

FIRST AMENDMENT TO THE FEE-FOR-SERVICE AGREEMENT WITH
ASIAN AMERICAN RECOVERY SERVICES
FOR ALCOHOL AND DRUG TREATMENT SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 2002,
by and between the COUNTY OF SAN MATEO (hereinafter called "County") and ASIAN
AMERICAN RECOVERY SERVICES (hereinafter called "Contractor").

WITNESSETH

WHEREAS, on August 7, 2001, the parties hereto entered into a fee-for-service
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 Section 8.D. of the body of the Agreement to read as follows:

D. The fingerprinting process will be completed and the results of the process
will be obtained before any of Contractor's employees, subcontractors, assignees or volunteers
are assigned or permitted to work at the program. Alternatively, the Contractor may set a hire
date prior to obtaining fingerprinting results contingent on the candidate certifying that: (1) his or
her employment application truthfully and completely discloses whether he or she has ever been
convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant
understands that a background check will be conducted, and that he or she will be dismissed
from employment immediately if he or she has failed to provide information regarding
convictions, has provided incomplete information regarding convictions, has or omitted
information regarding convictions, or if the fingerprinting results reveal any conviction
incompatible with this employment.

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

1. The Agreement of August 7, 2001 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 August 7, 2001 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: _____
Jerry Hill, President
Board of Supervisors, County of San Mateo

Date: _____

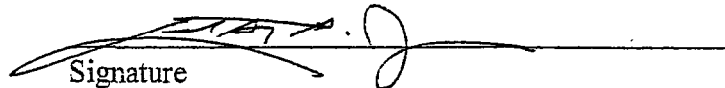
ATTEST:

Clerk of Said Board

Date: _____

ASIAN AMERICAN RECOVERY SERVICES

By: Leonardo A. Tacata, Jr., Associate Director
Name, Title - please print


Signature

Date: January 02, 2002

Contractor's Tax I.D. No. 94-3007538

COUNTY OF SAN MATEO
Departmental Correspondence

Date: December 18, 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: Asian American Recovery Services

DOES CONTRACTOR TRAVEL? Yes

DUTIES: Provides nonresidential alcohol and drug treatment services.

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Liability	<u>\$3M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 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>Statutory</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No employees				

Remarks/Comments:

Signature: Priscilla Morse
Risk Management

Insform.wp

ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

10/1/01

PRODUCER
ERNEST BLOOMFIELD & ASSOCIATES
 REHABILITATION & RECOVERY INSURANCE AGENCY, INC.
 BATTERY STREET, SUITE 503
 SAN FRANCISCO, CA. 94111

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.

COMPANIES AFFORDING COVERAGE

COMPANY A PHILADELPHIA INSURANCE COMPANIES

COMPANY B EVEREST NATIONAL INSURANCE COMPANY

COMPANY C HARTFORD FIRE INSURANCE COMPANY

COMPANY D

INSURED
 ASIAN AMERICAN RECOVERY SERVICES INC.
 965 MISSION STREET, SUITE 503
 SAN FRANCISCO, CA. 94103

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	RENEWAL OF PHPG 302 257	09-20-01	09-20-02	GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COM/OP AGG \$ 3,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY	RENEWAL OF PHPG 302 257	09-20-01	09-20-02	COMBINED SINGLE LIMIT \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	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				\$
F	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	3900010045-011 EVIDENCE ONLY	01-27-01	01-27-02	<input checked="" type="checkbox"/> STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$ 1,000,000
					DISEASE - POLICY LIMIT \$ 1,000,000
					DISEASE - EACH EMPLOYEE \$ 1,000,000
A C	EMPLOYEE DISHONESTY	RENEWAL OF PHPG 302 257	09-20-01	09-20-02	\$250,000 - PRIMARY COVERAGE
	EMPLOYEE DISHONESTY	57 BDD AG2548	01-05-01	01-05-02	\$357,000 - EXCESS OF PRIMARY

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

*SUBJECT TO 10 DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM. THE CERTIFICATE HOLDER, ITS OFFICERS, AGENTS AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED AS THEIR INTERESTS MAY APPEAR.

CERTIFICATE HOLDER

CITY & COUNTY OF SAN MATEO

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

ERNEST BLOOMFIELD

FIRST AMENDMENT TO THE FEE-FOR-SERVICE AGREEMENT WITH
AVALON COUNSELING SERVICES
FOR ALCOHOL AND DRUG TREATMENT SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 2002, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and AVALON COUNSELING SERVICES (hereinafter called "Contractor").

WITNESSETH

WHEREAS, on August 7, 2001, the parties hereto entered into a fee-for-service 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 Section 3.B. of the body of the agreement to add the following:

3) ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-NINE DOLLARS (\$149,179) for SB223 drug testing services described in Exhibit A for the period October 11, 2001 through June 20, 2002.

