


COUNTY OF SAN MATEO
Departmental Correspondence

Date: March 15, 2001

Hearing Date: March 27, 2001

TO: Honorable Board of Supervisors
FROM: Maureen D Borland, Director, Human Services Agency
  Joanne Frazier, Administrator, Alcohol and Drug Services
SUBJECT: First Amendment to the Two-Year (Fiscal Year 2000/02) Agreement with Women's Recovery Association

RECOMMENDATION:

Adopt a resolution authorizing execution of a first amendment to the two-year (Fiscal Year 2000/02) Agreement with the Women's Recovery Association.

Background:

On July 11, 2000 the Board adopted a resolution authorizing execution of a two-year (Fiscal Year 2000/02) Agreement with the Women's Recovery Association (WRA) for the provision of alcohol and drug treatment services, among other services. Included in the two-year agreement are CalWORKs funded nonresidential alcohol and drug treatment (treatment) services, and perinatal residential treatment services funded through state and federal block grant funds.

Discussion:

As part of the mid-year analysis on service utilization. Alcohol and Drug Services ran a six month analysis on the CalWORKs funded nonresidential treatment services. Based on the results of the utilization report, and conversations with alcohol and drug treatment providers, it was determined that \$29,199 in ongoing CalWORKs funds will not be fully utilized by other nonresidential treatment providers.

WRA has identified a number of program participants in their residential perinatal program who are CalWORKs recipients. This first amendment will reallocate the unexpended CalWORKs funding to offset the program cost for WRA's residential perinatal program participants who are identified by the County as being CalWORKs recipients.

The amendment and resolution have been reviewed and approved by County Counsel's office.

Fiscal Impact:

This amendment adds \$99,678 to the two-year Agreement, for an amended total of \$1,782,618. Of the annual increase of \$49,839; \$29,199 is from unexpended CalWORKs funds and \$20,640 will be claimed against the CalWORKs single allocation. There is no Net County Cost involved with this first amendment.

Jane Marks, ext. 6418
cc Penny Bennett, Deputy County Counsel

RESOLUTION NO. _____

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

* * * * *

RESOLUTION AUTHORIZING EXECUTION OF A FIRST AMENDMENT
TO THE FISCAL YEAR 2000/02 AGREEMENT WITH THE WOMEN'S
RECOVERY ASSOCIATION

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

WHEREAS, on July 11, 2000 the County Board of Supervisors entered into a two-year
agreement with the Women's Recovery Association for the furnishing of alcohol and drug
treatment services as set forth in that agreement; and

WHEREAS, the Board has been presented with a form of this first amendment to the
two-year agreement with the Women's Recovery Association, and has examined and approved
the first amendment as to both form and content and desires to enter into this first amendment.

NOW, THEREFORE, IT IS HEREBY RESOLVED that the President of this Board of
Supervisors be, and is hereby authorized and directed to execute said first amendment to the two-
year agreement with the Women's Recovery Association for and on behalf of the County of San
Mateo, and the Clerk of this Board shall attest the President's signature thereto

**FIRST AMENDMENT TO THE FISCAL YEAR 2000/02 AGREEMENT WITH
WOMEN'S RECOVERY ASSOCIATION
FOR ALCOHOL AND DRUG TREATMENT SERVICES**

THIS AGREEMENT, entered into this _____ day of _____, 2001, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and WOMEN'S RECOVERY ASSOCIATION (hereinafter called "Contractor").

