give us coverage for such items. In order for us to have coverage, according to the Insurance company, we must provide them with Vehicle Identification Numbers.

Because of the location of this facility, there is no need for our staff to use a vehicle. Public transportation is much more convenient for the staff to use should they need to conduct company business on company time.

Sincerely,

  
Pramesh P. Sharma  
Executive vice President

*As per above statement,  
waiver of automobile liability  
insurance requirement is  
being granted*

*G. Fitzgerald  
Risk Management  
10-3-08*

26460 Summit Circle  
Canyon Country, Ca  
91350

PHONE: (661) 254-6630  
FAX: (661) 254-6644

City and County of San Francisco  
Office of Contract Administration  
Purchasing Division  
City Hall, Room 430  
1 Dr. Carlton B. Goodlett Place  
San Francisco, California 94102-4685

Agreement between the City and County of San Francisco and  
Fort Help, LLC.

This Agreement is made this 1st day of September, 2008, in the City and County of San Francisco, State of California, by and between: Fort Help, LLC., 26460 Summit Circle, Santa Clarita, CA 91350, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the Department of Public Health, Community Behavioral Health, Substance Abuse, ("Department") wishes to reduce the impact of substance abuse and addiction by providing counseling and methadone treatment for street-based drugs; and,

WHEREAS, a Request for Proposal ("RFP") Number 06-2008 was issued on March 13, 2008, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the services required by City as set forth under this Contract; and,

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 2013-04/05 on June 6, 2005;

Now, THEREFORE, the parties agree as follows:

1. Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation

This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization.

This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated.

City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

**2. Term of the Agreement**

Subject to Section 1, the term of this Agreement shall be from September 1, 2008 to June 30, 2013. The City shall have the sole discretion to exercise the following options pursuant to RFP#06-2008 dated March 13, 2008, to extend the Agreement term:

- Option 1: July 1, 2013 – June 30, 2014
- Option 2: July 1, 2014 – June 30, 2015
- Option 3: July 1, 2015 – June 30, 2016
- Option 4: July 1, 2016 – June 30, 2017

**3. Effective Date of Agreement**

This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.

**4. Services Contractor Agrees to Perform**

The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.

**5. Compensation**

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Public Health Department**, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **One Million Seven Hundred Seventeen Thousand Three Hundred Thirty-Three Dollars (\$1,717,333)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **The Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

**6. Guaranteed Maximum Costs**

a. The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification.

b. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law.

c. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller.

d. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.

#### 7. Payment; Invoice Format

Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City.

Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."

#### 8. Submitting False Claims; Monetary Penalties

Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for three times the amount of damages which the City sustains because of the false claim. A contractor, subcontractor or consultant who submits a false claim shall also be liable to the City for the costs, including attorneys' fees, of a civil action brought to recover any of those penalties or damages, and may be liable to the City for a civil penalty of up to \$10,000 for each false claim. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

#### 9. Disallowance

If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement.

By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material term of the Agreement.

#### 10. Taxes

a. Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor.

b. Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

(1) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest;

(2) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

(3) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

(4) Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

#### **11. Payment Does Not Imply Acceptance of Work**

The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.

#### **12. Qualified Personnel**

Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

#### **13. Responsibility for Equipment**

City shall not be responsible for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even though such equipment be furnished, rented or loaned to Contractor by City.

#### **14. Independent Contractor; Payment of Taxes and Other Expenses**

##### **a. Independent Contractor**

Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to



Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor.

Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement.

**b. Payment of Taxes and Other Expenses.**

Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority.

Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability).

A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, should any court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability so that City's total expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

**15. Insurance**

a. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

(2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

(3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

(4) Professional liability insurance with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with professional services to be provided under this Agreement.

b. Commercial General Liability and Commercial Automobile Liability Insurance policies must provide the following:

(1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

c. All policies shall provide thirty (30) days' advance written notice to City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the following address:

Office of Contract Management and Compliance  
Department of Public Health  
1380 Howard Street, RM442/443  
San Francisco, California 94103

d. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

e. Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

f. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

g. Before commencing any operations under this Agreement, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement.

h. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

## 16. Indemnification

Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons in consequence of

the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

**17. Incidental and Consequential Damages**

Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

**18. Liability of City**

CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

**19. Left blank by agreement of the parties. (Liquidated damages)**

**20. Default; Remedies**

a. Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

(1) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement: 8, 10, 15, 24, 30, 37, 53, 55, 57, 58, and item 1 of Appendix D attached to this Agreement.

(2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

(3) Contractor (a) is generally not paying its debts as they become due, (b) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (c) makes an assignment for the benefit of its creditors, (d) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property or (e) takes action for the purpose of any of the foregoing.

(4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of Contractor.

b. On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other agreement.

c. All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

## 21. Termination for Convenience

a. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

b. Upon receipt of the notice, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

(1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.

(2) Not placing any further orders or subcontracts for materials, services, equipment or other items.

(3) Terminating all existing orders and subcontracts.

(4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

(5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

(6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.

(7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

c. Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

(1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

(2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

(3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

(4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

d. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; (2) any claim which City may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.

f. City's payment obligation under this Section shall survive termination of this Agreement.

## 22. Rights and Duties upon Termination or Expiration

a. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement: 8 through 11, 13 through 18, 24, 26, 27, 28, 48 through 52, 56, 57 and item 1 of Appendix D attached to this Agreement.

b. Subject to the immediately preceding subsection (a), upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

## 23. Conflict of Interest

Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

## 24. Proprietary or Confidential Information of City

a. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as

authorized by law. Contractor understands and agrees that this duty of care shall extend to confidential information contained or conveyed in any form, including but not limited to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.

c. Contractor shall maintain its books and records in accordance with the generally accepted standards for such books and records for five years after the end of the fiscal year in which Services are furnished under this Agreement. Such access shall include making the books, documents and records available for inspection, examination or copying by the City, the California Department of Health Services or the U.S. Department of Health and Human Services and the Attorney General of the United States at all reasonable times at the Contractor's place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under this Agreement and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

d. The City owns all records of persons receiving Services and all fiscal records funded by this Agreement if Contractor goes out of business. Contractor shall immediately transfer possession of all these records if Contractor goes out of business. If this Agreement is terminated by either party, or expires, records shall be submitted to the City upon request.

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.

## 25. Notices to the Parties

Unless otherwise indicated elsewhere in this Agreement, all written communications sent by the parties may be by U.S. mail, e-mail or by fax, and shall be addressed as follows:

To CITY:	Office of Contract Management and Compliance Department of Public Health 1380 Howard Street, RM443 San Francisco, California 94103	FAX: (415) 252-3088 e-mail: Yoshimi.Saito@sfdph.org
And:	Mario Hernández Community Behavioral Health 1380 Howard Street San Francisco, California 94103	FAX: (415) 255-3529 e-mail: Mario.Hernandez@sfdph.org
To CONTRACTOR:	Fort Help, LLC. 26460 Summit Circle Santa Clarita, California 91350	FAX: (661) 254-6644 e-mail: Forthelp@hotmail.com

Any notice of default must be sent by registered mail.

## 26. Ownership of Results

Any interest of Contractor or its Subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors in connection with services to be performed under this Agreement, shall become the property of and will be transmitted to City. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

## 27. Works for Hire

If, in connection with services performed under this Agreement, Contractor or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of the City. If it is ever determined that any works created by Contractor or its subcontractors under this Agreement are not works for hire under U.S. law, Contractor hereby assigns all copyrights to such works to the City, and agrees to provide any material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

## **28. Audit and Inspection of Records**

a. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement shall have the same rights conferred upon City by this Section.

b. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his/her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

c. The Director of Public Health or his/her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

d. Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

## **29. Subcontracting**

Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.

### **30. Assignment**

The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

### **31. Non-Waiver of Rights**

The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

### **32. Earned Income Credit (EIC) Forms**

Administrative Code section 12O requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found.

a. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement.

b. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law.

c. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section.

d. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 12O of the San Francisco Administrative Code.

### **33. Local Business Enterprise Utilization; Liquidated Damages**

#### **a. The LBE Ordinance**

Contractor shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in this section. Contractor's willful failure to comply with any applicable provisions of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall entitle City, subject to any applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be



cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

**b. Compliance and Enforcement**

If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Human Rights Commission or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of HRC") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of HRC will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17.

By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the HRC shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City.

Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of HRC or the Controller upon request.

