

**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:

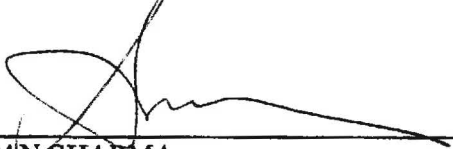
FORT HELP, LLC.



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

4/13/09

Date



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

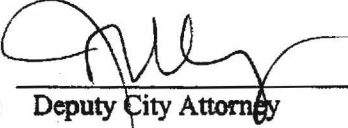
4-9-09

Date

City vendor number: 74019

Approved as to Form:

DENNIS J. HERRERA
City Attorney



By: Deputy City Attorney

4.17.09


Date

RECEIVED

APR 10 2009

CBHS OFFICE OF CONTRACT
MGMT. & COMPLIANCE

Approved:



For NAOMI KELLY
Director Office of Contract
Administration and Purchaser

5/4/09

Date

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

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

Document Date

04/02/09

Page 1 of 5

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.

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
- 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
- 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 data 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

Program: Methadone Maintenance

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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

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 (15th) 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 (15th) 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 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	Appendix B: Budget Summary				
2	Document Date: 02/26/09				
3					
4	DEPARTMENT OF PUBLIC HEALTH				
5	CONTRACT BUDGET SUMMARY BY PROGRAM				
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	Direct	0.00%	#DIV/0!	#DIV/0! 0.00%
21	TOTAL EXPENDITURES	\$553,333	\$0	\$0	\$553,333
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	Total DPH Revenues	\$553,333	\$0	\$0	\$553,333
34	Other Revenues				
35					0
36					0
37					0
38					0
39					0
40	TOTAL REVENUES	\$553,333	\$0	\$0	\$553,333
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	3/20/1997			

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	111,559	0.45	111,559								
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								
TOTALS	5.69	\$369,037	5.69	\$369,037	0.00	\$0		\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS	0%		0%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
TOTAL SALARIES & BENEFITS		\$369,037		\$369,037		\$0		\$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	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION		
2008-2009	2008-2009	2008-2009	2008-2009		
Rental of Property	79,430	79,430			
Utilities(Elec, Water, Gas, Phone, Scavenger)	3,570	3,570			
Office Supplies, Postage	15,172	15,172			
Building Maintenance Supplies and Repair	4,462	4,462			
Printing and Reproduction	2,677	2,677			
Insurance	6,247	6,247			
Staff Training	4,462	4,462			
Staff Travel-(Local & Out of Town)					
Rental of Equipment					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)					
Employee Benefits	6,694	6,694			
OTHER	23,204	23,204			
Medical Supplies	6,694	6,694			
Licence Fess	6,694	6,694			
Communication	2,677	2,677			
Methadone Supply	13,387	13,387			
Lab Test	8,925	8,925			
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**

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/08

PRODUCER
BB&T Insurance Svcs of CA, Inc.
750 B Street, Suite 2400
San Diego, CA 92101
800 421-6744

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.

INBR KOD LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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	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"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.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

**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: 6
CERTIFICATE EXPIRES: 07-01-2009
07-01-2008/07-01-2009

CITY & COUNTY OF SAN FRANCISCO
DEPT. OF PUBLIC HEALTH
1 DR CARTON & GODDLETT PL
SAN FRAN CA 94102-4803

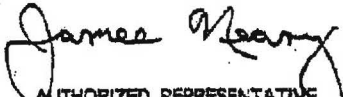
SC

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.


AUTHORIZED REPRESENTATIVE


PRESIDENT

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

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

FORT HELP, LLC.

Oct. 02, 2008

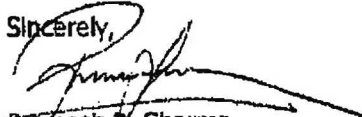
San Francisco Department of Public Health

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
hereby granted*

*G. Fitzgerald
Risk Management
10-3-08*

26460 Summit Circle
Canyon Country, Ca
91350

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