WITNESSETH

WHEREAS, on July 11, 2000, the parties hereto entered into a two-year agreement for the furnishing of certain services by Contractor to County as set forth in that Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and clarify that Agreement:

CHANGE #1: Amend Paragraph 3.A. Maximum Amount to read as follows:

3. Payments.

A. Maximum Amount. In full consideration of Contractor's performance of the services described in Exhibits A through E, the amount that County shall be obligated to pay for services rendered under this Agreement shall not exceed ONE MILLION SEVEN HUNDRED EIGHTY-TWO THOUSAND SIX HUNDRED EIGHTEEN DOLLARS (\$1,782,618) for the contract term. The maximum County contract obligation shall not change even if the estimated other revenue changes. The maximum County obligation stated in this section is based on the following **annual projections:**

Org#s:	74136	74145	74143	74136	74145	74144
Acct.#s:	6163	6163	6163	6163	6163	6163
		NNA	NNA	Cnty	Cnty	Cnty
	A+D	Women's	Peri	Trmt	Fund	Fund
	<u>Nonres</u>	<u>Resid</u>	<u>Resid</u>	<u>Readt</u>	<u>Res</u>	<u>Adol Res</u>
Total Estimated Gross Program Costs	\$98,298	\$387,554	\$243,269	\$53,633	\$141,934	\$309,448
*Less Estimated Other Revenue	\$35,136	\$154,452	\$31,730	\$1,533	\$40,089	\$175,078
Maximum County Contract Obligation	\$63,162	\$233,102	\$211,539	\$52,100	\$101,845	\$134,370

Org#s:	74133	74142	74147
Acct.#s:	6163	6163	6163
	TrialTrk	TrialTrk	Cal-
	Drg Ct.	Drg Ct	WORKs
	<u>NonRes</u>	<u>Res</u>	<u>PeriRes.</u>
Total Estimated Gross Program Costs	\$7,864	\$49,607	\$60,626
*Less Estimated Other Revenue	\$2,864	\$19,988	\$54
Maximum County Contract Obligation	\$5,000	\$29,619	\$60,572
			<u>TOTAL</u>
			\$1,352,233
			\$460,924
			\$891,309

*Estimated Other Revenue consists of estimates of one (1) or more of the following: third-party payments, client fees, prior year's excess fees, donations, fundraising proceeds, in-kind contributions and other grants.

CHANGE #2: Delete Section II. (CalWORKs Nonresidential Alcohol and Drug Treatment Services), in total, from Exhibit A.

CHANGE #3: Add new Section II, CalWORKs RESIDENTIAL PERINATAL ALCOHOL AND DRUG TREATMENT SERVICES, to Exhibit A to read as follows:

IV. CalWORKs RESIDENTIAL PERINATAL ALCOHOL AND DRUG TREATMENT SERVICES:

Contractor's CalWORKs residential perinatal alcohol and drug treatment program will comply with all aspects of the most recent State of California Alcohol and Drug Program's (ADP) Perinatal Services Guidelines, and the most recent State of California Standards for Drug Treatment Programs and CalWORKs regulations, as they pertain to Contractor's CalWORKs residential perinatal alcohol and drug treatment program. Contractor will provide the following services for each fiscal year of this two-year agreement:

A. CalWORKs Residential Perinatal Alcohol and Drug Treatment Units of Service:

1. Admit to Contractor's CalWORKs residential perinatal alcohol and drug treatment program a minimum of (ten) 10 program participants. Provide a maximum of two thousand nine hundred twenty (2,920) days of CalWORKs residential perinatal alcohol and drug treatment services to be allocated by Contractor among a minimum of ten (10) program participants set forth above. Of these:
 - a. Admit to Contractor's CalWORKs residential perinatal alcohol and drug treatment program a minimum of five (5) women program participants. These women must be either pregnant substance using, or parenting, with an identified impairment in her ability to care for a child, ages birth through twelve (12), due to substance use, and a CalWORKs recipient. Contractor will provide a maximum of one thousand four hundred sixty (1,460) days of CalWORKs residential perinatal treatment services to be allocated by Contractor among a minimum of five (5) women program participants set forth above.
 - b. Admit to Contractor's CalWORKs residential perinatal alcohol and drug treatment program a minimum of five (5) program participants who are children of the women admitted to the CalWORKs residential perinatal treatment program, above. Provide a minimum of one thousand four hundred sixty (1,460) days of CalWORKs residential perinatal treatment services to be allocated by Contractor among a minimum of five (5) program participants who are children of the women admitted to the CalWORKs residential perinatal treatment program, above.

