

COUNTY OF SAN MATEO
Departmental Correspondence

DATE. March 15, 2001
HEARING DATE March 27, 2001

TO Honorable Board of Supervisors
FROM Beverly Abbott, Director, Mental Health Services *Beverly Abbott 1998*
SUBJECT Agreement with Telecare, Inc , to Provide Services to Persons who are Homeless and Mentally Ill

RECOMMENDATION

- 1 Adopt a resolution authorizing the President of the Board to execute an agreement with Telecare, Inc to provide supported housing services and community treatment services for up to 75 homeless mentally ill adults and transition age youth (ages 16 to 22) from March 27, 2001 through June 30, 2002
- 2 Approve an Appropriation Transfer Request (ATR) recognizing revenue of \$379,739 and increase the appropriation for the remainder of FY 2000-01 to fund an agreement with Telecare, Inc to provide services to homeless mentally ill individuals pursuant to the provisions of AB 2034

Background

In December 2000, the State Department of Mental Health awarded \$1 5 million in AB 2034 grant funding to San Mateo County to implement a program for homeless mentally ill adults and transition age youth This program includes two core services supported housing and intensive community treatment On February 13, 2001, your Board accepted the AB 2034 grant funding and approved a five-year lease with the Department of Veterans Affairs, Palo Alto Health Care System (VAPAHCS) to provide housing for up to 42 individuals On March 6, 2001, your Board approved a contract with Agbayan Construction, Inc , to remodel this facility

Discussion

The AB 2034 grant funds are for the period of December 1, 2000 through June 30, 2002 The program will serve 75 homeless mentally ill adults and transition age youth In December 2000, the Mental Health Division issued a Request for Proposal (RFP) for the staff and operating costs of 42 supported housing placements to be provided at VAPAHCS and an intensive community treatment team (nationally known as the "Assertive Community Treatment" or ACT model.) to serve 75 AB 2034 program clients The 42 individuals receiving supported housing services are included in the total of 75 clients to be served by the treatment team RFPs were distributed to over 30 agencies providing services in San Mateo and the surrounding Bay Area counties Two agencies submitted proposals in response to the RFP A proposal review and selection committee that included two Mental Health Board members (a consumer and a family member), a staff member from a community based organization, and mental health staff recommended Telecare, Inc In addition to the proposed AB 2034 agreement, Telecare currently has a contract with the County (\$5,825,115 annual amount,) to provide residential care and locked long term care at the Cordilleras Mental Health Center and several facilities in Alameda County

According to the proposed agreement, Telecare will enroll and serve 60 adults and 15 transition age youth who are seriously and persistently mentally ill San Mateo County residents These individuals must be currently homeless or at immediate risk of becoming homeless Many program participants will also have co-occurring drug and alcohol problems Enrollment in the program is voluntary Dis-enrollment of a client can only occur when a member of the program requires locked mental health placement or is in jail for more than 90 days An Outreach and Support Team, approved by your Board on January 9, 2001, will function as the point of entry to

the AB 2034 program. This team will provide outreach to individuals who are on the streets, brought into Psychiatric Emergency Services or are in the homeless shelters. Child serving agencies including Juvenile Probation and Human Services may also refer transition age youth to the program, including youth emancipating from foster care. This outreach and initial engagement process has been found by the three AB 2034 pilot programs (Sacramento, Stanislaus, L.A.) to be critical to successful enrollment of homeless mentally ill persons, many of whom have been unwilling or reluctant to use more traditional mental health services.

Telecare, Inc. will assist program members in accessing other mental health rehabilitation and community support services such as permanent housing, education or job training, and employment. Services will be accessible 24-hours/7 days per week and will be based on a flexible 'whatever it takes' approach.

- ◆ The supportive housing service will be located at the VAPAHCS and will include room and board with on-site 24-hour residence staff. In addition to the 2-bed residence, the contractor will establish a 'flexible fund' to purchase interim housing resources for members/enrollees who do not reside at the VAPAHCS. Residents of the VAPAHCS program will be encouraged to participate in community-based daily activities identified in individual service coordination plans.
- ◆ The intensive community treatment team will provide outreach, assessment, benefits advocacy, service coordination, mental health and substance abuse treatment, medication support, money management, assistance with daily living skill development, and vocational services. ACT caseloads are maintained at a ratio of 1:5 in order to provide highly individualized, intensive support and services coordination for the program participants.

The contractor will meet extensive client data and evaluation requirements specified in the AB 2034 legislation.

PERFORMANCE MEASURES	OBJECTIVE 2001-2002
Percent of VAPAHCS residents and intensive treatment program enrollees who will report satisfaction with services and supports	35%
Percent of individuals leaving the VAPAHCS residence who will move to more independent residential settings	75%
Total days of psychiatric hospitalization will be reduced for enrolled program clients in comparison to total days in the 12 months prior to enrollment	50%
Total days of incarceration will be reduced for enrolled program clients in comparison to total number of days in 12 months prior to enrollment	50%

Term and Fiscal Impact

The agreement with Telecare is effective March 27, 2001 through June 30, 2002 and has been reviewed and approved by County Counsel and Risk Management. The total cost of this agreement is \$1,491,741. The source of funding is State General Fund and Medi-Cal. There is no net county cost. The attached ATR appropriates \$379,739 for the remainder of the 2000/01 fiscal year. \$344,770 is funded through the AB 2034 grant and the balance of \$3-969 will be funded by Medi-Cal. Funds for 2001/02 will be included in the Mental Health Services requested budget. AB 2034 services including the agreement with Telecare, Inc. are fully funded through June 2002. Services to homeless mentally ill individuals are a State Department of Mental Health and legislative priority; therefore, it is expected that funds will be made available in future years. Continuation funding for San Mateo County will depend on the successful implementation of the program, positive client outcomes. If funding is discontinued and alternative financing cannot be identified, the program will be terminated at the end of June 2002.