**34. Nondiscrimination; Penalties**

**a. Contractor Shall Not Discriminate**

In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

**b. Subcontracts**

Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

**c. Nondiscrimination in Benefits**

Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

**d. Condition to Contract**

As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form HRC-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Human Rights Commission.

**e. Incorporation of Administrative Code Provisions by Reference**

The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§ 12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

**35. MacBride Principles—Northern Ireland**

Pursuant to San Francisco Administrative Code §12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

**36. Tropical Hardwood and Virgin Redwood Ban**

Pursuant to §804(b) of the San Francisco Environment Code, the City and County of San Francisco urges contractors not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

**37. Drug-Free Workplace Policy**

Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents or assigns will be deemed a material breach of this Agreement.

**38. Resource Conservation**

Chapter 5 of the San Francisco Environment Code ("Resource Conservation") is incorporated herein by reference. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.

**39. Compliance with Americans with Disabilities Act**

Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities

provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.

#### 40. Sunshine Ordinance

In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

#### 41. Public Access to Meetings and Records

If the Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

#### 42. Limitations on Contributions

Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or a board on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126.

#### 43. Requiring Minimum Compensation for Covered Employees

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at [www.sfgov.org/olse/mco](http://www.sfgov.org/olse/mco). A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor.

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

#### **44. Requiring Health Benefits for Covered Employees**

Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at [www.sfgov.org/ols](http://www.sfgov.org/ols). Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission.

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

**45. First Source Hiring Program**

**a. Incorporation of Administrative Code Provisions by Reference**

The provisions of Chapter 83 of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

**b. First Source Hiring Agreement**

As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

(1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs maybe certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.

(2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.

(3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry level and training positions, identification of English language proficiency requirements, or absence thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.

(4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

(5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily

for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

(6) Set the term of the requirements.

(7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.

(8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.

(9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

**c. Hiring Decisions**

Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.

**d. Exceptions**

Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.

**e. Liquidated Damages**

Contractor agrees:

(1) To be liable to the City for liquidated damages as provided in this section;

(2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;

(3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.

(4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;

(5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

A. The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and

B. In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

therefore, liquidated damages that total \$5,000 for first violations and \$10,000 for subsequent violations as determined by FSHA constitute a fair, reasonable, and conservative attempt to quantify the harm caused to the City by the failure of a contractor to comply with its first source referral contractual obligations.

(6) That the failure of contractors to comply with this Chapter, except property contractors, may be subject to the debarment and monetary penalties set forth in Sections 6.80 et seq. of the San Francisco Administrative Code, as well as any other remedies available under the contract or at law; and

(7) That in the event the City is the prevailing party in a civil action to recover liquidated damages for breach of a contract provision required by this Chapter, the contractor will be liable for the City's costs and reasonable attorneys fees.

Violation of the requirements of Chapter 83 is subject to an assessment of liquidated damages in the amount of \$5,000 for every new hire for an Entry Level Position improperly withheld from the first source hiring process. The assessment of liquidated damages and the evaluation of any defenses or mitigating factors shall be made by the FSHA.

**f. Subcontracts**

Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.

**46. Prohibition on Political Activity with City Funds**

In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this Agreement. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two (2) years. The Controller will not consider Contractor's use of profit as a violation of this section.

**47. Preservative-treated Wood Containing Arsenic**

Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.



**48. Modification of Agreement**

This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement.

**49. Administrative Remedy for Agreement Interpretation – *DELETED BY MUTUAL AGREEMENT OF THE PARTIES***

**50. Agreement Made in California; Venue**

The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

**51. Construction**

All paragraph captions are for reference only and shall not be considered in construing this Agreement.

**52. Entire Agreement**

This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48.

**53. Compliance with Laws**

Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

**54. Services Provided by Attorneys**

Any services to be provided by a law firm or attorney must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

**55. Supervision of Minors – *DELETED BY MUTUAL AGREEMENT OF THE PARTIES***

**56. Severability**

Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

## **57. Protection of Private Information**

Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

## **58. Graffiti Removal**

Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti.

Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990. (17 U.S.C. §§ 101 et seq.).

Any failure of Contractor to comply with this section of this Agreement shall constitute an Event of Default of this Agreement.

## **59. Food Service Waste Reduction Requirements**

Effective June 1, 2007, Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

60. Left blank by agreement of the parties. (Slavery era disclosure)

61. Dispute Resolution Procedure – *DELETED BY MUTUAL AGREEMENT OF THE PARTIES*

62. Additional Terms

Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

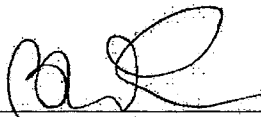
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Fort Help, LLC.

  
\_\_\_\_\_  
Mitchell H. Katz, M.D.  
Director of Health

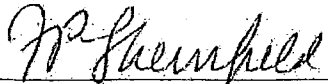
10/24/08  
Date

By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

Approved as to Form:

Dennis J. Herrera  
City Attorney

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

  
\_\_\_\_\_  
By: Deputy City Attorney

10/31/08  
Date

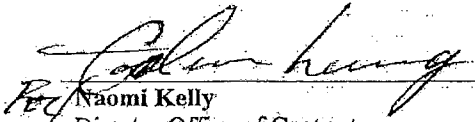
  
\_\_\_\_\_  
Stan Sharma

10/21/08  
Date

Executive Director  
26460 Summit Circle  
Santa Clarita, CA, 91350

Approved:

City vendor number: 74019

  
\_\_\_\_\_  
Naomi Kelly  
Director Office of Contract  
Administration and Purchaser

11/20/09  
Date

The Appendices listed below and attached hereto are incorporated into this Agreement by reference as though fully set forth herein.

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Reserved
- H: Substance Abuse Programs
- I: Privacy Policy Compliance Standards
- J: Emergency Response

## Appendix A

### COMMUNITY BEHAVIORAL HEALTH SERVICES

The following requirements are incorporated into Appendix A, as provided in this Agreement under Section 4. SERVICES.

A. Contract Administrator:

In performing the SERVICES hereunder, CONTRACTOR shall report to Mario Hernandez, Contract Administrator for the CITY, or her designee.

B. Reports:

(1) CONTRACTOR shall submit written reports as requested by the CITY. The format for the content of such reports shall be determined by the CITY. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

(2) CONTRACTOR agrees to submit to the Director of Public Health or his designated agent (hereinafter referred to as "DIRECTOR") the following reports: Annual County Plan Data; Utilization Review Data and Quarterly Reports of De-certifications; Peer Review Plan, Quarterly Reports, and relevant Peer Review data; Medication Monitoring Plan and relevant Medication Monitoring data; Charting Requirements, Client Satisfaction Data, Program Outcome Data, and Data necessary for producing bills and/or claims in conformance with the State of California Uniform Method for Determining Ability to Pay (UMDAP; the state's sliding fee scale) procedures.

C. Evaluation:

CONTRACTOR shall participate as requested with the CITY, State and/or Federal government in evaluative studies designed to show the effectiveness of CONTRACTOR'S SERVICES. CONTRACTOR agrees to meet the requirements of and participate in the evaluation program and management information systems of the CITY. The CITY agrees that any final written reports generated through the evaluation program shall be made available to CONTRACTOR within thirty (30) working days. CONTRACTOR may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

CONTRACTOR warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the CITY to provide the SERVICES. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

Space owned, leased or operated by providers, including satellites, and used for SERVICES or staff shall meet local fire codes. Documentation of fire safety inspections and corrections of any deficiencies shall be made available to reviewers upon request.

E. Adequate Resources:

CONTRACTOR agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the SERVICES required under this Agreement, and that all such SERVICES shall be performed by CONTRACTOR, or under CONTRACTOR'S supervision, by persons authorized by law to perform such SERVICES.

F. Admission Policy:

Admission policies for the SERVICES shall be in writing and available to the public. Such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status, except to the extent that the SERVICES are to be rendered to a specific population as described in Appendix A. CONTRACTOR shall adhere to Title XIX of the Social Security Act and shall conform to all applicable Federal and

State statutes and regulations. CONTRACTOR shall ensure that all clients will receive the same level of care regardless of client status or source of reimbursement when SERVICES are to be rendered.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

CONTRACTOR agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the SERVICES: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. CONTRACTOR shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct SERVICES will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) CONTRACTOR must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, §5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>); and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and record keeping.

(2) CONTRACTOR must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) CONTRACTOR must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) CONTRACTOR is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) CONTRACTOR shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) CONTRACTOR shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) CONTRACTOR assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.

