

**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 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

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

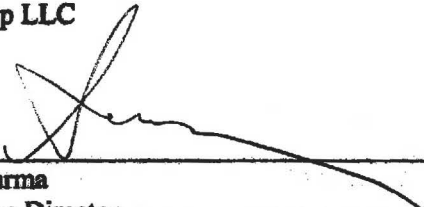
CONTRACTOR

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

- 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 if 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

OUTCOME A: IMPROVE CLIENT SYMPTOMS

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 revised 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 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.

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to 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.

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. 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
<u>Total</u>	<u>\$ 1,717,333</u>

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	DEPARTMENT OF PUBLIC HEALTH				
5	CONTRACT BUDGET SUMMARY BY PROGRAM				
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	Methodone Maintenance			Total
12	Budget Reference Page No.(s)	B - 1	B - 2	B - 3	
13	Program Term				
14	Expenditures				
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	620,000
19	Indirect Cost	0			0
20	Indirect Percentage (%) of Cost	Direct	0.00%	#DIV/0!	#DIV/0!
21	TOTAL EXPENDITURES	\$620,000	\$0	\$0	\$620,000
22	DPH Revenues				
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	Total DPH Revenues	\$620,000	\$0	\$0	\$620,000
34	Other Revenues				
35					0
36					0
37					0
38					0
39					0
40	TOTAL REVENUES	\$620,000	\$0	\$0	\$620,000
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	Appendix B: Client Summary Page 3					
2	Document Date: 09/21/09					
3	SUMMARY OF CLIENT SERVICES BY PROGRAM					
4	AND BY FUNDING SOURCE					
5						
6						
7	Program Name: Methadone Maintenance			TERM: 2009-2010		
8	Funding Source: General Fund & Drug MediCal					
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 rev. 11/8/2000					

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	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	FTE	9/1/08 - 6/30/09 SALARIES	%	2009-2010 SALARIES	%	2009-2010 SALARIES	%	2009-2010 SALARIES	FTE	SALARIES	FTE	SALARIES
MD	1.00	84,500			100.00	84,500						
RN	1.00	55,250			100.00	55,250						
LVN 2	1.00	39,000			100.00	39,000						
COUNSELOR 1	1.00	29,250			100.00	29,250						
COUNSELOR 2	1.00	29,250			100.00	29,250						
COUNSELOR 3	1.00	29,250			100.00	29,250						
COUNSELOR 4	1.00	29,250			100.00	29,250						
COUNSELOR 5	1.00	29,250			100.00	29,250						
CLERK 1	1.00	29,250			100.00	29,250						
CLERK 2	1.00	29,250			100.00	29,250						
	0.00											
BILLING CLERK	1.00	3,750			100.00	3,750						
PROGRAM DIRECTOR	1.00	14,400			100.00	14,400						
C F O	1.00	8,500			100.00	8,500						
TOTALS	13.00	\$410,150	0.00	\$0	1,300.00	\$410,150		\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS 10% \$40,850 #DIV/0! 10% \$40,850 #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$451,000 \$0 \$451,000 \$0 \$0 \$0

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 2009-2010	PROPOSED TRANSACTION 2008-2009	PROPOSED TRANSACTION 2009-2010	PROPOSED TRANSACTION 2008-2009		
Rental of Property	75,000		75,000		
Utilities(Elec, Water, Gas, Phone, Scavenger)	5,500		5,500		
Office Supplies, Postage	8,000		8,000		
Building Maintenance Supplies and Repair	8,000		8,000		
Printing and Reproduction	5,000		5,000		
Insurance	15,000		15,000		
Staff Training	4,000		4,000		
Staff Travel-(Local & Out of Town)					
Rental of Equipment					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)					
Employee Benefits	0		0		
OTHER	5,000		5,000		
Medical Supplies	8,000		8,000		
Licence Fess	8,000		8,000		
Communication	4,000		4,000		
Methadone Supply	15,000		15,000		
Lab Test	8,500		8,500		
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

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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Fort Help LLC P.O. Box 801809 Valencia, CA 91380	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		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"/> 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 \$
		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) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				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		OTHER Commercial Professional Liab	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 <u>30</u> 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.



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 94103-2650

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



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 SC
DEPT. OF PUBLIC HEALTH
1 DR CARTON B GOODLETT PL
SAN FRAN CA 94102-4603

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 SERVICESLLC - EXCLUDED.

ENDORSEMENT #1901 - DR. STAN SHARMA MGR MEM - EXCLUDED.

EMPLOYER

AMERICAN HEALTH SERVICES, LLC (A LIMITED LIABILITY CO) DBA: FORT HELP SC
PO BOX 801809
SANTA CLARITA CA 91380

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

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.

Client#: 37807

FORTHHELP

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/15/08
PRODUCER BS&T Insurance Svcs of CA, Inc. 750 B Street, Suite 2400 San Diego, CA 92101 800 421-8744		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 91300		
		INSURERS AFFORDING COVERAGE INSURER A: Admiral Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC # 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.

IDENTIFY ITR INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	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"/> PROJECT <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 \$
	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) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION: \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WE STATUTORY LIMITS <input type="checkbox"/> OTHER \$L EACH ACCIDENT \$ \$L DISEASE - EA EMPLOYEE \$ \$L DISEASE - POLICY LIMIT \$
A	OTHER Commercial Professional Liab	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

FORT HELP, LLC.

June 15, 2009

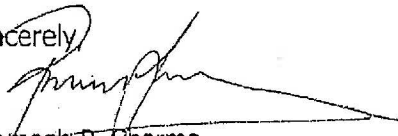
San Francisco Department of Public Health

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

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

Appendix F
 PAGE A

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

INVOICE NUMBER: S01 JL 9

Ct.Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period : Jul-09

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

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

*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	CLIENTS	UOS	CLIENTS
B-1 Methadone Maintenance												
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
TOTAL	53,285		0.000				0.000		0.00%			53,285.000

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