RECOMMENDED

RECOMMENDED

 COUNTY MANAGER


 HEALTH SERVICES DEPARTMENT

1 General Description of RFP	Integrated Services for Homeless Adults funded by AB 2034 funds, State Department of Mental Health
2. List key evaluation criteria	<p>1) Philosophy and Values</p> <ul style="list-style-type: none"> a. There is a clearly articulated understanding of the clients to be served. b. There is a clear commitment to achieving the goal of reducing homelessness, incarceration and unnecessary hospitalization <p>2) Applicant's Experience</p> <ul style="list-style-type: none"> a. Experience providing mental health services to homeless adults b. Capability and experience of key personnel <p>3) Program Description</p> <ul style="list-style-type: none"> a. There is a clear understanding of the scope of services to be provided b. There is sufficient staffing proposed to provide the services c. Training and supervision is sufficient to provide services. <p>4) Cultural Competency</p> <ul style="list-style-type: none"> a. Involvement of ethnic minorities, women, and consumers in service planning and delivery b. Understanding and sensitivity to the cultural diversity of consumers in San Mateo County <p>5) Organizational Capacity</p> <p>Based on the description of similar work, prior experience of Mental Health Services staff with agency, and references, the following items will be considered.</p>

2 List key evaluation criteria cont	<ul style="list-style-type: none"> a. History of successfully managing similar services b History of successfully managing other contracts with public or private agencies c Evidence of satisfactory accounting and record-keeping <p>6) Financial Narrative</p> <ul style="list-style-type: none"> a Financial narrative is clearly present b Costs are economical and realistic c Administrative costs are reasonable
3 Where was it advertised?	Not Advertised see #4
4 RFP Distribution	<ul style="list-style-type: none"> -The announcement of the RFP was made at the December 12th contractor's meeting -The mailing list for the Bay Area adult organizational providers was updated and thirty-one (31) copies of the RFP were mailed out (see attached) -An additional fifteen (15) copies were picked up at the Mental Health Division's program office -The bidder's conference was held on December 20, 2000, and three (3) organizations were represented
5 Total number sent to prospective proposers	31 RFP s were mailed to prospective proposers
6 Number of proposals received	Two (2) proposals were received, one from Telecare Corporation and one from Phoenix Programs, Inc
7 Who evaluated the proposals?	The proposal review occurred on January 17, 2001 The review committee consisted of the Associate Director of the Mental Health Association and three mental health board members (a family member, a consumer member and an at-large member)
8 In alphabetical order, list the names of proposers and location	Phoenix Programs, Inc (based in Contra Costa County) Telecare Corporation (based in Alameda County)

RESOLUTION NO _____

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

RESOLUTION AUTHORIZING AN APPROPRIATION TRANSFER AND THE EXECUTION OF AN AGREEMENT WITH TELECARE, INC TO PROVIDE SERVICES TO HOMELESS MENTALLY ILL ADULTS AND TRANSITION AGE YOUTH

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, the State Department of Mental Health has awarded a \$1,500,000 grant to San Mateo County Mental Health Services to implement an integrated services program to homeless mentally ill adults and transition age youth, and

WHEREAS, there has been presented to this Board of Supervisors for its consideration and acceptance an Agreement, reference to which is hereby made for further particulars, whereby Telecare, Inc., shall provide supported housing and assertive community treatment services for up to 75 individuals as part of the grant-funded program; and

WHEREAS, this Board has been presented with the Agreement and has examined and approved it as to both form and content and desires to enter into this Agreement;

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that the President, of this Board of Supervisors be, and is hereby, authorized and directed to execute said Agreement to provide services for homeless mentally ill adults and transition age youth for and on behalf of the County of San Mateo, and the Clerk of this Board shall attest the President's signature thereto.

ATR/AER Form

Controller's ATR Number _____

Department: Health Services
 Division: Mental Health Services

Type of Transaction: ATR **AER**
 Status of Transaction: One-Time **On-Going**

Title: **CONTRACT WITH TELECARE, INC. FOR AB2034
 INTEGRATED SERVICES FOR HOMELESS ADULTS
 PROGRAM.**

Justification: *To increase appropriations and revenue for the FY 00/01 portion of the
 AB 2034 State grant to contract with Telecare, Inc to enroll and serve
 60 adults and 15 transition age youth (ages 16 to 22) who are
 seriously and persistently mentally ill residents of the County Funding is
 to come from the state AB 2034 grant and Medi-Cal, therefore, there
 is no net county cost for this transfer*

TO BP:	61000B	MENTAL HEALTH SERVICES	Total	\$379,739
From BP:	61000B	MENTAL HEALTH SERVICES	Total	\$379,739
			Net Change	<u>\$0</u>

<u>From:</u>	<u>To:</u>	<u>Subobject</u>	<u>Account Description</u>	<u>Transfer</u>
<u>Org. No.</u>	<u>Org. No.</u>			<u>Amount</u>
	61409	5875	Interagency Agreements - Non County	\$ 379,739

Appropriation Total **\$379,739**

61409	1749	Other State Mental Health (AB2034)	\$ 344,770
61409	2372	MediCal FFP	34,969

Revenue Total **\$379,739**

Net Cost **\$0**

**COUNTY OF SAN MATEO
APPROPRIATION TRANSFER REQUEST**

REQUEST NO

DEPARTMENT

HEALTH SERVICES AGENCY, MENTAL HEALTH SERVICES PONY MLH322

DATE

3/13/01

1. REQUEST TRANSFER OF APPROPRIATIONS AS LISTED BELOW:

C O D E S		AMOUNT	DESCRIPTION	
FUND OR ORG	ACCOUNT			
From	61409	1749	344,770.00	Other State Mental Health (AB 2034)
	61409	2372	34,969.00	Medi-Cal FFP
To	61409	5875	379,739.00	Interagency Agreements - Non-County

Justification (Attach Memo if Necessary)

See attached board memo and ATR/AER form.

DEPARTMENT HEAD *MA 3/14/01*
Margaret Taylor DATE *3/14/01*

3/13/01 jclw 3/13/01

2 Board Action Required Four-Fifths Vote Required Board Action Not Required

Remarks

COUNTY CONTROLLER
 BY _____ DATE _____

3 Approve as Requested Approve as Revised Disapprove

Remarks

COUNTY MANAGER
 BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE — FOR BOARD OF SUPERVISORS' USE ONLY

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA
 RESOLUTION TRANSFERRING FUNDS

RESOLUTION NO. _____

RESOLVED by the Board of Supervisors of the County of San Mateo, that

WHEREAS, the Department hereinabove named in the Request for Appropriation, Allotment or Transfer of Funds has requested the transfer of certain funds as described in said Request; and

WHEREAS, the County Controller has approved said Request as to accounting and available balances, and the County Manager has recommended the transfer of funds as set forth hereinabove:

NOW, THEREFORE IT IS HEREBY ORDERED AND DETERMINED that the recommendations of the County Manager be approved and that the transfer of funds as set forth in said Request be effected.

Regularly passed and adopted this _____ day of _____, 19____.