(8) CONTRACTOR shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Acknowledgment of Funding:

CONTRACTOR agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded SERVICES.

Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, CITY and County of San Francisco."

K. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or CITY laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the SERVICES. Inability to pay shall not be the basis for denial of any SERVICES provided under this Agreement.

(2) CONTRACTOR agrees that revenues or fees received by CONTRACTOR related to SERVICES performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive SERVICES. Accordingly, these revenues and fees shall not be deducted by CONTRACTOR from its billing to the CITY.

(3) CONTRACTOR agrees that funds received by CONTRACTOR from a source other than the CITY to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the CITY and deducted by CONTRACTOR from its billings to the CITY to ensure that no portion of the CITY'S reimbursement to CONTRACTOR is duplicated.

L. Billing and Information System

CONTRACTOR agrees to participate in the CITY'S Community Mental Health Services (CMHS) and Community Substance Abuse Services (CSAS) Billing and Information System (BIS) and to follow data reporting procedures set forth by the CMHS/CSAS BIS and Quality Improvement Units.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

O. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

P. Compliance with Community Mental Health Services and Community Substance Abuse Services Policies and Procedures

In the provision of SERVICES under Community Mental Health Services or Community Substance Abuse Services contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by Community Mental Health Services or Community Substance Abuse Services, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

2. **Description of Services**

Detailed description of services are listed below and are attached hereto

Appendix A-1: Methadone Maintenance



Contractor: Fort Help, LLC.  
Program: Methadone Maintenance

Appendix A-1

Contract Term (MM/DD/YY)  
07/01/2008 through 06/30/2009

City Fiscal Year: FY2008-09

Funding Source: General Fund

1. Program Name: Fort Help

Program Address (list primary program site address): 915 Bryant Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 777-9953  
Facsimile: (415) 777-4717

2. Nature of Document (check one)

New     Renewal     Modification

3. Goal Statement

Provide a brief and general statement (preferably one sentence) that describes what the program is aiming to accomplish through its contract.

The program will provide detoxification and maintenance for opioid dependent clients.

4. Target Population

Describe the target population to be served by the program. If you target a specific problem, geographic area, group, age, etc. please specify. For example: women of childbearing age; youth between the ages of thirteen and nineteen years; Asian/Pacific Islander gay and bisexual men; African American males residing in the Tenderloin.

The target population is comprised of residents of San Francisco County and adjoining areas, who are abusing opiates.

5. Modality(ies)/Interventions

Specify the modality(ies) of service/interventions to be provided in the program (for CBHS-MH, CRDC is sufficient). If applicable, define billable service unit(s) or deliverables.

The program provides detoxification from opiates and maintenance on methadone for opioid addict patients. These two distinct modalities will provide methadone dosing and individual counseling as medically necessary.

6. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing how, what, where, why, and by whom. Address each question, and include project

names, subpopulations; describe linkages/coordination with other agencies, where applicable.

The services delivered are individual counseling and methadone medication for those who are addicted to opioids. The two modalities are (a) detoxification and (b) maintenance:

- (a) Detoxification is provided to any patient that exhibits opioid addiction; and has a desire to curtail/terminate opiate abuse. The detoxification is for 21-days with two individual counseling and an attenuating dose for 21-days.
- (b) Maintenance consists of providing a daily methadone dose to stem opioid-withdrawal and maintain the patient on a stable dose of methadone hydrochloride. Individual counseling is provided as medically necessary. The methadone dose is determined by the physician based on a host of criteria and medical determination.

- A. Describe how your program conducts outreach, recruitment, promotion, and advertisement. Outreach, recruitment, promotion and advertisement conducted by the Internet, with a web presentation, collaboration with substance abuse providers in the target area, and outreach to physicians and other professionals who are exposed to the client population.
- B. Describe your program's admission, enrollment and/or intake criteria and process where applicable. The admissions, enrollment of clients are driven by Title IX of the California Codes and CFR 22 of the Health Codes. In general, patients have to have documented evidence of opiate addiction before admission to detoxification; and additionally documentation of treatment failure(s) before admission into maintenance. The physician makes a medical evaluation of fitness into the methadone program.

The intake consists of screening for opioid addiction, evaluation of dosing history, medical history and drug use. A urinalysis is conducted prior to admission to confess in opioid use. The physician conducts a medical evaluation to determine physical fitness, allergies and other criteria for fitness for methadone treatment.

- C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service-delivery, wrap-around services, etc. For detoxification a treatment plan is developed, two individual counseling sessions are rendered and methadone dosing is provided with attenuating dose over a 21-day period so that the last day is 5mg or less.

In the case of maintenance, the patient is admitted, a treatment plan is developed, and then a daily dose of methadone is given based on the evaluation

of the program physician. Individual counseling sessions are also provided as determined necessary by the physician and the assigned counselor.

- D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning. In detoxification the successful patient completes 21-days of treatment and then a follow-up is conducted to determine if after the treatment or referral is necessary.

The exit criteria and process for maintenance is essentially determined in the treatment planning and annual evaluations. A successful treatment is deemed when the patient stops illicit drug use and enters ancient stream in society (e.g. having a job, going to school). A discharge is not a criterion of failure. The exit, if necessary, is when the patient becomes completely drug free; and follow-ups are conducted to evaluate the client's ability to stay drug-free.

- E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. *Note: For CBHS, Appendix B is sufficient. Staff is composed of the front desk, counselors, nurses, the physician and quality assurance staff.*

Intake	2 FTE	Katy counselors
Counseling	6 FTE	Isaac, Katy, Beloved, Trianna, Stacy, Morgan
Dispensing	2 FTE	Rackee, Elizabeth
Physician	1 FTE	Dr. Daniels, Dr. Stillion
Quality Assurance	2 FTE	Elizabeth, Stan, Linda, Evelyn

## 7. Objectives and Measurements

*Note: Some sections have other specific requirements for objectives. See section instructions for additional information.*

Each objective should be followed by a section for evaluation, which addresses the following elements:

- **Staff Issues:** list the staff involved in evaluation including oversight and what evaluation activities they will perform. See 6 E.
- **Data Collection Tools:** specify the data collection tool(s) to be used. **Dispensing records and counseling units provided.**
- **Data:** list which data are being collected. **Dispensing records and counseling units provided.**
- **Frequency:** indicate how often the data will be collected and analyzed. Daily

Contractor: Fort Help, LLC.  
Program: Methadone Maintenance  
City Fiscal Year: FY2008-09

Appendix A-i  
Contract Term (MM/DD/YY) -  
07/01/2008 through 06/30/2009  
Funding Source: General Fund

- **Data Reporting:** indicate who will receive and analyze these data and how the evaluation data will be used. **The data collected daily and objective developed by the Quality Assurance staff.**

#### A. Performance/Outcome Objectives

List the program's performance/outcome objectives. Outcome objectives are a statement about the expected changes, results, impacts or benefits of programs for individuals or groups served. These objectives should be specific, measurable, achievable, realistic and time-framed (SMART objectives). State the objective, how it will be measured, who it is applicable to, clients included, and data source.

The structure of an outcome objective must contain the following components:

By \_\_\_\_\_ of \_\_\_\_\_ will  
when how many/what % who have done what  
\_\_\_\_\_ and \_\_\_\_\_  
demonstrate what/result in as measured by documented in

An example of an outcome objective:

During Fiscal Year 2008-2009, 60% of discharged clients will show a reduction in the frequency of alcohol and other drug use compared to entry level baseline as measured by self report, counselor observation, collateral information when available, and documented in the counselor's case notes and program records. Please see attachments.

#### B. Other Measurable Objectives

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

See A above

### 8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. Please see attachments.

PQI 1.01

The leadership (Board, CEO, Managers) are invested in a culture that values service quality. The following is a description of this and how goals in the organization long term/strategic plan are monitored. Materials distributed to staff regarding quality expectations are also attached.