CHANGE #2: Amend Section 8.D. of the body of the Agreement to read as follows:

D. The fingerprinting process will be completed and the results of the process will be obtained before any of Contractor's employees, subcontractors, assignees or volunteers are assigned or permitted to work at the program. Alternatively, the Contractor may set a hire date prior to obtaining fingerprinting results contingent on the candidate certifying that: (1) his or her employment application truthfully and completely discloses whether he or she has ever been convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant understands that a background check will be conducted, and that he or she will be dismissed from employment immediately if he or she has failed to provide information regarding convictions, has provided incomplete information regarding convictions, has or omitted information regarding convictions, or if the fingerprinting results reveal any conviction incompatible with this employment.

CHANGE #3: Amend introductory paragraph of Exhibit A to delete reference to intake periods, to read as follows:

These alcohol and drug treatment services are funded through State SACPA/ Proposition 36, and SB223 funds designated specifically to serve individuals who have plead guilty to an offense, and are referred to alcohol and drug treatment services by the SACPA/Proposition 36 Team. Contractor will possess and maintain the appropriate licensure and/or certification required to

provide the services described below. Contractor will admit individuals, hereinafter referred to as “program participants”, who are referred by SACPA/Proposition 36 Team to these services. The length of treatment will vary according to the specific need of each program participant. Contractor will provide the following services at mutually agreed upon location(s) in San Mateo County to individuals who are deemed eligible for SACPA/Proposition 36 funded services:

CHANGE #4: Amend Exhibit A to add Section V to read as follows:

V. DRUG TESTING:

Effective October 11, 2001 Contractor may be eligible for reimbursement through SB 223 for substance abuse testing/urinalysis and other related costs for substance abuse testing of program participants in the SACPA/Proposition 36 funded programs, as soon as the County advises Contractor that the State of California has approved the County of San Mateo’s revised SACPA plan. Services must be provided in accordance with the requirements of Division 10.9 of the Health and Safety Code for the Substance Abuse Treatment and Testing Accountability (SATTA) program, and the revised County Plan for SACPA/Proposition 36 services.

A. Drug testing typically means any procedure or protocol used to analyze body fluids or human tissue to determine whether a program participant is, or has recently been, using alcohol and/or other drugs. Drug testing methods may include, but not be limited to, a urine test, a blood test, saliva test, and breath alcohol test.

B. Guidelines for drug testing:

1. Drug testing must be used as a treatment tool.
2. Drug testing results shall be given no greater weight than other aspects of the program participant’s individual treatment program.
3. Drug testing shall be conducted in conjunction with treatment to enhance the effectiveness of the program participant’s treatment program and help the program participant achieve success.
4. Drug testing results shall not be used as the basis for the imposition of new criminal charges.
5. A single drug test shall not be the sole basis for:
 - 1) determining unamenability to treatment, or
 - 2) revoking probation pursuant to Penal Code 1210.1(e)(3)(c).

6. Drug testing shall reflect the clinical needs of the program participant, based upon the individual's severity of abuse, progress in treatment and/or relapse potential, as determined by the counselor or counseling team.
7. Drug testing may be conducted on either a random basis or a regularly scheduled basis throughout the length of the program.

C. SB223 Funded Drug Testing Services Payment Rates:

In full consideration of the SB223 funded drug testing services provided to individuals participating in the SACPA/Proposition 36 alcohol and drug treatment services, the aggregate amount County shall be obligated to pay for the services rendered under this Agreement and all other Agreements approved collectively by single resolution, shall not exceed ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-NINE DOLLARS (\$149,179). County shall pay Contractor in the manner described below:

1. County shall pay Contractor at a rate not to exceed THIRTY DOLLARS (\$30.00) per drug test and related costs. Contractor shall bill for actual costs only.
2. Contractor's monthly itemized bill will include the following:
 - a) Name of program participant receiving SB223 drug testing services and dates of drug testing provided.
 - b) Total number of staff available hours provided for each month.
 - c) Total amount of the bill for testing services for each month.
3. Contractor will submit itemized bill and invoice statement by the tenth (10) day of the month following the month services were provided. Bills and invoices will be submitted to the Alcohol and Drug Services office for approval and processing for payment.