Ayes and in favor of said resolution:

Noes and against said resolution:

Supervisors: _____

Supervisors. _____

 Absent Supervisors: _____

ATTEST:

 CHAIRMAN BOARD OF SUPERVISORS
 COUNTY OF SAN MATEO

 Clerk of Said Board

DISTRIBUTION	
WHITE	— BOARD OF SUPERVISORS
GREEN	— CONTROLLER
CANARY	— COUNTY MANAGER
PINK	— DEPARTMENT
GOLDENROD	— TREASURER

AGREEMENT WITH TELECARE, INC.

FOR HOMELESS MENTALLY ILL ADULTS AND TRANSITION AGE YOUTH

THIS AGREEMENT, entered into this _____ day of _____, 20_____, by and between the COUNTY OF SAN MATEO, hereinafter called 'County,' and Telecare, Inc., hereinafter called 'Contractor ,

W I T N E S S E T H.

WHEREAS, it is necessary and desirable that Contractor be retained for the purpose of performing the professional services hereinafter described for the Health Services Agency, Mental Health Services Division, and

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS.

1 Services to be Performed by Contractor

In consideration of the payments hereinafter set forth, Contractor, under the general direction of the Director of Health Services, or her authorized designee, with respect to the product or result of Contractor's services, shall provide supported housing and assertive community treatment services as described in Schedule A, attached hereto and incorporated by reference herein. Such services shall be provided in a professional and diligent manner

2. Payments

A. Maximum Amount. In full consideration of Contractor's performance of the services described in Schedule A, the amount that County shall be obligated to pay for services rendered under this Agreement shall not exceed ONE MILLION FOUR HUNDRED NINETY-ONE THOUSAND SEVEN HUNDRED FORTY-ONE DOLLARS (\$1,491,741) for the contract term.

B. Rate of Payment The rate and terms of payment shall be as specified in Schedule B, attached hereto and incorporated herein. Any rate increase is subject to the approval of the Director of Health Services or her authorized designee, and shall not be binding on County unless so approved in writing. In no event may the rates established in Schedule B be increased to the extent that the maximum County obligation shall exceed the total specified in paragraph 2A above. Each payment shall be conditioned on the performance of the services described in Schedule A to the full satisfaction of the Director of Health Services or her designee.

C. Time Limit for Submitting Invoices Contractor shall submit an invoice for services to County for payment in accordance with the provisions of Schedule B. County shall not be obligated to pay Contractor for the services covered by any invoice if Contractor presents the invoice to County more than one hundred eighty (180) days after the date Contractor renders the services, or more than ninety (90) days after this Agreement terminates, whichever is earlier.

3. Relationship of Parties

It is expressly understood that this is an agreement between two (2) independent contractors and that no agency, employee, partnership, joint venture or other relationship is established by this Agreement. The intent by both County and Contractor is to create an

independent contractor relationship. Contractor expressly acknowledges and accepts his/her tax status and the tax consequences of an independent contractor. Further, as an independent contractor, Contractor expressly acknowledges and accepts that he/she has no rights, benefits, privileges and/or claims in any form whatsoever under, from, through and/or pursuant to the San Mateo County Civil Service Rules.

4 Mutual Hold Harmless

It is agreed that Contractor shall defend, save harmless and indemnify County, its officers and employees, from any and all claims for injuries or damages to persons and/or property which arise out of the terms and conditions of this Agreement and which result from the negligent acts or omissions of Contractor, its officers and/or employees.

It is further agreed that County shall defend, save harmless and indemnify Contractor, its officers and employees, from any and all claims for injuries or damages to persons and/or property which arise out of the terms and conditions of this Agreement and which result from the negligent acts or omissions of County, its officers and/or employees.

In the event of concurrent negligence of Contractor, its officers and/or employees, and County, its officers and/or employees, then the liability for any and all claims for injuries or damages to persons and/or property which arises out of the terms and conditions of this Agreement shall be apportioned under the California theory of comparative negligence as established presently, or as may be hereafter modified.

5 Insurance

Contractor shall not commence work under this Agreement until all insurance required under this section has been obtained and such insurance has been approved by the Director of Health Services. Contractor shall furnish the Health Services Agency with

Certificates of Insurance evidencing the required coverage and there shall be a specific contractual liability endorsement extending Contractor's coverage to include the contractual liability assumed by Contractor pursuant to this Agreement. These Certificates shall specify or be endorsed to provide that thirty (30) days' notice must be given, in writing, to the Health Services Agency of any pending change in the limits of liability or of any cancellation or modification of the policy.

In the event of the breach of any provision of this section, or in the event any notice is received which indicates any required insurance coverage will be diminished or canceled, the County at its option, may, notwithstanding any other provision of this Agreement to the contrary, immediately suspend all further work pursuant to this Agreement.

A. Workers Compensation and Employer Liability Insurance. Contractor shall have in effect during the entire life of this Agreement, Workers Compensation and Employer Liability Insurance providing full statutory coverage. In signing this Agreement, Contractor makes the following certification, required by Section 1861 of the California Labor Code:

I am aware of the provisions of Section 3700 of the California Labor Code which require every employer to be insured against liability for Workers Compensation or to undertake self-insurance in accordance with the provisions of the Code, and I will comply with such provisions before commencing the performance of the work of this Agreement.

B. Liability Insurance. Contractor shall take out and maintain during the life of this Agreement such Bodily Injury Liability and Property Damage Liability Insurance as shall protect him while performing work covered by this Agreement from any and all claims for damages for bodily injury, including accidental death, as well as any and all claims for property

damage which may arise from Contractor's operations under this Agreement, whether such operations be by himself or by any subcontractor or by anyone directly or indirectly employed by either of them. Such insurance shall be combined single limit bodily injury and property damage for each occurrence and shall not be less than the amounts specified below.

Such insurance shall include:

- (1) Comprehensive General Liability \$1,000,000
- (2) Motor Vehicle Liability Insurance \$1,000,000
- (3) Professional Liability \$1,000,000

If this Agreement remains in effect more than one (1) year from the date of its original execution, County may, at its sole discretion, require an increase in the amount of liability insurance to the level then customary in similar County agreements by giving sixty (60) days' notice to Contractor.

County and its officers, agents, employees and servants shall be named as additional insured on any such policies of insurance, which shall also contain a provision that the insurance afforded thereby to County, its officers, agents, employees, and servants shall be primary insurance to the full limits of liability of the policy, and that if County or its officers and employees have other insurance against the loss covered by such a policy, such other insurance shall be excess insurance only. Said certificate(s) of insurance is (are) attached hereto and incorporated by reference herein as Attachment II (and III).