- B. CalWORKs Residential Perinatal Alcohol and Drug Treatment Services:**
- 1. Contractor's women's services will include, but not be limited to:**
 - a. Intake, assessment (using the Addiction Severity Index [ASI]), recovery planning, and relapse prevention, and case management services for each program participant.**
 - b. Provide a least one (1) individual counseling session for each program participant weekly to review and adapt their recovery plan as goals are attained.**
 - c. Provide each program participant with a minimum of six (6) hours of group therapy to address recovery issues including, but not limited to: denial, withdrawal symptomatology, drug/alcohol use history, the disease of addiction and relapse triggers, and parenting skills.**
 - d. Provide a structured program including, but not limited to: group and individual counseling, art therapy, parenting education, "twelve step" meetings, and family socialization activities.**
 - e. Provide ancillary support services including, but not limited to: legal support, HIV/AIDS testing, literacy assistance and supportive educational training, job skills assessment, vocational training and job search, and additional medical/mental health assessments to those program participants identified as having special needs.**
 - f. Develop an aftercare plan with program participant which includes, but is not limited to: parenting groups, early recovery groups, individual and family counseling, program participant in special interest groups, weekly attendance at twelve (12) step meetings, and therapeutic ongoing treatment for the mother and child**
 - 2. Contractor's children's services will include, but not be limited to:**
 - a. Provide separate assessment of children to identify developmental and medical issues. Develop individual treatment plans for both program participants and their child(ren).**
 - b. Develop a children's therapeutic program which at a minimum, will include supervision and skill development, play therapy, massage/tough therapy with the parent, play activities, and educational tools for learning.**

- c. Develop an art therapy program for children which will provide immediate therapeutic intervention, individual needs assessment, psychosocial evaluation, counseling, and appropriate referrals to outside agencies as needed.
- d. Provide supportive services for children including access to adequate pediatric services, and developmentally appropriate activities.
- e. Provide these services daily, weekly, and monthly to children of residents.

C. CalWORKs Residential Perinatal Alcohol and Drug Treatment Services:

- 1. Contractor will work with the County to make every effort to identify those perinatal program participants who are receiving, or may be eligible to receive, CalWORKs benefits.
- 2. Contractor will link program participants identified by the County as CalWORKs recipients with the County's Family Self Sufficiency Team (FSST) and Work First program as part of their on-going alcohol and drug treatment plan.
- 3. Contractor will work closely with County's FSST in providing a continuum of services to perinatal program participants identified by County as being CalWORKs recipients.

D. CalWORKs Residential Perinatal Alcohol and Drug Treatment Payment Schedule:

- 1. **County will pay Contractor twenty dollars and seventy-four cents (\$20.74) per day for a maximum of two thousand nine hundred twenty (2,920) days annually, specifically for those perinatal residential program participants identified by the County as being CalWORKs recipients. In no event shall the amount exceed a maximum of SIXTY THOUSAND FIVE HUNDRED SEVENTY-TWO DOLLARS (\$60,572) annually, for the term of the agreement.**
- 2. **Verification of eligibility for CalWORKs payments, on an individual program participant basis, will be made by the County before payments are made to Contractor. Payments will be made only for those individuals who are deemed CalWORKs recipients by the County.**

3. **Contractor's billing will include the following:**
 - a. **Name of each perinatal residential program participant receiving CalWORKs.**
 - b. **Dates services were provided for each perinatal residential program participant receiving CalWORKs.**
 - c. **Total number of billing days times the amount of perinatal residential program participants receiving CalWORKs.**
4. County shall pay Contractor within 30 days of receipt of invoice, provided invoice is accurate and any supporting documentation required for payment of invoice is also accurate. Invoices and/or supporting documentation that is inaccurate or contains inconsistencies must first be corrected and a new invoice submitted. County shall pay Contractor within 30 days of receipt of corrected invoice and/or supporting documentation.
5. Payment procedures are outlined in Attachment 4, hereinbelow.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that:

1. The Agreement of July 11, 2000 be amended accordingly.
2. This Amendment is hereby incorporated and made a part of the original Agreement and subject to all provisions therein.
3. All provisions of the original Agreement, and subsequent Amendments, including references to audit and fiscal management requirements otherwise amended hereinabove, shall be binding on all parties hereto.
4. All provisions of the original Agreement, including all monitoring and evaluation requirements, shall be applicable to all amendments herein.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that the Agreement of July 11, 2000 be amended accordingly.

IN WITNESS, WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

By: _____
President, Board of Supervisors

Date: _____


ATTEST:

Clerk of the Board

Date: _____

WOMEN'S RECOVERY ASSOCIATION

By: LINDA GIBSON, Executive Director
Name, Title - please print


Signature

Date: 2-14-01

Contractor's Tax I.D. No. 94-2251653

COUNTY OF SAN MATEO
Departmental Correspondence

Date: April 27, 2000

TO: Priscilla Harris-Morse, Risk Manager
FROM: Jane Marks, Alcohol and Drug Services
Ext.: 6418; FAX: 6440; PONY: HSA202PE
SUBJECT: Contract Insurance Approval

CONTRACTOR: Women's Recovery Association

DOES CONTRACTOR TRAVEL? IF YES, WHAT PERCENT OF CONTACTED TIME?

Yes

DUTIES:

Provide residential and nonresidential alcohol and drug treatment, and treatment readiness services to adults, adolescents, and pregnant/parenting women and their children.

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Liability	<u>\$3M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>X</u> Additional Insured				
Automobile Liability	<u>\$1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<u>\$3M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	<u>\$1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No employees				

Remarks/Comments:

This is a renewal certificate.

Signature:



Risk Management

Insform.wp

ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
02/24/00

PRODUCER Searcy Insurance Center, Inc.
P O Box 471

Visalia CA 93279-0471
(559) 625-3591
(559) 625-3593 FAX

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, ALTER THE COVERAGE AFFORDED BY THE POLICIES BELONGING TO THE COMPANIES AFFORDING COVERAGE

- COMPANY A Philadelphia Indemnity Insurance
- COMPANY B
- COMPANY C
- COMPANY D

INSURED
WRA Of San Mateo County, Inc.
1450 Chapin, 1st Floor

Burlingame CA 94010
(415) 348-6603

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNERS & CONTRACTOR'S PROT <input checked="" type="checkbox"/> Prof Liab	PHPG115668	02/24/00	02/24/01	GENERAL AGGREGATE \$3,000,00 PRODUCTS - COMP/OP AGG \$1,000,00 PERSONAL & ADV INJURY \$1,000,00 EACH OCCURRENCE \$1,000,00 FIRE DAMAGE (Any one fire) \$ 50,00 MED EXP (Any one person) \$ 5,00
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PHPG115668	02/24/00	02/24/01	COMBINED SINGLE LIMIT \$1,000,00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		01/01/01	01/01/01	EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL		/ /	/ /	* STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
A	OTHER Bond Fire	PHPG115668	02/24/00	02/24/01	50,000 685,00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The County of San Mateo, its officers, agents, and employees are named as additional insureds.

CERTIFICATE HOLDER
County Of San Mateo, Alcohol & Drug Services
Attn Jane Marks
400 Harbor Blvd. Building B
Belmont CA 94002

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES
AUTHORIZED REPRESENTATIVE

ACORD. CERTIFICATE OF INSURANCE

DATE 08/09/01

PRODUCER Searcy Insurance Center, Inc.
P O Box 471

Visalia CA 93279-0471
(559) 625-3591

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 BELONGING TO THE

COMPANIES AFFORDING COVERAGE

COMPANY
A Safety National Casualty Co.