1. Frequent customer satisfaction surveys (aggregated at least quarterly)  
These are conducted regularly to ensure that all patients have the appropriate channels to communicate any issues or comments. These are placed in lock box in each site's lobby, they are collected by a Quality Assurance Manager and are aggregated at the Quarterly Quality Improvement Meeting.
2. Frequent staff satisfaction surveys  
The staff satisfaction surveys are also conducted regularly and staff has the opportunity to communicate any issues anonymously if they desire to do so. They are also involved on every bi-monthly staff meeting where they are given the opportunity to give suggestion on improving our services and they are summarized the progress that the organization is making towards our goals or information on updated policies as a result of the data collection process and corrective action plan. Staff is also encouraged to join the Advisory Board where they are able to participate and be part of the policy making.
3. Quarterly Peer-review meetings  
Doctor's are also an essential piece of our Quality Management Team. They participate in Quarter peer-review meetings with the Medical Director. They are given scheduled with Trainings to attend and they are updated with any new or important information or trends pertaining to the treatment of Opiate Addiction. At this time they also make recommendations for policies based on Medical necessity identified through their meetings or recommendations for Quality Improvement.
4. Monthly Manager's Meetings  
We ensure that Performance and Quality Improvement is addressed at least quarterly at the manager's meeting and all the staff receive a Bi-annual summary which includes a report card, indicating if we are in the right path of accomplishing our goals based on our strategic plan.
5. A consultant that provides training's. Furthermore, after this consultant or any Quality Assurance Manager completes a report based on the findings the manager is responsible for completing a Corrective Action Plan (see attached) this is to ensure that all the issues are being addressed and this implementation plan must be approved by a Quality Assurance Manager. After 2-4 weeks following implementation the Corrective Action Plan is assigned to another Quality Assurance Manager to ensure that the issues were either resolved or continues in the process of being resolved.

6. Trainings on service quality are conducted quarterly and quality assurance reviews are conducted monthly by Delores) at each site (See her schedule attached) Delores also uses the attached tools for Chart Reviews and completes a report (see-attached format) a copy of this report is given to the training manager, one of them is assigned to conduct the recommended training based on the report conducted by Delores.

In an effort to improve the performance of Fort Help in the treatment of narcotic addiction, we have prescribed the following action in establishing performance standards "what gets measured gets done"

Fort Help Quality Assurance Staff will coordinate the ongoing collection and analysis of data. Annually senior management will meet to determine clinic activities that support these key identifiers with established deadlines and budget implications. Bi-annually, quality assurance management meets to make any adjustments necessary to the PQI plan.

The above describes efforts by leadership to promote a culture that values service quality.

Goals in our long term/strategic plan are monitored through a score card of (1 through 5, 1-Meaning goal fully met and 5-meaning no progress made) these are conducted bi-annually by the Quality Assurance Management & Advisory Board. These report/summary (Score Card) is given to the CEO, to all the manager's in the Manager's meeting following the Advisory Board Meeting, to all the staff through the monthly Newsletter and/or the next staff Meeting.

Also see attached samples of trainings and materials distributed to staff regarding quality expectations.

## FORT HELP

### QUALITY IMPROVEMENT PLAN

**PURPOSE:** The purpose of the Quality Assurance and Improvement Plan is to ensure that Fort Help demonstrates a consistent endeavor to deliver optimal care in an environment with minimal risk. The Quality Management and Improvement Plan allows for a systematic, coordinated, and continuous approach to improving performance by focusing on the processes and mechanisms that address these values.

**GOALS:** The goal of the Quality Improvement (QI) Program is to monitor the appropriateness and quality of patient care. Monitoring will be accomplished by activities that:

1. are planned, systematic, and ongoing
2. are comprehensive
3. are based on objective criteria that reflect current medical knowledge and therapeutic experiences
4. are accomplished by the routine collection and periodic evaluation of data
5. result in appropriate actions to resolve identified problems.
6. are updated to assure sustained improvements in care and performance
7. are coordinated in such a way that the information derived is shared among the appropriate staff of this facility

**SCOPE:** The scope of the QA&I Committee is comprehensive and problem oriented. It will include all clinics, services, stakeholders, consumers, and staff associated with the Narcotic Treatment Program. The topics to be reviewed are:

1. Case Record Review
2. Consumer Satisfaction Surveys
3. Feedback Mechanism
4. Information Management
5. Corrective Action Plans
6. Risk Management Reports
7. Staff Training
8. Outcome Measurement & Data Collection

Each QA & I Manager will be responsible for identifying the important aspects of the patient care provided, for indicating quality and appropriateness of the important aspects of care, and for the establishment of thresholds that will be used to evaluate the indicators. All personnel are expected to participate in the QA&I activities.

**ORGANIZATION:** Refer to the flow chart.

## **AUTHORITY AND RESPONSIBILITY**

### **1. Governing Body**

- a. The governing body shall have the responsibility of assuring the public of the goal of optimal quality of all care delivered within all sites of Fort Help.
- b. The governing body shall make the commitment to provide the financial support necessary for Fort Help in order to provide services that are required (e.g., resources, and personnel).
- c. The governing body will receive reports from the appropriate parties according to the organizational plan on the findings of the Quality Improvement (QI) activities. The governing body will respond definitively, if necessary, to fulfill their responsibility of adherence to the QI program.
- d. The governing body delegates the authority and accountability for the QI program to the Director of Fort Help.
- e. The governing body stipulates that the clinic staff, QA&I Committee and the Director work together in a cooperative manner to create and maintain an effective program.
- f. The governing body stipulates that the Director work together with the Safety/Infection Control/Quality Improvement Coordinator and Committee to create a unified program of Quality Improvement.

## **RESPONSIBILITIES AND COMPOSITION OF THE QI COMMITTEE**

- A. The Quality improvement Committee shall be combined with Risk Management. The Director of Fort Help shall appoint the members of the committee to review QI activities.
- B. The QA&I committee shall meet monthly.
- C. The duties of the committee are:
  1. to identify and coordinate all QI activities



2. to conduct routine appraisals of all QI processes and to make recommendations regarding QI activities
3. to promote and assist, where needed, in developing standards of care.
4. to receive, evaluate and coordinate the reports of all QI Processes
5. to identify problems and set priorities for their resolution, if needed
6. to insure that all available data sources are utilized in implementing the QI program
7. to insure the appropriate utilization of all available methods of studying, assessing, and resolving perceived problems.
8. to reappraise the QI plan at least annually for
  - a. unity of organization and function
  - b. comprehensiveness
  - c. effectiveness in solving problems

### **RESPONSIBILITIES OF THE QUALITY ASSURANCE &IMPROVEMENT COORDINATOR**

- A. The Executive Director appoints the Director of QA&I. The Director, on an annual basis, reviews this appointment.
- B. The duties of the QI Director include the following:
  1. Maintains copies of all QI minutes and all reports routinely obtained from the QI Processes. A copy of all monthly minutes will be sent to the Director of Fort Help
  2. Maintains a master file of all Fort Help QI activities.
  3. Attends clinical staff meetings, or sends a representative, when monitoring functions or QI activities are to be discussed.
  4. Assists the QI managers in developing written indicators and thresholds used to assess problems as needed.
  5. Provides references and/or indicators and thresholds developed in outside organizations.
  6. Promotes concepts of QA&I through New Employee Orientation.
  7. Prepares data to review/evaluate Fort Help professional staff as deemed necessary by the Fort Help Director and/or the QA&I committee.

8. Collaborates with the Director in preparing semi-annual reports to be submitted to the Board of Directors of Fort Help
9. Provides the Director with a yearly rating of each employee regarding the employee's compliance with the QI program/plan. This rating will be incorporated into the annual Scoring Summary

### **EVALUATION OF THE QI PROGRAM**

The Board of Directors will evaluate the program at least annually and direct Fort Help Director and QA&I Coordinator as to components that need to be instituted, altered or deleted.

### **CONFIDENTIALITY**

Confidentiality of the QI activity records will be honored. All reports and communications regarding QI activities will be filed in the QA&I Coordinator's office. These records will only be available to the Director, the QA&I committee, and persons authorized by Fort Help.

The QI Plan of Fort Help  
has been reviewed and approved on: \_\_\_\_\_

**Bi-Annual Summary of Result for Quality Improvement Processes**

**Report Date: 06/21/2008**

**Note:** Please be advised that in order to continue to improve our services in many different aspects we are continuously collecting data, reviewing records, conducting surveys, and making several attempts to identify areas in need of Quality Improvement. Attached is a summary of the results for information collected from 01/08 to 6/08. If you have any suggestions, comments or questions please feel free to speak to the clinic manager or leave them in the suggestion box.