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

1. The Agreement of August 7, 2001 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.

5. All other provisions of the original Agreement shall remain in full force and effect.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that the Agreement of August 7, 2001 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: _____
Jerry Hill, President
Board of Supervisors, County of San Mateo

Date: _____

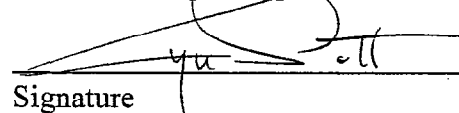
ATTEST:

Clerk of Said Board

Date: _____

AVALON COUNSELING SERVICES

By: LYN SCOTT, EXECUTIVE DIRECTOR
Name, Title - please print


Signature

Date: 1/10/02

Contractor's Tax I.D. No. 94-3348957

COUNTY OF SAN MATEO
Departmental Correspondence

Date: December 20, 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: Avalon Counseling Services

DOES CONTRACTOR TRAVEL? Not as part of the contract.

DUTIES: Provides nonresidential alcohol and drug counseling services.

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

Remarks/Comments:

Counseling services are contracted out.

Signature: Priscilla Morse
Risk Management

Insform.wp

GRANITE STATE INSURANCE CO.

THIS IS A CLAIMS MADE POLICY - PLEASE READ CAREFULLY

9/26/01

SOCIAL WORKER PROFESSIONAL LIABILITY POLICY

*** RENEWAL ***

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY).

DECLARATIONS

POLICY NO: **SML-3616195**

ACCOUNT NO: **CA-SCOL137-0 01764255**

ITEM 1. (a) NAME AND ADDRESS OF INSURED:

ITEM 1. (b) ADDITIONAL NAMED INSURED:

**LYN SCOTT
137 EASY STREET
MOUNTAIN VIEW, CA 94043**

TYPE OF ORG: **INDIVIDUAL**

ITEM 2. ADDITIONAL INSURED:

**SAN MATEO COUNTY
400 HARBOR BOULEVARD
BELMONT, CA 94002**

**THE MONTEREY OFFICES
617 VETERANS BLVD.
SUITE 118
REDWOOD CITY, CA 94063**

ITEM 3. POLICY PERIOD:

FROM: **10/01/01** TO: **10/01/02**
12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN.

ITEM 4. LIMITS OF LIABILITY:

- (a) \$ 1,000,000 EACH WRONGFUL ACT OR SERIES OF CONTINUOUS, REPEATED OR INTERRELATED WRONGFUL ACTS OR OCCURRENCE
- (b) \$ 3,000,000 AGGREGATE
- (c) \$ 5,000 DEFENSE REIMBURSEMENT


ITEM 5. PREMIUM SCHEDULE:

CLASSIFICATION	NUMBER	RATE	ANNUAL PREMIUM
PROFESSIONALS	1	211.00	211.00
INDEPENDENT CONTRACTORS	2	25.00	50.00
DEFENSE LIMIT			.00
ADDITIONAL INSURED	1	52.00	52.00
LANDLORDS	1	52.00	52.00
TOTAL PREMIUM			365.00

ITEM 6. RETROACTIVE DATE: **10/01/90**

ITEM 7. EXTENDED REPORTING PERIOD
ADDITIONAL PREMIUM (If exercised): \$ 365.00

ITEM 8. POLICY FORMS AND ENDORSEMENTS
ATTACHED TO THIS POLICY:


AUTHORIZED COMPANY REPRESENTATIVE

6932 (7/96) 65933 (7/96) 52133 (3/94)

THIS IS NOT A BILL. PREMIUM HAS BEEN PAID.

FIRST AMENDMENT TO THE FEE-FOR-SERVICE AGREEMENT WITH
EL CENTRO DE LIBERTAD
FOR ALCOHOL AND DRUG TREATMENT SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 2002,
by and between the COUNTY OF SAN MATEO (hereinafter called "County") and EL CENTRO
DE LIBERTAD (hereinafter called "Contractor").

WITNESSETH

WHEREAS, on August 7, 2001, the parties hereto entered into a fee-for-service
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 Section 3.B. of the body of the agreement to add the following:

3) ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-
NINE DOLLARS (\$149,179) for SB223 drug testing services described in Exhibit B for the
period October 11, 2001 through June 20, 2002.

CHANGE #2: Amend Section 8.D. of the body of the Agreement to read as follows:

D. The fingerprinting process will be completed and the results of the process
will be obtained before any of Contractor's employees, subcontractors, assignees or volunteers
are assigned or permitted to work at the program. Alternatively, the Contractor may set a hire
date prior to obtaining fingerprinting results contingent on the candidate certifying that: (1) his or
her employment application truthfully and completely discloses whether he or she has ever been
convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant
understands that a background check will be conducted, and that he or she will be dismissed
from employment immediately if he or she has failed to provide information regarding
convictions, has provided incomplete information regarding convictions, has or omitted
information regarding convictions, or if the fingerprinting results reveal any conviction
incompatible with this employment.