6 Non-Discrimination

Contractor shall comply with the non-discrimination requirements described in Schedule C, which is attached hereto, and incorporated herein.

Contractor shall comply with County admission and treatment policies which shall provide that patients are accepted for care without discrimination on the basis of race, color, religion, sex, sexual orientation, national origin, age, handicap, or political affiliation

7 Assignments and Subcontracts

A Without the written consent of the Director of Health Services or her designee, this Agreement is not assignable in whole or in part. Any assignment by Contractor without the written consent of the Director of Health Services or her designee is a breach of this Agreement and shall automatically terminate this Agreement.

B Contractor shall not employ subcontractors or consultants to carry out the responsibilities undertaken pursuant to this contract without the written consent of the Director of Health Services or her designee.

C All assignees, subcontractors, or consultants approved by the Director of Health Services or her designee shall be subject to the same terms and conditions applicable to Contractor under this Agreement, and Contractor shall be liable for the assignee s, subcontractor s or consultant s acts and/or omissions

D. All agreements between Contractor and subcontractor and/or assignee for services pursuant to this Agreement shall be in writing and shall be provided to County

8. Amendment of Agreement

This Agreement is complete and contains all the terms and conditions agreed upon by the parties. No amendment shall be valid unless made in writing and signed by the parties hereto, and no oral understanding or agreement shall be binding on the parties hereto

9. Records

A Contractor agrees to provide to County, to any federal or state department having monitoring or reviewing authority, to County's authorized representatives and/or their appropriate audit agencies upon reasonable notice, access to and the right to examine and audit all records and documents necessary to determine compliance with relevant federal, state, and local statutes, rules and regulations, and this Agreement, and to evaluate the quality, appropriateness and timeliness of services performed.

B Contractor shall maintain and preserve all financial records relating to this Agreement for a period of four (4) years from the termination date of this Agreement, or until audit findings are resolved, whichever is greater

C. The contracting parties shall be subject to the examination and audit of the Auditor General for a period of three (3) years after final payment under contract (Government Code Section 10532).

10 Compliance with Applicable Laws

All services to be performed by Contractor pursuant to this Agreement shall be performed in accordance with all applicable federal, state, county, and municipal laws, including, but not limited to, the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended and attached hereto and incorporated by reference herein as Attachment I, which prohibits discrimination on the basis of handicap in programs and activities receiving any federal or county financial assistance. Such services shall also be performed in accordance with all applicable ordinances and regulations, including, but not limited to, appropriate licensure, certification regulations, provisions pertaining to confidentiality of records, and applicable quality assurance regulations

11. Notices

A. Any notice, request, demand or other communication required or permitted hereunder shall be deemed to be properly given when deposited in the United States mail, postage prepaid, or when deposited with a public telegraph company for transmittal, charges prepaid, addressed.

1) In the case of County, to

San Mateo County
Mental Health Services Division
225 West 37th Avenue
San Mateo, CA 94403

or to such person or address as County may, from time to time furnish to

Contractor

2) In the case of Contractor, to.

Telecare, Inc
1100 Marina Village Parkway, Suite 100
Alameda, CA 94501

B Controlling Law The validity of this Agreement and of its terms or provisions, as well as the rights and duties of the parties hereunder, the interpretation and performance of this Agreement shall be governed by the laws of the State of California.

12. Venue

In the event that suit shall be brought by either party to this contract, the parties agree that venue shall be exclusively vested in the state courts of San Mateo County, or where otherwise appropriate, exclusively in the United States District Court, Northern District of California, San Francisco, California

13. Term of the Agreement

Subject to compliance with the terms and conditions of this Agreement, the term of this Agreement shall be from March 27, 2001 through June 30, 2002. This Agreement may be terminated by Contractor, Director of Health Services or her designee at any time upon sixty (60) days written notice to the other party

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands

COUNTY OF SAN MATEO

By. _____
Michael D. Nevin, President
Board of Supervisors, County of San Mateo

Date. _____

ATTEST

Clerk of Said Board

Date. _____

TELECARE, INC.

By Marshall Langford

Date 3/8/01

Attachment I

(Required only from Contractors who provide services directly to the Public on County's behalf.)

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the Contractor(s)) hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto

The Contractor(s) gives/give this assurance in consideration of and for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s)

The Contractor(s). (Check a or b)

- a () employs fewer than 15 persons
- b (✓) employs 15 or more persons and, pursuant to Section 84.7 (a) of the regulation (45 C F R 84.7 (a)), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation

Carol Caputo
Name of 504 Person - Type or Print

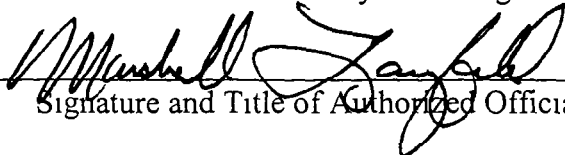
Telecare, Inc
Name of Contractor(s) - Type or Print

1100 Marina Village Pkwy, Ste. 100
Street Address or P.O. Box

<u>Alameda</u>	<u>CA</u>	<u>94501</u>
City	State	Zip Code

I certify that the above information is complete and correct to the best of my knowledge

3/8/01
Date


Signature and Title of Authorized Official

*Exception DHHS regulations state that:

If a recipient with fewer than 15 employees finds that, after consultation with a handicapped person seeking its services, there is no method of complying with (the facility accessibility regulations) other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible

SCHEDULE A

TELECARE CORPORATION March 27, 2001 to June 30, 2002

I. Integrated Services to Homeless Mentally Ill Program (AB 2034)

In full consideration of the payments herein provided for (outlined in Schedule B), Contractor shall provide the services described below in a manner consistent with the terms and provisions of this Agreement

A. Target Population

Telecare shall enroll and serve seventy-five (75) adult San Mateo County residents who are seriously and persistently mentally ill (SPMI) and who are homeless or at risk of being homeless. Fifteen (15) of the enrollees will be youth transitioning to adulthood. It is estimated that a significant percentage of the enrollees will have co-occurring substance abuse problems.

B. Enrollment

Enrollment in the Integrated Services Program is voluntary. Disenrollment from the program can occur only when it is deemed likely that an enrollee will require locked placement (jail, locked mental health rehab facility, state hospital) for longer than 90 days.