Consumer Satisfaction Surveys:

Satisfaction surveys were collected for the period of 01/08 to 06/08 from these surveys 15% of patients reported to be very satisfied with our services and 60% of the patients reported to be satisfied with our services and 20% reported to be Neutral and 5% reported to be unsatisfied. There was some negative feedback provided (please see the Survey Binder for further information), however, there was suggestions suggested that we should extend the dosing hours on the weekends on some of our clinics.

Outcome Measures:

In the month of 01/08 to 06/08 we collected data each month on the positive u/a results for Illicit Drug use or Negative for Narcotic Replacement Therapy. Please see the attached graphs that illustrate the percentages of positive results for each of the category that we test for on a monthly basis. Based on the data that was collected we identified that there were many positive results for Benzodiazepines and many patients who did not have a prescription for this drug.

Case Record Review:

Based on the monthly reports that we received from case record reviewer Delores Ice during the period of 01/08 to 06/08 we identified some of the main problems to be:

- Missing treatment plans
- Missing progress notes
- Too many entry notes/missed counseling sessions
- Some of the take-homes did not have documentation

(please see reports on each clinic for specific information on each of the facilities charts)

Feedback Mechanism:

(please see report attached)

Internal Quality Monitoring:

During this period, we met with each of the staff members and identified that we needed to improve our supervision system. We assigned each of the clinics to one of the Quality Assurance Managers, which will meet with the managers in a regular basis. This will also help identify the additional individual training needs that each of them may have and any issues or concerns associated with their job description or ability to perform job duties.

**Fort Help  
Quality Improvement Processes**

**This training is an attempt to involve and inform all the staff of all aspects of the CQI Processes these processes can not occur with the participation and cooperation of every one of you.**

- A. All the managers participate in the PQI meetings where normally it is discussed in the managers meetings to maintain them actively involved.
- B. PQI is reflected in annual budget for training, policy and procedures, new staff training material and communications to staff.
- C. Stakeholder participation- Consumers, and community members such as the needle exchange program, advisory board members are to obtain reports and provide feedback for our Quality Improvement Processes.
- D. Long-term planning will be evaluated by the advisory board and board of directors minimum every 4 years.
- E. Short-term planning will be evaluated every 2 years maximum or as needed by the Quality Assurance, Advisory Board and Board of Directors
- F. Quality Assurance staff will monitor internal quality and provide a report Minimum on a quarterly basis to the advisory board and bi-annually to the board of directors on: Outcome Measures, Chart Review, Employee Satisfaction surveys, consumer satisfaction surveys, risk management, etc.
- G. Case record review will occur on a regular basis charts shall be audited as per the number on the chart review policy based on the clinic census, by the clinic manager. Delores Ice will also provide the reports of the chart reviews to Quality Assurance to coordinate training on the areas of deficiencies. The managers will sign-off once the charts have been corrected.
- H. Outcome Measure data will be collected on a monthly basis. Outcome data will change every 6 months minimum or depending on the data collected, it will be collected then analyzed policies or procedures might change and then we will collect data for another period to analyzed the impact of the change that was implemented.
- I. Consumer satisfaction surveys will change approximately every 8 months to obtain feedback from the patients in different areas of our services. The manager will review them and supervising personnel and a report will be provided for the Advisory Board and The Board of Directors. Based on the results feedback will be given for weak areas identified through the satisfaction surveys.
- J. Feedback Mechanism will continue from staff, consumers, community members, and advisory board members to obtain feedback and improve our overall services. We will give reports on this issues minimum in a quarterly basis.
- K. Information Management-Is to be evaluated regularly and reports are given quarterly to ensure confidentiality and enable timely and rapid access to information. Any dissemination on data is conducted in a confidential manner. Computers will continue to have anti-spy and anti-virus software. We also have the confidential bins to ensure confidential dissemination of data.

- L. Corrective Action- based on any issues identified by any of these areas or by QA Stakeholders, community members, consumers, advisory board, and the board of directors we attempt to find a corrective action plan to determine any problems or strengths and replicate good practice. This will be done with the input of every one. Supervisor and all staff are involved in the implementation of recommended improvements and we evaluate the results for future decision making. Successful improvements are communicated to all the staff through managers meetings and staff meeting at each location.
- M. Staff Training and Support- Explanations and training on the PQI functions are provided at orientation of new staff.
- N. Every one should be involved in the PQI short and long term plan.
- O. The CEO is directly involved in promoting PQI and produces a summary report of gains made against goals for the board of directors.

**Appendix B  
Calculation of Charges**

**1. Method of Payment**

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

**B. Final Closing Invoice**

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

**2. Program Budgets and Final Invoice**

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1: Methadone Maintenance

**B. COMPENSATION**

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed One Million Seven Hundred Seventeen Thousand Three Hundred Thirty-Three Dollars (\$1,717,333) for the period of September 1, 2008 through June 30, 2013.

CONTRACTOR understands that, of this maximum dollar obligation, \$184,000 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year,

September 1, 2008 through June 30, 2009	\$253,333
July 1, 2009 through June 30, 2010	\$320,000
July 1, 2010 through June 30, 2011	\$320,000
July 1, 2011 through June 30, 2012	\$320,000
July 1, 2012 through June 30, 2013	\$320,000
Total September 1, 2009 through June 30, 2013	\$1,533,333

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.



APPENDIX

	A	B	C	D	E
1	<b>Appendix B - Budget Summary</b>				
2	Document Date: <b>09/12/08</b>				
3					
4	<b>DEPARTMENT OF PUBLIC HEALTH</b>				
5	<b>CONTRACT BUDGET SUMMARY BY PROGRAM</b>				
6					
7	Contractor's Name			Contract Term	
8	Fort Help			9/1/08 - 6/30/09	
9	(Check One) New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/>				
10	If modification, Effective Date of Mod.		No. of Mod.		
11	Programs	Methadone Maintenance			Total
12	Budget Reference Page No.(s)	B - 1	B - 2	B - 3	
13	Program Term	9/1/08-6/30/09			
14	<b>Expenditures</b>				
15	Salaries & Benefits	162,474			162,474
16	Operating Expense	90,859			90,859
17	Capital Expenditure				
18	Direct Cost	253,333	0	0	253,333
19	Indirect Cost				0
20	Indirect Percentage (%) of Direct Cost	0.00%	#DIV/0!	#DIV/0!	0.00%
21	<b>TOTAL EXPENDITURES</b>	<b>\$253,333</b>	<b>\$0</b>	<b>\$0</b>	<b>\$253,333</b>
22	<b>DPH Revenues</b>				
23					0
24	DRUG MediCal	237,500			237,500
25	General Fund	15,833			15,833
26					0
27					0
28					0
29					0
30					0
31					0
32					0
33	<b>Total DPH Revenues</b>	<b>\$253,333</b>	<b>\$0</b>	<b>\$0</b>	<b>\$253,333</b>
34	<b>Other Revenues</b>				
35					0
36					0
37					0
38					0
39					0
40	<b>TOTAL REVENUES</b>	<b>\$253,333</b>	<b>\$0</b>	<b>\$0</b>	<b>\$253,333</b>
41	Total Units of Service	21,464			
42	Cost Per Unit of Service	\$11.80	#DIV/0!	#DIV/0!	
43	Full Time Equivalent (FTE)	7.16			7.16
45	Prepared by:	Telephone No.:			
46	DPH-CO Review Signature:				
47	DPH #1				3/20/1997

	A	B	C	D	E	F
1	<b>Appendix B: Client Summary</b>					
2	Document Date:					09/12/08
3	<b>SUMMARY OF CLIENT SERVICES BY PROGRAM</b>					
4	<b>AND BY FUNDING SOURCE</b>					
5						
6						
7	Program Name: <u>Metadone Maintenance</u>				TERM: <u>9/1/08 - 6/30/09</u>	
8	Funding Source: <u>General Fund</u>					
9						
10						
11	Mode & Service Function		Total Cost	Unduplicated Clients	No. of Units	Cost Per Unit
12	20	DAILY DOSING	\$177,333	83	15,833	\$11.20
13	26	INDIV COUNSELING	\$76,000	79	5,630	\$13.50
14						#DIV/0!
15		Total	\$253,333	162	21,464	#DIV/0!
16						
17	Program Name: _____				TERM: <u>2008-2009</u>	
18	Funding Source: _____					
19						
20						
21	Mode & Service Function		Total Cost	Unduplicated Clients	No. of Units	Cost Per Unit
22						#DIV/0!
23						#DIV/0!
24						#DIV/0!
25						#DIV/0!
26						
27	Program Name: _____				TERM: _____	
28	Funding Source: _____					
29						
30						
31	Mode & Service Function		Total Cost	Unduplicated Clients	No. of Units	Cost Per Unit
32						#DIV/0!
33						#DIV/0!
34						#DIV/0!
35						#DIV/0!
36						
37	Program Name: _____				TERM: _____	
38	Funding Source: _____					
39						
40						
41	Mode & Service Function		Total Cost	Unduplicated Clients	No. of Units	Cost Per Unit
42						#DIV/0!
43						#DIV/0!
44						#DIV/0!
45						#DIV/0!
46	DPH #1A					rev. 11/8/2000

