

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

Fourth Amendment

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

RECITALS

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

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

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

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

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

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

First amendment	dated April 3, 2009 Contract Number DPHM09000322
Second amendment	dated July 1, 2009 Contract Numbers BPHM10000041 and DPHM10000326
Third amendment	dated July 1, 2010 Contract Numbers DPHM11000185 and this Four amendment.

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

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

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

2. Term of the Agreement

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

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

2. Term of the Agreement

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

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

5. Compensation

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

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

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

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

5 Compensation

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

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

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

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

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

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

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

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

CITY

Recommended by:



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

CONTRACTOR

Fort Help, LLC



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

City vendor number: 74019

Approved as to Form:

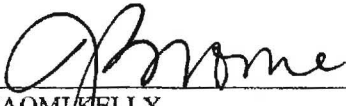
Dennis J. Herrera
City Attorney

By:

 1/18/11

TERENCE HOWZELL
Deputy City Attorney

Approved:



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

RECEIVED
PURCHASING DEPARTMENT
11 JAN 31 PM 4:49

2010-2011 (CBHS only)

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

2. Nature of Document (select one)

New X Renewal Modification

3. Goal Statement

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

4. Target Population

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

5. Methodology

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

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

2010-2011 (CBHS only)

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

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

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

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

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

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

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

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

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

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

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

2010-2011 (CBHS only)

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

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

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

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

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

6. **Objectives and Measurements**

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

Objective A.1: Reduced Psychiatric Symptoms

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

Objective A.2: Reduce Substance Use

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

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

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

Objective A.3: Increase Stable Living Environment

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

Objective F.1: Health Disparity in African Americans

F.1.a Metabolic and health screening

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

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

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

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

F.1.c Active engagement with primary care provider

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

Objective G.1: Alcohol Use/Dependency

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

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

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

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

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

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

7. Continuous Quality Improvement

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

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

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

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 Appendixes" shall mean all those Appendixes, which include General Fund monies.

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

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (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 Appendixes cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

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

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (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, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Four Million Seven Hundred Nineteen Thousand Seven Hundred Thirty Three Dollars (\$4,719,733) for the period September 1, 2008 through December 31, 2012.

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

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

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

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

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

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

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

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

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

DPH Department of Public Health Contract Budget Summary

CONTRACT TYPE: Renewal		APPENDIX: B	
If modification, Effective Date of Mod.:		# of Mod:	
LEGAL ENTITY NUMBER:		DOCUMENT DATE: 12/21/10	
LEGAL ENTITY/CONTRACTOR NAME: Fort Help, LLC		VENDOR ID (DPH USE ONLY): 74019	
APPENDIX NUMBER	B-1		
PROVIDER NUMBER			
PROVIDER NAME	Fort Help Methadone Maintenance		TOTAL
CBHS FUNDING TERM	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	822,525		822,525
OPERATING EXPENSE	297,475		297,475
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	1,120,000		1,120,000
INDIRECT COST AMOUNT	-		-
INDIRECT %	0%		0%
TOTAL FUNDING USES	1,120,000		1,120,000
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
Drug Medi-Cal #93.778	HMHSCRES227	1,100,000	1,100,000
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
COUNTY GENERAL FUND	HMHSCRES227	20,000	20,000
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	1,120,000		1,120,000
TOTAL DPH REVENUES	1,120,000		1,120,000
NON-DPH REVENUES			-
TOTAL NON-DPH REVENUES			-
TOTAL REVENUES (DPH AND NON-DPH)	1,120,000		1,120,000
Prepared by/Phone #: PRAMESH P SHARMA 661-254-6630			