**CHANGE #3: Amend the introductory paragraph of Exhibit B to delete reference to intake
periods, to read as follows:**

These alcohol and drug treatment services are funded through State SACPA/ Proposition 36, and
SB223 funds designated specifically to serve individuals who have plead guilty to an offense, and
are referred to alcohol and drug treatment services by the SACPA/Proposition 36 Team.
Contractor will possess and maintain the appropriate licensure and/or certification required to

provide the services described below. Contractor will admit individuals, hereinafter referred to as "program participants" who are referred by SACPA/Proposition 36 Team to these services. The length of treatment will vary according to the specific need of each program participant. Contractor will provide the following services at mutually agreed upon location(s) in San Mateo County to individuals who are deemed eligible for SACPA/Proposition 36 funded services:

CHANGE #4: Amend Exhibit B to add Section VI to read as follows:

VI. DRUG TESTING:

Effective October 11, 2001 Contractor may be eligible for reimbursement through SB 223 for substance abuse testing/urinalysis and other related costs for substance abuse testing of program participants in the SACPA/Proposition 36 funded programs, as soon as County advises Contractor that the State of California has approved the County of San Mateo's revised SACPA plan. Services must be provided in accordance with the requirements of Division 10.9 of the Health and Safety Code for the Substance Abuse Treatment and Testing Accountability (SATTA) program, and the revised County Plan for SACPA/Proposition 36 services.

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- B. Guidelines for drug testing:
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 - 2. Drug testing results shall be given no greater weight than other aspects of the program participant's individual treatment program.
 - 3. Drug testing shall be conducted in conjunction with treatment to enhance the effectiveness of the program participant's treatment program and help the program participant achieve success.
 - 4. Drug testing results shall not be used as the basis for the imposition of new criminal charges.
 - 5. A single drug test shall not be the sole basis for:
 - 1) determining unamenability to treatment, or
 - 2) revoking probation pursuant to Penal Code 1210.1(e)(3)(c).

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7. Drug testing may be conducted on either a random basis or a regularly scheduled basis throughout the length of the program.

C. SB223 Funded Drug Testing Services Payment Rates:

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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: _____
Jerry Hill, President
Board of Supervisors, County of San Mateo

Date: _____

ATTEST:

Clerk of Said Board

Date: _____

EL CENTRO DE LIBERTAD

By: George Borg Executive Director
Name, Title - please print

George Borg
Signature

Date: 12-27-01

Contractor's Tax I.D. No. 94-3189174

COUNTY OF SAN MATEO
Departmental Correspondence

Date: June 4, 2001

TO: Priscilla Harris-Morse, Risk Manager
FROM: Jane Marks, Alcohol and Drug Services
Fax: 802-6440; Phone: 802-6418; Pony: HSA202FE
SUBJECT: Contract Insurance Approval

CONTRACTOR: El Centro de Libertad

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

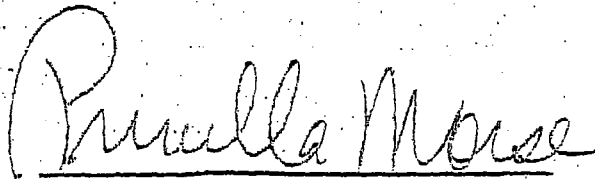
DUTIES:

Provides nonresidential alcohol and drug prevention and treatment services.

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Liability	<u>\$2M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Additional Insured				
Automobile Liability	<u>\$1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<u>\$2M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	<u>statutory</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No employees				

Remarks/Comments:

Signature:



Risk Management

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FIRST AMENDMENT TO THE FEE-FOR-SERVICE AGREEMENT WITH
FREE AT LAST
FOR ALCOHOL AND DRUG TREATMENT SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 2002,
by and between the COUNTY OF SAN MATEO (hereinafter called "County") and FREE AT
LAST (hereinafter called "Contractor").

WITNESSETH

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agreement for the furnishing of certain services by Contractor to County as set forth in that
Agreement; and

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date prior to obtaining fingerprinting results contingent on the candidate certifying that: (1) his or
her employment application truthfully and completely discloses whether he or she has ever been
convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant
understands that a background check will be conducted, and that he or she will be dismissed
from employment immediately if he or she has failed to provide information regarding
convictions, has provided incomplete information regarding convictions, has or omitted
information regarding convictions, or if the fingerprinting results reveal any conviction
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**CHANGE #3: Amend the introductory paragraph of Exhibit B to delete reference to intake
periods, to read as follows:**

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SB223 funds designated specifically to serve individuals who have plead guilty to an offense, and
are referred to alcohol and drug treatment services by the SACPA/Proposition 36 Team.
Contractor will possess and maintain the appropriate licensure and/or certification required to

provide the services described below. Contractor will admit individuals, hereinafter referred to as "program participants" who are referred by SACPA/Proposition 36 Team to these services. The length of treatment will vary according to the specific need of each program participant. Contractor will provide the following services at mutually agreed upon location(s) in San Mateo County to individuals who are deemed eligible for SACPA/Proposition 36 funded services:

CHANGE #4: Amend Exhibit B to add Section V to read as follows:

V. DRUG TESTING:

Effective October 11, 2001 Contractor may be eligible for reimbursement through SB 223 for substance abuse testing/urinalysis and other related costs for substance abuse testing of program participants in the SACPA/Proposition 36 funded programs, as soon as County advises Contractor that the State of California has approved the County of San Mateo's revised SACPA plan. Services must be provided in accordance with the requirements of Division 10.9 of the Health and Safety Code for the Substance Abuse Treatment and Testing Accountability (SATTA) program, and the revised County Plan for SACPA/Proposition 36 services.

- A. Drug testing typically means any procedure or protocol used to analyze body fluids or human tissue to determine whether a program participant is, or has recently been, using alcohol and/or other drugs. Drug testing methods may include, but not be limited to, a urine test, a blood test, saliva test, and breath alcohol test.

- B. Guidelines for drug testing:
 - 1. Drug testing must be used as a treatment tool.
 - 2. Drug testing results shall be given no greater weight than other aspects of the program participant's individual treatment program.
 - 3. Drug testing shall be conducted in conjunction with treatment to enhance the effectiveness of the program participant's treatment program and help the program participant achieve success.
 - 4. Drug testing results shall not be used as the basis for the imposition of new criminal charges.
 - 5. A single drug test shall not be the sole basis for:
 - 1) determining unamenability to treatment, or
 - 2) revoking probation pursuant to Penal Code 1210.1(e)(3)(c).

6. Drug testing shall reflect the clinical needs of the program participant, based upon the individual's severity of abuse, progress in treatment and/or relapse potential, as determined by the counselor or counseling team.
7. Drug testing may be conducted on either a random basis or a regularly scheduled basis throughout the length of the program.

C. SB223 Funded Drug Testing Services Payment Rates:

In full consideration of the SB223 funded drug testing services provided to individuals participating in the SACPA/Proposition 36 alcohol and drug treatment services, the aggregate amount County shall be obligated to pay for the services rendered under this Agreement and all other Agreements approved collectively by single resolution, shall not exceed ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-NINE DOLLARS (\$149,179). County shall pay Contractor in the manner described below:

1. County shall pay Contractor at a rate not to exceed THIRTY DOLLARS (\$30.00) per drug test and related costs. Contractor shall bill for actual costs only.
2. Contractor's monthly itemized bill will include the following:
 - a) Name of program participant receiving SB223 drug testing services and dates of drug testing provided.
 - b) Total number of staff available hours provided for each month.
 - c) Total amount of the bill for testing services for each month.
3. Contractor will submit itemized bill and invoice statement by the tenth (10) day of the month following the month services were provided. Bills and invoices will be submitted to the Alcohol and Drug Services office for approval and processing for payment.

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

1. The Agreement of August 7, 2001 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.

5. All other provisions of the original Agreement shall remain in full force and effect.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that the Agreement of August 7, 2001 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: _____
Jerry Hill, President
Board of Supervisors, County of San Mateo

Date: _____

ATTEST:

Clerk of Said Board

Date: _____

FREE AT LAST

By: Lenita Ellis - CEO
Name, Title, please print

[Signature]
Signature

Date: December 20, 2001

Contractor's Tax I.D. No. 94-3193317

COUNTY OF SAN MATEO
Departmental Correspondence

Date: September 13, 2001

TO: Priscilla Harris-Morse, Risk Manager
FROM: Jane Marks, Alcohol and Drug Services
Fax: 802-6440; Phone: 802-6418; Pony: HSA202PB
SUBJECT: Contract Insurance Approval

CONTRACTOR: Free At Last

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

DUTIES:

Provides alcohol and drug prevention and residential, perinatal, and nonresidential treatment services to adolescents, adults, and women with children.

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Liability	\$2M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Additional Excess				
Automobile Liability	\$1M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	Statutory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No employees				

Remarks/Comments:

Signature: Priscilla Morse
Risk Management

Insfor.n.wp

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
09/10/01

PRODUCER
Gallagher Heffernan Insurance
Brokers, Inc. - CA Lic.#0726293
One Market Spear Twr Ste 200
San Francisco, CA 94105

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

INSURERS AFFORDING COVERAGE

INSURED
Free At Last Community Recovery & Reha
1796 Bay Road
East Palo Alto, CA 94303

INSURER A: Travelers 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD		LIMITS	
			EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)		
A	GENERAL LIABILITY	660784X7336	09/01/01	09/01/02	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS-COMP/OP AGG	\$2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
A	AUTOMOBILE LIABILITY	8101844W376	09/01/01	09/01/02	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE-EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
County of San Mateo and its respective divisions, officers, agents and employees are included as Additional Insureds per CG2026, attached.