Program Name: FORT HELP LLC  
 (Same as Line 9 on DPH #1)

**Salaries & Benefits Detail**

0.791665625

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		N/A		N/A		Proposed Transaction		Proposed Transaction	
	Proposed Transaction Term: 9/1/08-6/30/09		Proposed Transaction Term: 9/1/08-6/30/09		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	%	SALARIES	%	SALARIES	FTE	SALARIES	FTE	SALARIES
MD	0.36	26,157	0.36	26,157								
RN	0.79	33,646	0.79	33,646								
LVN 2	0.20	5,937	0.20	5,937								
	0.00	0										
COUNSELOR 1	0.79	15,833	0.79	15,833								
COUNSELOR 2	0.79	22,325	0.79	22,325								
COUNSELOR 3	0.79	14,883	0.79	14,883								
COUNSELOR 4	0.79	14,883	0.79	14,883								
	0.00	0										
CLERK 1	0.79	11,907	0.79	11,907								
CLERK 2	0.79	11,162	0.79	11,162								
	0.00	0										
BILLING CLERK	0.79	3,080	0.79	3,080								
PROGRAM DIRECTOR	0.28	2,660	0.28	2,660								
<b>TOTALS</b>	7.16	\$162,474	7.16	\$162,474		\$0		\$0	0.00	\$0	0.00	\$0
<b>EMPLOYEE FRINGE BENEFITS</b>	0%		0%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
<b>TOTAL SALARIES &amp; BENEFITS</b>		\$162,474		\$162,474		\$0		\$0		\$0		\$0

4 Program Name: Methadone Maint.  
 5 (Same as Line 9 on DPH #1)

0.791665625

Operating Expenses Detail

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	N/A	N/A		
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION		
	9/1/08 - 6/30/09	9/1/08 - 6/30/09				
12 Expenditure Category						
13 Rental of Property	49,210	49,210				
14 Utilities(Elec, Water, Gas, Phone, Scavenger)	2,343	2,343				
15 Office Supplies, Postage	5,272	5,272				
16 Building Maintenance Supplies and Repair	2,929	2,929				
17 Printing and Reproduction	1,488	1,488				
18 Insurance	2,343	2,343				
19 Staff Training	1,172	1,172				
20 Staff Travel-(Local & Out of Town)						
21 Rental of Equipment						
22 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
23						
24						
25						
26						
27 Employee Benefits	5,581	5,581				
28 OTHER						
29 Medical Supplies	5,581	5,581				
30 Licence Fess	1,757	1,757				
31 Communication	1,465	1,465				
32 Methadone Supply	7,323	7,323				
33 Lab Test	4,394	4,394				
34						
35 TOTAL OPERATING EXPENSE	\$90,859	\$90,859	\$0	\$0	\$0	\$0

Units of Service Description

It is expected that Fort Help will provide methadone maintenance services to approximately 160 patients. For this fiscal period, this would translate to:

Description:

A dosing unit is the daily delivery of a methadone medication to the patient, as prescribed by the clinic physician, and delivered by the dosing nurse to the patient.

A counseling unit is composed of 10 minutes of individual counseling, delivered by a registered counselor to the patient. The counseling units are determined by medical necessity, is a face-to-face encounter, and varies from 0 minutes to 200 minutes per session.

**Appendix C**  
**Insurance Waiver**

# FORT HELP, LLC.

Oct. 02, 2008

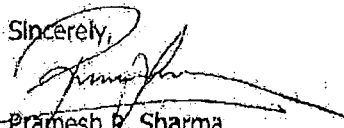
San Francisco Department of Public Health

Dear Ms. Yoshimi Salto,

Please be advised that at our Fort Help facility we do not own, lease or hire any vehicles. Therefore the insurance company cannot give us coverage for such items. In order for us to have coverage, according to the insurance company, we must provide them with Vehicle Identification Numbers.

Because of the location of this facility, there is no need for our staff to use a vehicle. Public transportation is much more convenient for the staff to use should they need to conduct company business on company time.

Sincerely,

  
Pramesh P. Sharma  
Executive vice President

*As per above statement,  
waiver of automobile liability  
insurance requirement is  
readily granted*

*Go Sityaquid  
Pet Management*

*10-3-08*

26460 Summit Circle  
Canyon Country, Ca  
91350

PHONE (661) 254-6630  
FAX (661) 254-6644

**Appendix D  
Additional Terms**

**1. HIPAA**

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- A Business Associate subject to the terms set forth in Appendix E;
- Not Applicable, CONTRACTOR will not have access to Protected Health Information.

**2. THIRD PARTY BENEFICIARIES**

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

**3. CERTIFICATION REGARDING LOBBYING**

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**4. MATERIALS REVIEW**

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays



## Appendix E

### HIPAA BUSINESS ASSOCIATE ADDENDUM

This Appendix contains requirements set forth in the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191 and the regulations promulgated thereunder by the U.S. Department of Health and Human Services and other applicable laws. The City and County of San Francisco, referred to in this agreement as CITY, is the Covered Entity and is referred to below as CE. The CONTRACTOR is the Business Associate, and is referred to below as Associate. The agreement between CITY and CONTRACTOR to which this Addendum is attached is referred to in this Addendum as the Contract.

This HIPAA Business Associate Addendum ("Addendum") supplements and is made a part of the contract ("Contract") by and between Covered Entity ("CE") and Business Associate ("Associate"), [and is effective as of April 14, 2003 for existing contracts and the effective date for future contracts].

#### RECITALS

A. CE wishes to disclose certain information to Associate pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).

B. CE and Associate intend to protect the privacy and provide for the security of PHI disclosed to Associate pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

C. As part of the HIPAA Regulations, the Privacy Rule (defined below) requires CE to enter into a contract containing specific requirements with Associate prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.502(e) and 164.504(e) of the Code of Federal Regulations ("CFR") and contained in this Addendum.

In consideration of the mutual promises below and the exchange of information pursuant to this Addendum, the parties agree as follows:

#### 1. Definitions.

A. **Business Associate** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 160.103.

B. **Covered Entity** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 160.103.

C. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 164.501.

D. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 164.501.

E. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 164.501.

F. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164.

G. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium; (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 164.501. [45 CFR §§ 160.103 and 164.501]

H. **Protected Information** shall mean PHI provided by CE to Associate or created or received by Associate on CE's behalf.

#### 2. Obligations of Associate.

**A. Permitted Uses.** Associate shall not use Protected Information except for the purpose of performing Associate's obligations under the Contract and as permitted under the Contract and Addendum. Further, Associate shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule if so used by CE except that Associate may use Protected Information (i) for the proper management and administration of Associate, (ii) to carry out the legal responsibilities of Associate, or (iii) for Data Aggregation purposes for the Health Care Operations of CE. [45 CFR §§ 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)]

**B. Permitted Disclosures.** Associate shall not disclose Protected Information except for the purpose of performing Associate's obligations under the Contract and as permitted under the Contract and Addendum or in any manner that would constitute a violation of the Privacy Rule if disclosed by CE, except that Associate may disclose Protected Information (i) for the proper management and administration of Associate; (ii) to carry out the legal responsibilities of Associate; (iii) as required by law, or (iv) for Data Aggregation purposes for the Health Care Operations of CE.

To the extent that Associate discloses Protected Information to a third party, Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) an agreement from such third party to immediately notify Associate of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach. [45 CFR §§ 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)]

**C. Appropriate Safeguards.** Associate shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by this Contract. [45 CFR § 164.504(e)(2)(ii)(B)] Associate shall maintain a comprehensive written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the Associate's operations and the nature and scope of its activities.

**D. Reporting of Improper Use or Disclosure.** Associate shall notify the compliance office of CE in writing of any use or disclosure of Protected Information otherwise than as provided for by the Contract and this Addendum within five (5) days of becoming aware of such use or disclosure. [45 CFR § 164.504(e)(2)(ii)(C)]. Such notice shall be sent to: DPH Compliance Office, Bldg. 10, Ward 15, 1001 Potrero Avenue, San Francisco, CA 94110.