C. Referrals

The Mental Health Services Division's "Outreach and Support Team" will be the entry point for all referrals to the Integrated Services Program. The "Outreach and Support Team" will provide outreach, engagement and linkage case management services to homeless SPMI adults who are brought into Psychiatric Emergency Services (PES) and don't require acute admission, who are on the streets or in the homeless shelters, who are incarcerated in the jail, and who are on acute psychiatric inpatient units. Potential young adult clients may also be identified through youth serving agencies/services. The "Outreach and Support Team" will identify potential program enrollees who are "new" (not currently opened) to the County Adult System of Care or intermittent users of services who have not achieved individual positive outcomes in the past.

D Program Principles

The framework for the Integrated Services Program will be based on the following principles:

- Services are accessible (24 hour, 7 days a week capability)
- Services are integrated
- Services are flexible and approached with a “whatever it takes” philosophy
- Services are strengths-based fostering *Hope, Wellness and Recovery*
- Service delivery is based on building relationships with individuals through a process of outreach, engagement and engendering trust
- Services are consumer directed
- Services are culturally competent

E. Services

Telecare will establish and operate two services. (1) a supported housing service in Unit A-7, Building 323 of VA Menlo Park campus for forty-two (42) adult residents; (2) an Assertive Community Treatment (ACT) Team for seventy-five (75) adults who are homeless or at risk of being homeless and who are seriously and persistently mentally ill

1. Supported Housing Service

The Supportive Housing Service will house forty-two adults who are seriously and persistently mentally ill and who are homeless or at risk of becoming homeless. This program, located in Unit A-7, Building 323 of the VA Menlo Park campus will provide the following services:

- a On-site staff support in Unit A-7, Building 323 of the VA Menlo Park campus 24 hours a day, 7 days a week, 365 days a year.
- b Medication support including storage of medications for Unit A-7 residents and daily reminders to take medications
- c. Assessment of health and mental health status at time of entry into Unit A-7 supported housing program.
- d Room and board in Unit A-7; food for breakfast and lunch will be available in the residence kitchen and one hot meal will be provided for dinner. Contractor will provide all food stuff for breakfast and lunch meals for Unit A-7 residents and the County will purchase the daily hot meal for Unit A-7 residents as part of the lease agreement with the VA Palo Alto Healthcare System
- e Contractor will purchase furnishings (beds, dressers, bedding, towels, window coverings, day room furniture, tables, chairs, washer, dryer, two (2) refrigerators, two microwave ovens) for Unit A-7

- f. Contractor will establish a “flexible fund” to purchase interim housing resources (hotel/motel vouchers) for enrollees who do not reside in Unit A-7 on the VA Menlo Park campus.
- g. Coordination with the ACT Team and other community providers regarding needed services and referrals that promote skill building, maintenance of health and mental health, and transition to more independent living situations.

Service objectives for the supported housing service include.

- The residence will maintain a 90% occupancy rate
- Residents will be able to maintain this level of independence for as long as is needed. (Drop-out rates will not exceed 20% of the total number of residents each year).
- Eighty-five percent (85%) of residents will verbalize that they are satisfied with the services and supports received.
- Residents who do leave the residence will graduate to more independent residential settings. Of those individuals leaving the residence, seventy-five percent (75%) will move to more independent residential settings

2 Assertive Community Treatment (ACT) Team

An Assertive Community Treatment (ACT) Team will serve seventy-five (75) adults who are homeless or at risk of becoming homeless and who are seriously and persistently mentally ill. Program enrollees shall have access to the ACT Team 24 hours a day, 7 days a week. Each enrollee shall have a clearly designated mental health “personal services coordinator”, who is part of a multidisciplinary treatment team responsible for providing or assuring needed services. Responsibilities of the ACT Team include complete assessment of the enrollee’s needs, development of a personal services plan, assistance with securing benefits, linkage with all appropriate community services, monitoring of the quality and follow through of services, and necessary advocacy to ensure that each enrollee receives those services which are agreed to in the personal services plan. Each enrollee shall participate in the development of his or her personal services plan.

The services provided by the ACT Team will include, but not be limited to, the following.

- a. Outreach services
- b. Outpatient services
- c. Assessment.
- d. Medication.
- e. Crisis intervention
- f. Case management.

- g Dual diagnosis services
- h. 24-hour services.
- i Assistance with basic living skills.
- j Vocational services
- k Socialization services
- l. Money management.

Service objectives for the ACT Team include.

- The ACT Team will actively engage individuals referred by the County's "Outreach and Support Team".
- Drop out rates from the program will not exceed 15% of the total number of enrollees each year
- The ACT Team will advocate for each enrollee's entitlements.
- The ACT Team will have 24/7/365 capability; after hours calls will be answered promptly and effectively
- Eighty-five percent (85%) of the enrollees will verbalize that they are satisfied with the services provided
- The ACT Team will work closely with the supported housing program and will provide assistance to enrollees in their respective housing situations

F Outcomes and Evaluation

Contractor will complete and submit to the County data forms that are necessary to fulfill the AB 2034 reporting requirements as well as meet County program evaluation needs.

Contractor will incorporate the information and general outcome parameters established by AB 2034 as follows.

1. The number of persons served, and of those the number who are able to maintain housing, and the number who receive extensive community mental health services.
2. The number of persons with contacts with local law enforcement and the extent to which local and State incarceration has been reduced or avoided
- 3 The number of persons participating in employment service programs including competitive employment.
- 4 The number of persons contacted in outreach efforts who appear to be severely mentally ill, as described in 5600 3, who have refused treatment after completion of all applicable outreach measures.
- 5 The amount of hospitalizations that has been reduced or avoided.

SCHEDULE B

TELECARE CORPORATION. March 27, 2001 – June 30, 2002

I PAYMENTS

In full consideration of the supported housing services and assertive community treatment services provided by Contractor pursuant to this Agreement, County shall pay Contractor in the manner described below, except that any and all such payments shall be subject to the conditions contained in this Agreement

A Payment Terms

Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor, more than the sum of ONE MILLION FOUR HUNDRED NINETY-ONE THOUSAND SEVEN HUNDRED FORTY-ONE DOLLARS (\$1,491,741) for services provided under this Agreement for the period of March 27, 2001 through June 30, 2002. Payment terms are detailed as follows.

- 1 Payments will be made at \$93,234/month. For the period March 27, 2000-June 30, 2001, a lump sum payment will be made at the onset of this contract in the amount of \$379,739 covering this four-month period.
- 2 For the period July 1, 2001 through June 30, 2002, payments will be made monthly at \$93,234/month.

B Unless otherwise authorized by the Director of Health Services or her designee, the rate of payment by County to Contractor shall be one-sixteenth (1/16) of the total obligation per month for the term of this Agreement. Budget modifications may be approved by the Director of Health Services or her designee, subject to the maximum obligation set forth in Section 2.A of the contract.