CERTIFICATE HOLDER
San Mateo County Drug & Alcohol Services
400 Harbor Blvd., Bldg. B
Belmont, CA 94002

ADDITIONAL INSURED: INSURER LETTER: _____

CANCELLATION Ten Day Notice for Non-Payment

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
Tom Rowe

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/10/01

PRODUCER
Gallagher Heffernan Insurance
Brokers, Inc. - CA Lic.#0726293
One Market Spear Twr Ste 200
San Francisco, CA 94105

INSURED
Free At Last Community Recovery & Reha
1796 Bay Road
East Palo Alto, CA 94303

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

INSURERS AFFORDING COVERAGE

INSURER A: American Automobile Insurance Comp
INSURER B: Connecticut Indemnity Company
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.

INSURER	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 CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC	MZG80762820	07/01/00	09/01/01	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Other Car	MZG80762820	07/01/00	09/01/01	COMBINED SINGLE LIMIT (EA accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTHER	ECF108140	07/01/01	07/01/02	<input checked="" type="checkbox"/> W/ STAT-UTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
The County Of San Mateo, Its' Officers, Agents, Employees And Legal Representatives Are Included As Additional Insureds
RE: Named-Insured Use/Lease Of The Following Dwellings & Locations For Their Program Operations: (1) California House, 1560 California Street, (See Attached Descriptions)

CERTIFICATE HOLDER County Of San Mateo Human Services Agency 262 Harbor Blvd. Belmont, CA 94002-5008	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION Ten Day Notice for Non-Payment SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL FORWADE BY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. THIS NOTICE SHALL BE IN ACCORDANCE WITH THE POLICY TERMS AND CONDITIONS. REPRESENTATIVES AUTHORIZED REPRESENTATIVE <i>Tom D...e</i>
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

FIRST AMENDMENT TO THE FEE-FOR-SERVICE AGREEMENT WITH
LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE
SERVICES OF SAN MATEO COUNTY
FOR ALCOHOL AND DRUG TREATMENT SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 2002,
by and between the COUNTY OF SAN MATEO (hereinafter called "County") and LATINO
COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES OF SAN MATEO COUNTY
(hereinafter called "Contractor").

WITNESSETH

WHEREAS, on August 7, 2001, the parties hereto entered into a fee-for-service
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 Section 8.D. of the body of the Agreement to read as follows:

D. The fingerprinting process will be completed and the results of the process
will be obtained before any of Contractor's employees, subcontractors, assignees or volunteers
are assigned or permitted to work at the program. Alternatively, the Contractor may set a hire
date prior to obtaining fingerprinting results contingent on the candidate certifying that: (1) his or
her employment application truthfully and completely discloses whether he or she has ever been
convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant
understands that a background check will be conducted, and that he or she will be dismissed
from employment immediately if he or she has failed to provide information regarding
convictions, has provided incomplete information regarding convictions, has or omitted
information regarding convictions, or if the fingerprinting results reveal any conviction
incompatible with this employment.

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

1. The Agreement of August 7, 2001 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 August 7, 2001 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: _____
Jerry Hill, President
Board of Supervisors, County of San Mateo

Date: _____

ATTEST:

Clerk of Said Board

Date: _____

LATINO COMMISSION ON ALCOHOL AND
DRUG ABUSE SERVICES OF
SAN MATEO COUNTY

By: Executive Administrator
Name, Title - please print


Signature

Date: 12-20-01

Contractor's Tax I.D. No. 94-3149136

COUNTY OF SAN MATEO
 Departmental Correspondence

Date: September 27, 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: Latino Commission on Alcohol and Drug Abuse of San Mateo County

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

DUTIES:
 Provide residential alcohol and drug treatment services to men and women.

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Liability <input checked="" type="checkbox"/> Additional Insured	<u>\$1M</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>\$1M</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:

Signature: Priscilla Morse
 Risk Management

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE
09/27/2001

PRODUCER
All-Cal Insurance Agency
420 Folsom Road, Suite #C

Roseville CA 95678-

INSURED
Latino Commission on Alcohol & Drug
301 Grand Avenue, #301

South San Francisco CA 94080-

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

INSURERS AFFORDING COVERAGE

INSURER A: Nonprofits Ins Alliance Of CA
INSURER B: STATE FUND WORKERS COMPENSATION
INSURER C: FIDELITY & DEPOSIT COMPANY
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 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 checked="" type="checkbox"/> PROFESSIONAL LIAB. <input checked="" type="checkbox"/> IMPROPER SEXUAL CON. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	2001-04560	10/02/2001	10/02/2002	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 IMPROPER SEXUAL CON. 250,000
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	2001-04560	10/02/2001	10/02/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	POLICY # T B D	09/24/2001	09/24/2002	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	OTHER CRIME/EMPLOYEE DIS. FORGERY/ALTERATION	CCP0053050	07/19/2001	07/19/2002	LIMITS 150,000 DEDUCTIBLE 750