**E. Associate's Agents.** Associate shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to Associate with respect to such PHI. [45 CFR § 164.504(e)(2)(D)] Associate shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation. (See 45 CFR §§ 164.530(f) and 164.530(e)(1))

**F. Access to Protected Information.** Associate shall make Protected Information maintained by Associate or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR Section 164.524. [45 CFR § 164.504(e)(2)(ii)(E)]

**G. Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR Section 164.526. If any individual requests an amendment of Protected Information directly from Associate or its agents or subcontractors, Associate must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by Associate or its agents or subcontractors shall be the responsibility of CE. [45 CFR § 164.504(e)(2)(ii)(F)]

**H. Accounting Rights.** Within ten (10) days of notice by CE of a request for an accounting of disclosures of Protected Information, Associate and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR Section 164.528, as determined by CE. Associate agrees to implement a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years prior to the request, but not before the compliance date of the Privacy Rule. At a minimum, such information shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information

disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to Associate or its agents or subcontractors, Associate shall within five (5) days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. Associate shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum. [45 CFR §§ 164.504(e)(2)(ii)(G) and 165.528]

**I. Governmental Access to Records.** Associate shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining Associate's compliance with the Privacy Rule. [45 CFR § 164.504(e)(2)(ii)(H)] Associate shall provide to CE a copy of any Protected Information that Associate provides to the Secretary concurrently with providing such Protected Information to the Secretary.

**J. Minimum Necessary.** Associate (and its agents or subcontractors) shall only request, use and disclose the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [45 CFR § 164.514(d)(3)]

**K. Data Ownership.** Associate acknowledges that Associate has no ownership rights with respect to the Protected Information.

**L. Retention of Protected Information.** Notwithstanding Section 3.c of this Addendum, Associate and its subcontractors or agents shall retain all Protected Information throughout the term of the Contract and shall continue to maintain the information required under Section 2.h of this Addendum for a period of six (6) years after termination of the Contract. (See 45 CFR §§ 164.530(j)(2) and 164.526(d).

**M. Notification of Breach.** During the term of this Contract, Associate shall notify the Compliance Office of the CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which Associate becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. Associate shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.

Notification can occur by telephone at: (415) 642-5790.

**N. Audits, Inspection and Enforcement Involving the Use of Protected Information.** Within ten (10) days of a written request by CE, Associate and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether Associate has complied with this Addendum; provided, however, that (i) Associate and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of Associate to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by Associate. The fact that CE inspects, or fails to inspect, or has the right to inspect, Associate's facilities, systems, books, records, agreements, policies and procedures does not relieve Associate of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify Associate or require Associate's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under this Contract.

### 3. Termination.

**A. Material Breach.** A breach by Associate of any material provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract by CE pursuant to Section 20 of the Contract. [45 CFR § 164.504(e)(2)(iii)]

**B. Judicial or Administrative Proceedings.** CE may terminate this Contract, effective immediately, if (i) Associate is named as a defendant in a criminal proceeding for a violation of HIPAA, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the Associate has violated any standard or requirement of HIPAA, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

**C. Effect of Termination.** Upon termination of this Contract for any reason, Associate shall, at the option of CE, return or destroy all Protected Information that Associate or its agents or subcontractors still maintain

in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, Associate shall continue to extend the protections of Section 2 of this Addendum to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible. [45 CFR § 164.504(e)(ii)(2)(I)] If CE elects destruction of the PHI, Associate shall certify in writing to CE that such PHI has been destroyed.

4. **Limitation on Liability.** Any limitations on liability set forth in the Contract shall not apply to the obligations set forth herein.
5. **Disclaimer.** CE makes no warranty or representation that compliance by Associate with this Addendum, HIPAA or the HIPAA Regulations will be adequate or satisfactory for Associate's own purposes. Associate is solely responsible for all decisions made by Associate regarding the safeguarding of PHI.
6. **Certification.** To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense examine Associate's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which Associate's security safeguards comply with HIPAA, the HIPAA Regulations or this Addendum.
7. **Amendment.** The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of this Contract may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the Privacy Rule and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from Associate that Associate will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the Privacy Rule or other applicable laws. CE may terminate this Contract upon thirty (30) days written notice in the event (i) Associate does not promptly enter into negotiations to amend this Contract when requested by CE pursuant to this Section or (ii) Associate does not enter into an amendment to this Contract providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA and the Privacy Rule.
8. **Assistance in Litigation or Administrative Proceedings.** Associate shall make itself, and any subcontractors, employees or agents assisting Associate in the performance of its obligations under this Contract, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the Privacy Rule or other laws relating to security and privacy, except where Associate or its subcontractor, employee or agent is a named adverse party.
9. **No Third Party Beneficiaries.** Nothing express or implied in this Contract is intended to confer, nor shall anything herein confer, upon any person other than CE, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
10. **Effect on Contract.** Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.
11. **Interpretation.** The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA and the Privacy Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the Privacy Rule.

**Appendix F**  
**Invoice**



Appendix G

RESERVED

## Appendix H

### SUBSTANCE ABUSE PROGRAMS

such as

Drug Medi-Cal,

Federal Substance Abuse Prevention And Treatment (SAPT) Block Grant,

Primary Prevention or

State Funded Services

(e.g., Bay Area Services Network/BASN)

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

(Note: For the purposes of this Appendix, "DMC" shall mean Drug Medi-Cal.)

Document 2A:	<i>Sobky v. Smoley</i> , February 1, 1995
Document 2B:	Provider Waiting List Record
Document 2C:	California Code of Regulations, Title 22
Document 2D:	Perinatal Services Monthly Report
Document 2E:	Drug Medi-Cal Certification Standards for Substance Abuse Clinics

CONTRACTOR and/or any other providers of DMC funded services be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations.

CONTRACTOR'S subcontracts shall require that providers comply with the following regulations and guidelines:

- (a) Title 21 CFR Part 1300, et seq., Title 42, CFR, Part 8;
- (b) Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Document 2E);
- (c) Title 22, Sections 51341.1, 51490.1, and 51516.1, (Document 2C);
- (d) Alcohol and/or Other Drug Program Certification Standards (Document 1P); and
- (e) Title 9, Sections 10000, et seq.

In the event of conflicts, the provisions of Title 22 shall control.

**FOR CONTRACTS WITH DRUG MEDI-CAL, FEDERAL SAPT OR STATE FUNDS:**

Subcontractor Documentation



Any agreement with a subcontractor that is not licensed or certified by State shall require the subcontractor to submit organizational documents to State within 30 days of its execution of an initial subcontract or within 90 days of the renewal or continuation of an existing subcontract. Organizational documents shall include the subcontractor's Articles of Incorporation or Partnership Agreements (as applicable), and business licenses, fictitious name permits, and such other information and documentation as may be requested by the State.

### Records

CONTRACTOR shall maintain sufficient books, records, documents, and other evidence necessary for State to audit contract performance and contract compliance. CONTRACTOR will make these records available to State, upon request, to evaluate the quality and quantity of SERVICES, accessibility and appropriateness of SERVICES, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine the reasonableness, allowability, and allocability of costs incurred by CONTRACTOR.

1. Contracts with audit firms shall have a clause to permit access by State to the working papers of the external independent auditor, and copies of the working papers shall be made for State at its request.
2. CONTRACTOR shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with State.
3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.
4. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
5. CONTRACTOR'S subcontracts shall require that all subcontractors comply with the requirements of this Section A.
6. Should a subcontractor discontinue its contractual agreement with CONTRACTOR, or cease to conduct business in its entirety, CONTRACTOR shall be responsible for retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to State funds.

If CONTRACTOR cannot physically maintain the fiscal and program records of the subcontractor, then arrangements shall be made with State to take possession and maintain all records.

7. In the expenditure of funds hereunder, and as required by 45 CFR Part 96, CONTRACTOR shall comply with the requirements of SAM and the laws and procedures applicable to the obligation and expenditure of State funds.