C Payment by County to Contractor shall be monthly unless agreed otherwise. Contractor shall bill County on or before the tenth (10th) working day of each month for the current month. All claims shall clearly reflect and in reasonable detail give information regarding the services for which claim is made.

D In the event that funds provided under this Agreement are expended prior to the end of the contract period, Contractor shall provide ongoing services under the terms of this Agreement through the end of the contract period without further payment from County.

- E If the annual Cost Report provided to County reveals that total payments to contractor exceed the total allowable costs for all of the services rendered by Contractor to eligible residents during the reporting period, a single payment in the account of the contract savings shall be made to County by Contractor, unless otherwise authorized by the Director of Health Services or her designee. By mutual agreement of County and Contractor, contract savings or "rollover" may be retained by Contractor and expended the following year, provided that these funds are expended for mental health services approved by County

- F. In the event this Agreement is terminated prior to June 30, 2002, Contractor shall be paid on a prorated basis for only that portion of the contract term during which Contractor provided services pursuant to this Agreement. Such billing shall be subject to the approval of the Director

- G Contractor shall submit to County a year-end cost report no later than ninety (90) days after the expiration date of each contract year for the term of this Agreement. This report shall be in accordance with the principles and format outlined in the Cost Reporting/Data Collection (CR/DC) Manual. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report shall be submitted to County along with the Cost Report.

- H In the event Contractor claims or receives payment from County for a service, reimbursement for which is later disallowed by County or the State of California or the United States Government, then Contractor shall promptly refund the disallowed amount to County upon request, or, at its option, County may offset the amount disallowed from any payment due or become due to Contractor under this Agreement or any other agreement

Telecare Corporation
San Mateo Homeless ACT/Residential Team

Submit Proposal	01/10/01	01/10/01	J Johnson	
State Awards Contract	01/19/01	01/19/01		
Contract Awarded to Telecare	01/22/01	01/22/01		
Finalize Contract	01/22/01	02/28/01		
Refine Contract Budgets	02/12/01	02/16/01	Dave W	Change based on revised residence census 40 or 42
Refine Contract	01/22/01	02/13/01	J Johnson D Porter R Peterson	
Board of Supervisors Approves Contract	02/21/01	02/28/01		
Develop Physical Plant - Perm Site	01/23/01	04/13/01		
Confirm Property - Lease held by County	02/14/01	02/14/01		
Space Planning	02/15/01	02/22/01	Kevin D D Porter	Building Renovat on San Mateo Responsibility
Tenant Improvement	02/15/01	04/06/01	County Staff	
Order Office Supplies	02/27/01	02/28/01	Doreen B Kevin D G Dart	
Business License	04/09/01	04/13/01	Kevin D G Dart	
Signage	04/09/01	04/13/01	Kevin D	
Alarms	03/15/01	03/15/01	Jule Peck Kevin D	Determine if necessary
Furniture & Equipment orders	02/27/01	03/05/01	Kevin D G Dart	
Furniture and Equipment move n	04/02/01	04/02/01	Kevin D G Dart	
Identify Vendors	01/23/01	02/20/01	Kevin D	
Pagers/ Cell Phones	03/15/01	03/21/01	Kevin D G Dart	
Obtain Medi Cal Site Certification	01/23/01	04/02/01		
Schedule Site Review From Marshal	03/30/01	03/30/01	Doreen B	
Review Medi Cal Cert Requirements	01/23/01	01/23/01	Doreen B Kevin D	
Safety Walk Through County From Marshal	04/02/01	04/02/01	Kevin D	
Phones/Computer Systems	02/21/01	03/28/01		
Perm Site	02/21/01	03/26/01		
Order Phone System	02/21/01	02/21/01	H Flack	
Oversee Phone System Install	03/08/01	03/08/01	Kevin D	
Order Computers	03/09/01	03/12/01	H Flack	
Wire Rooms for Computers	03/09/01	03/09/01		
Configure Computers	03/13/01	03/13/01	IS Staff	
Install Caminar	03/13/01	03/13/01	IS Staff	
Install computers	03/23/01	03/26/01	IS Staff	
Set Up Financial Systems	02/14/01	04/09/01		
Insurance Coverage	02/14/01	04/03/01		
Auto Insurance - staff supplemental	02/14/01	02/14/01	Ed J	
Property Insurance	04/03/01	04/03/01	Ed J	
Malpractice	02/14/01	02/14/01	Ed J	
Workers Comp	02/14/01	02/14/01	Ed J	
General Liability	02/15/01	02/15/01	Ed J	
Financial Policy and Procedure Manual	02/14/01	02/14/01	Ed J	
GL Set Up	02/14/01	02/14/01	Ed J	
Chart of Accounts	02/14/01	02/14/01	Ed J	
Transaction BOM	03/20/01	03/20/01	Debbie S	
BAMTRAC	02/14/01	02/14/01	Ed J	
Bank Credit Cards	02/27/01	02/27/01	Ed J	
Bank Accounts	02/14/01	02/27/01		
Petty Cash	02/27/01	02/27/01	Ed J	
Members Trust	02/14/01	02/14/01	Ed J	
Payroll	02/14/01	02/14/01	Ed J	
Administrators Financial Orientation and Training	04/03/01	04/09/01	Ed J	
Payroll	02/14/01	02/15/01		
Time Clock or Time Sheets (caminar)	02/14/01	02/14/01	Sharon S	Caminar
Salary and Position Schedule from HR	02/14/01	02/14/01	Doreen B D Porter	
Payroll Schedule	02/15/01	02/15/01	Sharon S	
New Vendor Accounts	02/15/01	02/15/01		
Printer - Business Cards/Stationery	02/15/01	02/15/01	Ed J G Dart	
Office Supplies	02/15/01	02/15/01	Ed J G Dart	
Human Resources	09/07/00	03/28/01		