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
THE COUNTY OF SAN MATEO, ITS OFFICIALS, OFFICERS, AGENTS, AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED AS A FUNDING SOURCE FOR THE ACTIVITIES OF THE INSURED UNDER THIS AGREEMENT

CERTIFICATE HOLDER ADDITIONAL INSURED: INSURER LETTER: A
THE COUNTY OF SAN MATEO/CONTRACTS & INSURANCE
ATTN: JANE MARKS
262 HARBOR BLVD.
BELMONT CA 94002-

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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

POLICY NUMBER:2001-04560

POLICY TYPE:LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED---DESIGNATED PERSON OR ORGANIZATION:
THE COUNTY OF SAN MATEO**

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

POLICY TYPE:LIABILITY

SCHEDULE:10/02/2001 - 10/02/2002

**NAME OF PERSON OR ORGANIZATION:
THE COUNTY OF SAN MATEO**

**ADDITIONAL WORDING IF NECESSARY:THE COUNTY OF SAN MATEO, ITS
OFFICIALS, OFFICERS, AGENTS, AND EMPLOYEES ARE NAMED AS ADDITIONAL
INSURED AS A FUNDING SOURCE FOR THE ACTIVITIES OF THE INSURED UNDER
THIS AGREEMENT**

**(If no entry appears above, information required to complete this endorsement
will be shown in the Declarations as applicable to this endorsement.)**

**WHO IS AN INSURED (Section II) is amended to include as insured the person or
organization shown in the Schedule as an insured but only with respect to
liability arising out of your operations or premises owned by or rented to
you.**

Copyright, Insurance services Office, Inc. 1984

FIRST AMENDMENT TO THE FEE-FOR-SERVICE AGREEMENT WITH
PROJECT NINETY, INC.
FOR ALCOHOL AND DRUG TREATMENT SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 2002,
by and between the COUNTY OF SAN MATEO (hereinafter called "County") and PROJECT
NINETY, INC. (hereinafter called "Contractor").

WITNESSETH

WHEREAS, on August 7, 2001, the parties hereto entered into a fee-for-service
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 Section 3.B. of the body of the agreement to add the following:

3) ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-
NINE DOLLARS (\$149,179) for SB223 drug testing services described in Exhibit B for the
period October 11, 2001 through June 20, 2002.

CHANGE #2: Amend Section 8.D. of the body of the Agreement to read as follows:

D. The fingerprinting process will be completed and the results of the process
will be obtained before any of Contractor's employees, subcontractors, assignees or volunteers
are assigned or permitted to work at the program. Alternatively, the Contractor may set a hire
date prior to obtaining fingerprinting results contingent on the candidate certifying that: (1) his or
her employment application truthfully and completely discloses whether he or she has ever been
convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant
understands that a background check will be conducted, and that he or she will be dismissed
from employment immediately if he or she has failed to provide information regarding
convictions, has provided incomplete information regarding convictions, has or omitted
information regarding convictions, or if the fingerprinting results reveal any conviction
incompatible with this employment.

**CHANGE #3: Amend the introductory paragraph of Exhibit B to delete reference to intake
periods, to read as follows:**

These alcohol and drug treatment services are funded through State SACPA/ Proposition 36, and
SB223 funds designated specifically to serve individuals who have plead guilty to an offense, and
are referred to alcohol and drug treatment services by the SACPA/Proposition 36 Team.
Contractor will possess and maintain the appropriate licensure and/or certification required to

provide the services described below. Contractor will admit individuals, hereinafter referred to as "program participants" who are referred by SACPA/Proposition 36 Team to these services. The length of treatment will vary according to the specific need of each program participant. Contractor will provide the following services at mutually agreed upon location(s) in San Mateo County to individuals who are deemed eligible for SACPA/Proposition 36 funded services:

CHANGE #4: Amend Exhibit B to add Section V to read as follows:

V. DRUG TESTING:

Effective October 11, 2001 Contractor may be eligible for reimbursement through SB 223 for substance abuse testing/urinalysis and other related costs for substance abuse testing of program participants in the SACPA/Proposition 36 funded programs, as soon as County advises Contractor that the State of California has approved the County of San Mateo's revised SACPA plan. Services must be provided in accordance with the requirements of Division 10.9 of the Health and Safety Code for the Substance Abuse Treatment and Testing Accountability (SATTA) program, and the revised County Plan for SACPA/Proposition 36 services.