COMPANY
B

COMPANY
C

COMPANY
D

INSURED
W R A Of San Mateo County, Inc
1450 Chapin, 1st Floor

Burlingame CA 94010
(650) 348-6603

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER S & CONTRACTOR S PROT		/ /	/ /	GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per acc dent) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$
	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"/> INCL <input checked="" type="checkbox"/> EXCL	PR-83-TBD	08/09/00	08/09/01	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE - POLICY LIMIT \$1,000,000 DISEASE - EACH EMPLOYEE \$1,000,000
	OTHER		/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

County Of San Mateo
Alcohol & Drug Services
Attn: Jane Marks
100 Harbor Blvd Bldg C
Belmont CA 94002

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

COUNTY OF SAN MATEO
Departmental Correspondence

Date: March 5, 2001

TO: Priscilla Harris-Morse, Risk Manager
FROM: Jane Marks, Alcohol and Drug Services
Fax: 802-6440; Phone: 802-6418; Pony: HSA202PE

SUBJECT: Contract Insurance Approval

CONTRACTOR: Women's Recovery Association

DOES CONTRACTOR TRAVEL? IF YES, WHAT PERCENT OF CONTACTED TIME?
Yes

DUTIES:

Provides residential, nonresidential, treatment readiness, and perinatal residential alcohol and drug treatment services to adults, adolescents, and pregnant/parenting women and their children.

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Liability <input checked="" type="checkbox"/> Additional Insured	<u>\$3M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile Liability	<u>\$1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<u>\$3M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation <input type="checkbox"/> No employees	<u>Statutory</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks/Comments:

This is a renewal certificate.

Signature: Priscilla Morse
Risk Management

Insform.wp

ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
02/22/01

PRODUCER Searcy Insurance Center, Inc.
P O Box 471

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 BELONGING TO THE

Visalia CA 93279-0471
(559) 625-3591
(559) 625-3593 FAX

COMPANIES AFFORDING COVERAGE

- COMPANY
A Philadelphia Indemnity Insurance
- COMPANY
B
- COMPANY
C
- COMPANY
D

INSURED
WRA Of San Mateo County, Inc.
1450 Chapin, 1st Floor

Burlingame CA 94010
(415) 348-6603

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT <input checked="" type="checkbox"/> Prof Liab	PHPK001679	02/24/01	02/24/02	GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	PHPK001679	02/24/01	02/24/02	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		01/01/01	01/01/01	EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL		/ /	/ /	STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
A	OTHER Bond Fire	PHPK001679	02/24/01	02/24/02	50,000 685,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The County of San Mateo, its officers, agents, and employees are named as additional insureds.

CERTIFICATE HOLDER

County Of San Mateo, Alcohol & Drug Services
Attn Jane Marks
400 Harbor Blvd. Building B
Belmont CA 94002

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

AGCORP. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

08/09/01

PRODUCER Searcy Insurance Center, Inc.
P O Box 471

Visalia CA 93279-0471
(559) 625-3591

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 BELONGING TO THE

COMPANIES AFFORDING COVERAGE

COMPANY
A Safety National Casualty Co.

INSURED W R A Of San Mateo County, Inc
1450 Chapin, 1st Floor

Burlingame CA 94010
(650) 348-6603

COMPANY
B

COMPANY
C

COMPANY
D

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROPT		/ /	/ /	GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$
	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"/> INCL <input checked="" type="checkbox"/> EXCL	PR-83-TBD	08/09/00	08/09/01	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE POLICY LIMIT \$1,000,000 DISEASE - EACH EMPLOYEE \$1,000,000
	OTHER		/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

County Of San Mateo
Alcohol & Drug Services
Attn: Jane Marks
400 Harbor Blvd Belmont
Belmont CA 94002

CANCELLATION

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

AUTHORIZED REPRESENTATIVE