### Control Requirements

1. Performance is subject to all applicable federal and State laws, regulations, and standards. In accepting the State drug and alcohol combined program allocation pursuant to HSC, Sections 11757(a) and (b), CONTRACTOR shall (i) establish, and shall require subcontractors to establish, written accounting procedures consistent with the following requirements, and (ii) be held accountable for audit exceptions taken by State against CONTRACTOR and its subcontractors for any failure to comply with these requirements:

- (a) HSC, Division 10.5;
- (b) Title 9, California Code of Regulations, Division 4;
- (c) Government Code, Article 1.7, Federal Block Grants, Chapter 2, Part 2, Division 4, Title 2, commencing at Section 16366.1;
- (d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;
- (e) Title 42, United States Code (USC), Section 300x-5;
- (f) Block Grant [Public Law 102-321 (Title 42, USC, commencing at §101)];
- (g) Single Audit Act of 1984 (Public Law 98-502) and the Single Audit Act Amendments of 1996 (Public Law 104-156) and corresponding OMB Circular A-133 (Revised June 24, 1997);
- (h) Title 45 Code of Federal Regulations (CFR), Part 96, Subparts B, C, and L, Substance Abuse Prevention and Treatment Block Grant;
- (i) Title 21, CFR, Part 291 (Food and Drug Administration Requirements for Narcotic Treatment Programs);
- (j) Title 21, CFR, Part 1300, et. seq. (Drug Enforcement Administration Requirements for Food and Drugs); and
- (k) State Administrative Manual, Chapter 7200.

CONTRACTOR shall be familiar with the above laws and regulations and shall assure that its subcontractors are also familiar with such laws.

2. Title 45, CFR, Part 96; Subpart L, as amended by PL 106-310, the Children's Health Act of 2000; contains the minimal provisions that are to be adhered to by CONTRACTOR in the expenditure of the Substance Abuse Prevention and Treatment Block Grant funds. 45 CFR 96, Subpart L, is incorporated by reference.

3. Documents 1C and 1D incorporated by this reference, contain additional requirements that shall be adhered to by those CONTRACTORS that receive the types of funds specified by each document and referenced in Appendix A1. These Appendixs and documents are:

- (a) Document 1C, Driving Under the Influence Program Requirements; and
- (b) Document 1D, Bay Area Services Network (BASN) Services to California Department of Corrections (CDC) -- Parolee Services Network Projects
- (c) Document 1G, incorporated by this reference, "Perinatal Services Network Guidelines," contains the requirements for perinatal programs

Document 1T, incorporated by this reference, "Prevention Activities Data System (PADS) Forms," collects information required in the SDFSC Act and SAPT Block Grants. Reports are required from primary prevention providers on a yearly basis.

## Appendix I

### **San Francisco Department of Public Health Privacy Policy Compliance Standards**

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

**Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.**

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

**Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.**

As Measured by: Documentation showing individual was trained exists

**Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.**

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

**Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.**

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

**Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.**

As Measured by: Documentation exists.

**Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program.**

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file

## Appendix J

### EMERGENCY RESPONSE

CONTRACTOR will develop and maintain a Site Specific Emergency Response Plan for its service site. Such plan shall be in compliance with the Emergency Response Plan of the CITY'S Community Mental Health Services (CMHS) and Community Substance Abuse Services (CSAS). The site plan will be updated and submitted annually upon request to the DIRECTOR for review and approval. CONTRACTOR will train all employees regarding the provisions of the plan for their site.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of the CITY'S CMHS and CSAS.

POLICYHOLDER COPY

SC



P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 07-01-2008

GROUP:  
POLICY NUMBER: 1514478-2008  
CERTIFICATE ID: 6  
CERTIFICATE EXPIRES: 07-01-2008  
07-01-2008/07-01-2008

CITY & COUNTY OF SAN FRANCISCO  
DEPT. OF PUBLIC HEALTH  
1 DR. CARTON B. GOODLETT PL.  
SAN FRAN CA 94102-4803

SC

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

*James Neary*  
AUTHORIZED REPRESENTATIVE

*Janet Frank*  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1901 - AMERICAN HEALTH SERVICES LLC - EXCLUDED.

ENDORSEMENT #1901 - DR. STAN SHARMA MGR NEM - EXCLUDED.

EMPLOYER

AMERICAN HEALTH SERVICES, LLC (A LIMITED LIABILITY CO) DBA: FORT HELP  
PO BOX 801809  
SANTA CLARITA CA 91380

SC

Client#: 57807

FORTHELP

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/15/08

<b>PRODUCER</b> BB&T Insurance Svcs of CA, Inc. 750 B Street, Suite 2400 San Diego, CA 92101 800 421-6744		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.	
<b>INSURED</b> Fort Help LLC P.O. Box 801809 Valencia, CA 91380		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: <b>Admiral Insurance Company</b> INSURER B: INSURER C: INSURER D: INSURER E:	<b>NAIC #</b> 24856

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRE-EXIST <input type="checkbox"/> LOC	CO00000102702	10/10/08	10/10/09	EACH OCCURRENCE \$1,000,000* DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$
		<b>AUTOMOBILE LIABILITY</b> <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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHERS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		<b>OTHER Commercial Professional Liab</b>	CO00000102702	10/10/08	10/10/09	1,000,000 3,000,000 Aggregate

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Certificate is subject to all policy limits, conditions and exclusions.  
 The City and County of San Francisco, its Officers, Employees & Agents are recognized as additional insureds under General Liability coverage as respects to their contract agreement with the named insured.

**CERTIFICATE HOLDER:**

City and County of San Francisco  
 Department of Public Health  
 101 Grove Street, Room 307  
 San Francisco, CA 94102

**CANCELLATION Ten Day Notice for Non-Payment of Premium**

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

AUTHORIZED REPRESENTATIVE *Malia Gagnon*

Policy Number: CO000001027-01

AI 08 76 02 03

Issued Date: 06/18/2008

Effective Date: 10/10/2007

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**AMENDATORY ENDORSEMENT -  
ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

In consideration of the premium charged, it is agreed that the Additional Insured as shown on the Additional Insured Endorsement (Form AE 06 54 02 95) is amended to read as follows:

CITY & COUNTY OF SAN FRANCISCO, IT'S OFFICERS, AGENTS AND EMPLOYEES  
are recognized as Additional Insureds under General Liability coverage as respects to their contract agreement with the "Named Insured", subject to the policy limits, conditions and exclusions

DEPARTMENT OF PUBLIC HEALTH  
101 GROVE STREET, ROOM 307  
SAN FRANCISCO, CA 94102

but only as respects liability arising out of the operations of the "Named Insured".

**ALL OTHER PROVISIONS AND STIPULATIONS REMAIN UNCHANGED.**

**FORT HELP, LLC.**

May 15, 2008


San Francisco Department of Public Health

Dear Ms. Carol McKenney

Please be advised that at our Fort Help facility we do not own, lease or hire any vehicles. Therefore the insurance company cannot give us coverage for such items. In order for us to have coverage, according to the insurance company, we must provide them with Vehicle Identification Numbers.

Because of the location of this facility, there is no need for our staff to use a vehicle. Public transportation is much more convenient for the staff to use should they need to conduct company business on company time.

Sincerely,

  
Pramish P. Sharma  
Executive Vice President

*Based on the above information automobile insurance waiver is hereby granted for the term of this agreement.*

*Rick Marquet*  
Deputy Director

Corporate Office  
28460 Summit Circle  
Bellaire, TX 77408  
713 254 6630

PHONE (981) 254-6630  
FAX (981) 254-6634

5/15/08



**FORM SFEC-126:  
NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors

<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: <b>Fort Help, LLC</b>	
Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary. <b>1. Please see list of members of Board of Directors attached. (N/A, FortHelp is an Limited Liability Company)</b> <b>2. CEO: <u>Stan Sharma</u> , CFO: <u>Leni Legaspi</u>, COO: <u>Rebecca Lira</u></b> <b>3. Persons with more than 20% ownership: N/A</b> <b>4. Subcontractors listed in contract: N/A</b> <b>5. Political committees sponsored or controlled by contractor: N/A</b>	
Contractor address: <b>26460 Summit Circle, Santa Clarita, CA 91350</b>	
Date that contract was approved: <b>9/1/2008</b>	Amount of contract: <b>\$14,852,981</b>
Describe the nature of the contract that was approved: <b>Substance abuse treatment services for heroin and other opiate users with methadone and other opiate replacement therapies as a substitution treatment for street-based drugs and related counseling.</b>	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves San Francisco Board of Supervisors  
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer: Clerk of the San Francisco Board of Supervisors	Contact telephone number: ( 415 ) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

