

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

Sixth Amendment

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

RECITALS

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

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

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

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

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

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

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

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

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

2. Term of the Agreement

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

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

2. Term of the Agreement

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

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

5. Compensation

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

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

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

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

5. Compensation

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

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

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

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

15. Insurance

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

44. Health Care Accountability Ordinance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

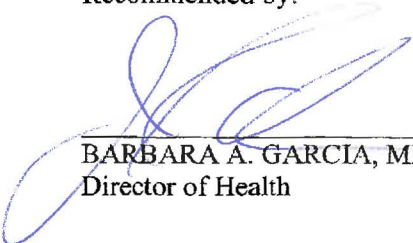
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

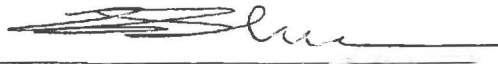
CONTRACTOR

Recommended by:

Fort Help, LLC



BARBARA A. GARCIA, MPA.
Director of Health




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

Approved as to Form:

City vendor number: 74019

Dennis J. Herrera
City Attorney

By:



KATHY MURPHY
Deputy City Attorney

Approved:

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

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

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

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

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

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

5. Modality(ies)/Interventions

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

6. Methodology

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

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

Document Date: 11/10/14

Page 1 of 3

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

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

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

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

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

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

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

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

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

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

7. Objectives and Measurements

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

8. Continuous Quality Assurance and Improvement

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

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

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

- Nature of Document (check one)

New Renewal Modification

- Goal Statement

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

- Target Population

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

- Modality(ies)/Interventions

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

- Methodology

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

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

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

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

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

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

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

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

7. Objectives and Measurements

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

8. Continuous Quality Assurance and Improvement

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

Fort Help Mission has a sister clinic at 915 Bryant St., San Francisco CA 94103.

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

Appendix B
Calculation of Charges

1. Method of Payment

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

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

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

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (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:

Budget Summary
CRDC B1-B2

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

B. Compensation

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

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

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, 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	BPHM09000040
July 1, 2009 through June 30, 2010	\$920,000	BPHM10000041
July 1, 2010 through June 30, 2011	\$1,440,000	
July 1, 2011 through June 30, 2012	\$1,584,297	
July 1, 2012 through June 30, 2013	\$1,576,851	
July 1, 2013 through June 30, 2014	\$1,601,916	
July 1, 2014 through June 30, 2015	\$1,601,916	
July 1, 2015 through June 30, 2016	\$1,601,916	
July 1, 2016 through June 30, 2017	\$1,601,916	
July 1, 2017 through June 30, 2018	<u>\$1,601,916</u>	
Total September 1, 2008 through June 30, 2018	\$14,084,061	

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

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

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

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

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

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

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

DPH 1: Department of Public Health Contract Budget Summary

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

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

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

DPH 3: Salaries & Benefits Detail

Program Code: 38364

Appendix/Page #: B -1 / Page 2

Program Name: Fort Help

Document Date: 11/10/14

Position Title	TOTAL		Federal Drug Medi-Cal, State PSR Drug Medi-Cal, & General Fund HMHSCCRES227									
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
MD1	1.00	85,300	1.00	85,300								
Clinical Supervisor1	1.00	55,000	1.00	55,000								
RN1	1.00	53,000	1.00	53,000								
RN2	1.00	36,000	1.00	36,000								
LVN1	1.00	36,000	1.00	36,000								
Counselor1	1.00	42,000	1.00	42,000								
Counselor2	1.00	42,000	1.00	42,000								
Counselor3	1.00	36,000	1.00	36,000								
Counselor4	1.00	35,000	1.00	35,000								
Counselor5	1.00	35,000	1.00	35,000								
Counselor6	1.00	35,000	1.00	35,000								
Clerk1	1.00	32,000	1.00	32,000								
Clerk2	1.00	30,000	1.00	30,000								
Totals:	13.00	552,300	13.00	552,300	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	6.38%	35,238	6.38%	35,238								
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TOTAL SALARIES & BENEFITS		587,538		587,538		-		-		-		-
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DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-1 / Page 3