Telecare Corporation
San Mateo Homeless ACT/Residential Team

Renew/rewrite job Descriptions	02/06/01	02/16/01		
Advertise	02/12/01	03/05/01	Doreen B G Dart	
Establish Contract for Physicals	02/27/01	02/27/01	Doreen B B Baker	
Screen Applicants	02/14/01	02/28/01	Doreen B	
Interview BOM Med Rec./Clerk Typist	02/14/01	02/28/01	Doreen B Debbie S	Here two weeks prior to April 9 if possible
Interview Clinical Director	02/14/01	02/28/01	Stacey C Linda R Doreen B D Porter	Here Early As Possible
Interview Dual Recovery Specialist (at least 1 Voc/Housing/Alc)	02/14/01	02/28/01	Doreen B	
PSC I (1)	03/06/01	03/15/01	Doreen B	
Interview LVN (1)	02/14/01	03/02/01	Doreen B	
Interview Team Leader	03/05/01	03/05/01	Doreen B	
Interview Housing Coordinator	03/06/01	03/06/01	Doreen B	
Interview Housing Support Specialist	03/07/01	03/07/01	Doreen B	
Obtain references	03/08/01	03/15/01	G Dart	
Offer BOM Med Rec./Clerk Typist (2)	03/19/01	03/19/01	Doreen B	Start Two Weeks prior to Orientation
Offer Housing Coordinator	03/16/01	03/16/01	Doreen B	
Offer Housing Specialist	03/16/01	03/16/01	Doreen B	
Offer LVN (1)	03/16/01	03/16/01	Doreen B	
Offer PSC (1)	03/16/01	03/16/01	Doreen B	
Offer Team Leader-LCSW/MFT (1)	09/07/00	09/07/00	Doreen B	
Offer Dual Recovery Specialist (4)	09/07/00	09/07/00	Doreen B	
Offer Clinical Director LMHP (1)	09/07/00	09/07/00	D Porter Doreen B	Start as Soon As Possible
Arrange pre employment physicals	03/16/01	03/27/01	G Dart	
Obtain proof of insurance car safety inspections	03/28/01	03/28/01	Doreen B G Dart	
Finger Print Criminal Justice DMV Clearance	03/16/01	03/26/01	G Dart	
Orient	04/02/01	04/09/01		
Corporate Personnel Policies	04/02/01	04/02/01	B Baker	
Recovery Philosophy - Rehab Principles	04/03/01	04/03/01	Rich P	
Phone System	04/03/01	04/03/01	Kevin D	
Program Responsibilities	04/03/01	04/04/01	Doreen B	
Documentation Requirements	04/05/01	04/05/01	Doreen B	
PART - Street Smarts	04/04/01	04/05/01	Cliff Morrison	
Camera/Other Computer Systems	04/06/01	04/06/01	IS Staff J Mark	
Provide Services	04/09/01	04/09/01		
Beginning ACT Services	04/09/01	04/09/01		

	FTEs	Total March 27 - June 30 2001	Total July 1 - June 30 2002	Total Contract
Wages				
Administrator - Clinical Director	1 0	20 326	67 000	87 326
Psychiatrist	0 5	20 800	83 200	104 000
Housing Coordinator	1 0	12 349	42 811	55 160
Rehab Therapist	2 0	21 450	81 054	102 504
Social Worker	1 0	16 916	58 643	75 559
LVN	1 0	11,834	41 025	52 859
PSC I	4 2	32 792	113 679	146 471
Dual Diagnosis/Vocational Housing	2 0	22,556	78 195	100 751
FST and Clerk/Typist	<u>2 0</u>	<u>17,582</u>	<u>60,950</u>	<u>78,532</u>
Sub-Total	14 7	176 605	626 557	803 162
Fringe Benefits		22 324	118 656	140 980
Community/Clinical				
Members Exp		364	1 434	1 798
Members Housing		12 350	40 627	52 977
Members Food		1 755	3 500	5 255
Member Transport		2 275	9 100	11 375
Medical Supplies		26	70	96
Team Mileage & Transport		<u>4,667</u>	<u>18,650</u>	<u>23,317</u>
Sub-Total		21 437	73 381	94 818
Physical Plant				
Physical Plant Supplies		325	1 260	1 585
Plant Repairs & Main		0	4 900	4 900
Utilities - Sanitation		<u>260</u>	<u>946</u>	<u>1,206</u>
Sub-Total		585	7 106	7 691
Dietary				
Dietary Supplies - Food		18 200	74 187	92 387
Dietary - Minor Equip		1 050	540	1 590
Dietary Supplies - Other		<u>525</u>	<u>2,160</u>	<u>2,685</u>
Sub-Total		19 775	76 887	96 662
G&A Service/Supplies				
Other Employee Benefefits		2 480	8 596	11 076
Legal Fees		0	700	700
Audit Fees		0	1 246	1 246
Office/Computer Supls		5 609	5 900	11 509
Printing/Photocopy		2 243	1,400	3 643
Software Upgrade/Maint		0	2 000	2 000
Minor Equipment		0	2,500	2 500
Meals		825	350	1 175
Postage/UPS/Fed Ex		262	910	1 172
Advertisement/Recruit		7 500	2 333	9 833
Travel Regular		2 325	2 800	5 125
Telephone		4 535	14 000	18 535

Data Line	703	2 436	3 139
Cellular Phone	577	2 000	2 577
Dues & Subscriptions	58	213	271
Outside Training/Semi	0	1 400	1 400
Business Taxes/Lic	358	1 242	1 600
Leased/Rented Equip	2 077	7 200	9 277
Other Business Services	0	2 130	2 130
In-Service Training	0	4 200	4 200
Ins - General Liability	1 875	6 500	8 375
Payroll Fees	735	2 500	3 235
Mileage & Transport	533	1 847	2 380
Start-Up (One-Time)	<u>59,603</u>	<u>0</u>	<u>59,603</u>
Sub-Total	92 298	74 403	166 701
Medical Records			
Medical Record Supplies	<u>1,532</u>	<u>280</u>	<u>1,812</u>
Sub-Total	1 532	280	1 812
Property Expenses			
Depreciation	4 223	14 639	18 862
Property Taxes	43	150	193
Property Insurance	<u>231</u>	<u>800</u>	<u>1,031</u>
Sub-Total	4 497	15 589	20 086
Total Expenses	339 053	992 859	1 331 912
Corporate Allocation @6%	20 343	59 572	79 915
Operating Income @ 6%	20 343	59 571	79 914
Total Budget	379 739	1 112 002	<u>1,491,741</u>
Funding for Program			
County General Funds (16 months)			975 077
Estimated Medi-Cal FFP (FY 01)			34 969
Estimated Medi-Cal FFP (FY 02)			481 695
Total Funding for Program			<u>1,491,741</u>

San Mateo County
Proposed One Time Furniture/Equipment Purchases
FY 00/01

2/22/01

Furnishings	Each	Total
9 Wardrobe	357 24	3 215
42 Beds	358	15 036
84 Comforter	25	2 100
84 Pillows	6	504
168 Sheets	25	4 200
42 Mattress	175	7 343
42 Dressers/3 Drawer	150	6 300
126 Towels	4	504
126 Face Clothes	2	252
23 Window Covers	150	3 450
126 Pillow Cases	4	504
4 Sofas	617	2 466
5 Chairs	385	1 926
8 Tables	151	1 208
90 Chairs	46	4 140
1 Washer	400	400
1 Dryer	300	300
2 Refrigerators	800	1 600
2 Microwave Ovens	300	600
1 TV	1 000	1 000
1 TV Stand	305	305
1 Stereo	250	250
4 Storage Cabinets	200	800
4 Food Shelves	300	1 200
		59 603

SCHEDULE C

Contract between County of San Mateo and Telecare, Inc , hereinafter called Contractor.'