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

FISCAL YEAR		2010-2011		APPENDIX #:		B-1	
LEGAL ENTITY NAME		Fort Help, LLC		DOCUMENT DATE:		12/21/10	
PROVIDER NAME		Fort Help Methadone Maintenance		PROVIDER #:			
REPORTING UNIT NAME	Fort Help MM	Fort Help MM					
REPORTING UNIT	38364	38364					
MODE OF SVCS / SERVICE FUNCTION CODE	NTP-48	NTP-48					
SERVICE DESCRIPTION	SA-Narcotic Tx Narc Replacement Therapy - All Svcs (Dosing)	SA-Narcotic Tx Narc Replacement Therapy - All Svcs (Individual Counseling)					TOTAL
CBHS FUNDING TERM	7/1/10-6/30/11	7/1/10-6/30/11					
FUNDING USES							
SALARIES & EMPLOYEE BENEFITS	689,568	132,957					822,525
OPERATING EXPENSE	249,389	48,086					297,475
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-	-					-
SUBTOTAL DIRECT COSTS	938,957	181,043					1,120,000
INDIRECT COST AMOUNT	-	-					-
INDIRECT %	0%	0%					0%
TOTAL FUNDING USES	938,957	181,043					1,120,000
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES							
STATE REVENUES							
GRANTS							
PRIOR YEAR ROLL OVER							
WORK ORDERS							
3RD PARTY PAYOR REVENUES							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES							
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
FEDERAL REVENUES							
Drug Medi-Cal #93.778	HMHSCRES227	922,190	177,810				1,100,000
STATE REVENUES							
GRANTS/PROJECTS							
WORK ORDERS							
3RD PARTY PAYOR REVENUES							
COUNTY GENERAL FUND	HMHSCRES227	16,767	3,233				20,000
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES							
NON-DPH REVENUES							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)							
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE ¹	81,578	13,410					
UNITS OF TIME ²							
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	11.51	13.50					
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	11.51	13.50					
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS	224	224					

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

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

DPH 3: Salaries & Benefits Detail

Provider Number: _____

Appendix #: **B-1**

Provider Name: **Fort Help Methadone Maintenance**

Document Date: 12/21/10

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

EMPLOYEE FRINGE BENEFITS 10% 10%

TOTAL SALARIES & BENEFITS

DPH 4: Operating Expenses Detail

Provider Number: _____

Appendix #: **B-1**

Provider Name: **Fort Help Methadone Maintenance**

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

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

Appendix F

Invoice



CERTIFICATE OF LIABILITY INSURANCE

OP ID KB
FORTH-1

DATE (MM/DD/YYYY)

10/14/10

PRODUCER Blue Horizon Insurance Service License# 0E83617 5360 Jackson Drive, Suite 220 La Mesa CA 91942 Phone: 619-461-6022 Fax: 619-461-2456		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Fort Help, LLC Pramesh Sharma 915 Bryant Street San Francisco CA 94103		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Admiral Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	C000000102704	10/10/10	10/10/11	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 3000000 PRODUCTS - COM/POP AGG \$ Excluded	
		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 <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A		OTHER Professional Liab	C000000102704 10/10/07 RETRO DATE	10/10/10	10/10/11	Each Clm \$1,000,000 Aggregate \$3,000,000	

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

*10 Day Notice of Cancellation in the Event of Non-Payment of Premium.
 City and County of San Francisco, its officers, agents and employees are Named as Additional insured with respects to insureds operations.

CERTIFICATE HOLDER

SANFRAN

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 08-06-2010

GROUP: 000488
POLICY NUMBER: 0001880-2010
CERTIFICATE ID: 2
CERTIFICATE EXPIRES: 08-06-2011
08-06-2010/08-06-2011

CITY & COUNTY OF SAN FRANCISCO
DEPARTMENT PUBLIC HEALTH
1380 HOWARD ST FL 3
SAN FRANCISCO CA 94103-2880

NA

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

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

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

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

James Neary
Authorized Representative

Douglas V Stewart
Interim President and CEO

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

ENDORSEMENT #1901 - SHARMA, SEANJAY - EXCLUDED.

ENDORSEMENT #2006 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 11-09-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

FORT HELP, LLC
PO BOX 801808
VALENCIA GA 31380

NA

Policy Number: CO000001027-04

AE 06 54 02 95

Effective Date: 10/10/2010

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

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

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

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

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

ALL OTHER PROVISIONS AND STIPULATIONS REMAIN UNCHANGED

Date of Issuance: 10/08/2010

FORT HELP, LLC.

Oct. 02, 2008

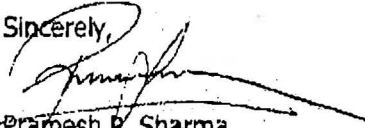
San Francisco Department of Public Health

Dear Ms. Yoshimi Salto,

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

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

Sincerely,


Pramesh P. Sharma
Executive vice President

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

*E. Fitzgibbon
Red Management
10-3-08*

26460 Summit Circle
Canyon Country, Ca
91350

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