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

TOTAL OPERATING EXPENSE

462,600

462,600

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Fort Help LLC		Appendix/Page #: B-2 / Page 1	
Provider Name: Fort Help Mission		Document Date: 11/10/14	
Provider Number: 388907		Fiscal Year: 2014-15	
Program Name:	FH Methadone Maintenance	FH Methadone Maintenance	
Program Code (formerly Reporting Unit):	89074	89074	
Mode/SFC (MH) or Modality (SA)	NTP-48	NTP-48	
Service Description:	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	
FUNDING USES	Counseling	Dosing	
Salaries & Employee Benefits:	72,852	196,969	269,821
Operating Expenses:	39,211	106,014	145,225
Capital Expenses (greater than \$5,000):			-
Subtotal Direct Expenses:	112,063	302,983	415,046
Indirect Expenses:	11,629	31,445	43,074
TOTAL FUNDING USES:	123,692	334,428	458,120
CBHS MENTAL HEALTH FUNDING SOURCES			
			-
			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code		
SA FED - Drug Medi-Cal, CFDA #93.778	HMHSCCRES227	61,846	167,214
SA STATE - PSR Drug Medi-Cal	HMHSCCRES227	61,846	167,214
			-
			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		123,692	334,428
OTHER DPH FUNDING SOURCES			
			-
			-
TOTAL OTHER DPH FUNDING SOURCES		-	-
TOTAL DPH FUNDING SOURCES		123,692	334,428
NON-DPH FUNDING SOURCES			
			-
TOTAL NON-DPH FUNDING SOURCES		-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		123,692	334,428
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program	200	200	
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	
DPH Units of Service:	9,421	32,003	
Unit Type:	Slot Days	Slot Days	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	13.13	10.45	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	13.13	10.45	
Published Rate (Medi-Cal Providers Only):	13.13	10.45	
Unduplicated Clients (UDC):	200	200	Total UDC: 200

DPH 3: Salaries & Benefits Detail

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

Appendix/Page #: B-2 / Page 2

41,554

Position Title	TOTAL		Federal Drug Medi-Cal & State PSR Drug Medi-Cal HMHSCCRES227									
	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
MD1	1.00	64,000	1.00	64,000								
Clinical Supervisor1	1.00	36,000	1.00	36,000								
RN1	1.00	36,000	1.00	36,000								
LVN1	1.00	26,850	1.00	26,850								
Counselor1	1.00	34,000	1.00	34,000								
Counselor2	1.00	34,000	1.00	34,000								
Clerk1	1.00	25,000	1.00	25,000								
Totals:	7.00	255,850	7.00	255,850								

Employee Fringe Benefits:	5.46%	13,971	5.46%	13,971								
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TOTAL SALARIES & BENEFITS		269,821		269,821		-		-		-		-
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DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-2 / Page 3

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

TOTAL OPERATING EXPENSE 145,225 145,225

DPH 7: Contract-Wide Indirect Detail

Contractor Name Fort Help LLC

Document Date: 11/10/14

Fiscal Year: 2014-15

1. SALARIES & BENEFITS

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

2. OPERATING COSTS

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

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



Policy Number:

Date Entered: 11/06/2014

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/6/2014

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

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

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

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			MEO1169412.14	8/24/2014	8/24/2015	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$3,000,000
							PRODUCTS - COMP/OP AGG	\$1,000,000
								\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
			PROPERTY DAMAGE (Per accident)	\$				
				\$				
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$
	DED		RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	PROFESSIONAL LIABILITY			MEO1169412.14	08/24/2014	08/24/2015	EACH CLAIM	\$2,000,000
							AGGREGATE	\$4,000,000

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


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

CERTIFICATE HOLDER

DEPARTMENT OF PUBLIC HEALTH
CBHS
1380 HOWARD STREET, ROOM 419B
SAN FRANCISCO, CA 94103.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE 

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General Liability Coverage Part (Claims-Made and Reported)

1. persons or organizations having proper temporary custody of **your** property are **insureds**, but only with respect to the maintenance or use of such property and only for acts until **your** legal representative has been appointed; and
2. **your** legal representative is an **insured**, but only with respect to his or her duties as **your** legal representatives. As such, they will assume **your** legal rights and duties under this Coverage Part.

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

However, there is no coverage for such additional insureds for any structural alterations, new construction, or demolition operations performed by or on behalf of the additional insured.

A person or organization's status as an additional insured under this subsection 1 ends when **you** cease to be a tenant in the premises.