- a. No person shall, on the grounds of race, color, creed, national origin, religious affiliation or non-affiliation, sex, sexual orientation, marital status, age (over forty (40)), disability, medical condition (including but not limited to AIDS, ARC, HIV positive diagnosis, or cancer), political affiliation or union membership be excluded from participation in, be denied the benefits of, or be subjected to discrimination under this Agreement.
- b. Contractor shall insure equal employment opportunity based on objective standards of recruitment, selection, promotion, classification, compensation, performance evaluations, and management relations, for all employees under this contract Contractor s personnel policies shall be made available to County upon request.
- c. Contractor shall assure compliance with Section 504 of the Rehabilitation Act of 1973 by submitting a signed letter of assurance (Attachment I) of compliance. Contractor shall be prepared to submit a self-evaluation and compliance plan to County upon request within one (1) year of the execution of this Agreement

COUNTY OF SAN MATEO
HEALTH SERVICES ADMINISTRATION

MEMORANDUM

DATE: March 9, 2001

TO: Priscilla Morse, Risk Management/Insurance Division
FROM: Mary Vozikes, Mental Health Services/PONY #MLH 322

CONTRACTOR: Telecare Corporation

DO THEY TRAVEL: Yes

PERCENT OF TRAVEL TIME:

NUMBER OF EMPLOYEES: Yes

DUTIES (SPECIFIC): See attached

COVERAGE

Comprehensive General Liability:	\$1,000,000
Motor Vehicle Liability:	\$1,000,000
Professional Liability:	\$1,000,000
Worker's Compensation:	\$Yes

APPROVE X WAIVE _____ MODIFY _____

REMARKS/COMMENTS:

Priscilla Morse
SIGNATURE

<p>MARSH USA INC</p> <p>PRODUCER MARSH RISK & INSURANCE SERVICES THREE EMBARCADERO CENTER SAN FRANCISCO CA 94111 CALIFORNIA LICENSE NO 0437153</p>	<p align="center">CERTIFICATE OF INSURANCE</p> <p align="right">CERTIFICATE NUMBER SEA-000394050-00</p> <p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.</p> <p align="center">COMPANIES AFFORDING COVERAGE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMPANY</td><td>A ST PAUL FIRE & MARINE INS CO</td></tr> <tr><td>COMPANY</td><td>B</td></tr> <tr><td>COMPANY</td><td>C</td></tr> <tr><td>COMPANY</td><td>D</td></tr> </table>	COMPANY	A ST PAUL FIRE & MARINE INS CO	COMPANY	B	COMPANY	C	COMPANY	D
COMPANY	A ST PAUL FIRE & MARINE INS CO								
COMPANY	B								
COMPANY	C								
COMPANY	D								
<p>072624-STAND-ALL-2001</p> <p>INSURED Telecare Corporation 1100 Marina Village Parkway Suite 100 Alameda CA 94501</p>									

COVERAGES This Certificate supersedes and replaces any previously issued certificate for the policy period noted below.

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	FK06601068	07/01/00	07/01/01	GENERAL AGGREGATE \$ 1 000 000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1 000 000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1 000 000
	<input type="checkbox"/> OWNERS & CONTRACTOR SPOUT				EACH OCCURRENCE \$ 1 000 000
					FIRE DAMAGE (Any one file) \$ 100 000
					VED EXP (Any one person) \$ 5 000
A	AUTOMOBILE LIABILITY	FK06601068	07/01/00	07/01/01	COMBINED SINGLE LIMIT \$ 1 000 000
	<input checked="" type="checkbox"/> ANY AUTO				SODLY INJURY Per person \$
	<input type="checkbox"/> ALL-OWNED AUTOS				SODLY INJURY Per accident \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS OTHER \$
	THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
					EL D SEASE-POLICY LIMIT \$
					EL D SEASE-EACH-EMPLOYEE \$
A	PROFESSIONAL LIAB	FK06601068	07/01/00	07/01/01	\$1 000 000/\$3 000 000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)

<p>CERTIFICATE HOLDER</p> <p>SAN MATEO COUNTY MENTAL HEALTH DIVISION 225 WEST 37TH AVENUE SAN MATEO CA 94403</p>	<p align="center">CANCELLATION</p> <p>SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE INSURER AFFORDS NO COVERAGE AND ENDEAVORS TO MAIL, 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE TO AGENTS OR REPRESENTATIVES.</p> <p>MARSH USA INC. by Ellen Redell Brown <i>Edell</i></p>
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MARSH USA INC.

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
SEA-000235575-01

PRODUCER
MARSH RISK & INSURANCE SERVICES
THREE EMBARCADERO CENTER
SAN FRANCISCO CA 94111
CAL FORNIA LICENSE NO. 0437153

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

072624-WC-AOS-2001 WC

COMPANY
A ZENITH INSURANCE CO

INSURED
Telecare Corporation
1100 Marina Village Parkway
Suite 100
Alameda CA 94501

COMPANY
B

COMPANY
C

COMPANY
D

COVERAGES This certificate supersedes and replaces any previously issued certificate for the policy period noted below. 2
THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT <input type="checkbox"/> _____				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> NCL <input type="checkbox"/> EXCL OTHER	Z041241106	01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STAT. LIMITS <input type="checkbox"/> OTHER E. EACH ACCIDENT \$ 1 000 000 EL DISEASE-POLICY LIMIT \$ 1 000 000 EL DISEASE-EACH EMPLOYEE \$ 1 000 000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)

CERTIFICATE HOLDER

COUNTY OF SAN MATEO
MENTAL HEALTH DIVISION
225 West 37th Avenue
San Mateo CA 94403

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE ITS AGENTS OR REPRESENTATIVES

MARSH USA INC
By Elen Redell Brown

Edell

MM1(9/99)

VALID AS OF 02/12/01