- A. Drug testing typically means any procedure or protocol used to analyze body fluids or human tissue to determine whether a program participant is, or has recently been, using alcohol and/or other drugs. Drug testing methods may include, but not be limited to, a urine test, a blood test, saliva test, and breath alcohol test.
- B. Guidelines for drug testing:
 - 1. Drug testing must be used as a treatment tool.
 - 2. Drug testing results shall be given no greater weight than other aspects of the program participant's individual treatment program.
 - 3. Drug testing shall be conducted in conjunction with treatment to enhance the effectiveness of the program participant's treatment program and help the program participant achieve success.
 - 4. Drug testing results shall not be used as the basis for the imposition of new criminal charges.
 - 5. A single drug test shall not be the sole basis for:
 - 1) determining unamenability to treatment, or
 - 2) revoking probation pursuant to Penal Code 1210.1(e)(3)(c).

6. Drug testing shall reflect the clinical needs of the program participant, based upon the individual's severity of abuse, progress in treatment and/or relapse potential, as determined by the counselor or counseling team.
7. Drug testing may be conducted on either a random basis or a regularly scheduled basis throughout the length of the program.

C. SB223 Funded Drug Testing Services Payment Rates:

In full consideration of the SB223 funded drug testing services provided to individuals participating in the SACPA/Proposition 36 alcohol and drug treatment services, the aggregate amount County shall be obligated to pay for the services rendered under this Agreement and all other Agreements approved collectively by single resolution, shall not exceed ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-NINE DOLLARS (\$149,179). County shall pay Contractor in the manner described below:

1. County shall pay Contractor at a rate not to exceed THIRTY DOLLARS (\$30.00) per drug test and related costs. Contractor shall bill for actual costs only.
2. Contractor's monthly itemized bill will include the following:
 - a) Name of program participant receiving SB223 drug testing services and dates of drug testing provided.
 - b) Total number of staff available hours provided for each month.
 - c) Total amount of the bill for testing services for each month.
3. Contractor will submit itemized bill and invoice statement by the tenth (10) day of the month following the month services were provided. Bills and invoices will be submitted to the Alcohol and Drug Services office for approval and processing for payment.

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

1. The Agreement of August 7, 2001 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 August 7, 2001 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: _____
Jerry Hill, President
Board of Supervisors, County of San Mateo

Date: _____

ATTEST:

Clerk of Said Board

Date: _____

PROJECT NINETY, INC.

By: James Stansberry
Name, Title - please print

James H Stansberry
Signature

Date: December 28, 2001

Contractor's Tax I.D. No. 23-7398688

COUNTY OF SAN MATEO
Departmental Correspondence

Date: July 9, 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: Project Ninety, Inc.

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

DUTIES:

Provide residential alcohol and drug treatment services to adult and adolescent men.

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Liability <input checked="" type="checkbox"/> Additional Insured	<u>\$2M</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"/>
Excess Liability	<u>\$9M</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 LIABILITY INSURANCE

DATE (MM/DD/YY)
07/11/2001

PRODUCER (650)341-4484 FAX (650)341-4465
Business Professional Ins. Assoc. Inc.
2519 South B Street
San Mateo, CA 94402

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

INSURERS AFFORDING COVERAGE

INSURED Project Ninety, Inc.
James H. Stansberry
720 South B Street, #3
San Mateo, CA 94401

INSURER A:	Philadelphia Indemnity
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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROP-JECT <input type="checkbox"/> LOC	PHPC302868	07/01/2001	07/01/2002	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADY INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
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	PHPC3028681	07/01/2001	07/01/2002	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 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 LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	PHUM 300650	07/01/2001	07/01/2002	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	RO1070300523	07/01/2001	07/01/2002	<input checked="" type="checkbox"/> NO STAT-TORY LIMITS <input type="checkbox"/> OTH-ER B.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
OTHER Building	PHPC302868	07/01/2001	07/01/2002	535 Bodan Ave SF \$274,800 175 Spruce Ave SF \$124,675 195 Spruce Ave SF \$187,313

DESCRIPTION OF OPERATION/LOCATION/VEHICLE/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Certificate holder is named as additional insured in regards to insured's business operations general liability policy only
30 day notice of cancellation for non-payment of premium shall apply

CERTIFICATE HOLDER	ADDITIONAL INSURED: INSURER LETTER	CANCELLATION
County of San Mateo Alcohol and Drug Program 400 Harbor Blvd, Belmont, CA 94002		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 Peter Kelly/NIKIE

FIRST AMENDMENT TO THE FEE-FOR-SERVICE AGREEMENT WITH
PYRAMID ALTERNATIVES
FOR ALCOHOL AND DRUG TREATMENT SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 2002, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and PYRAMID ALTERNATIVES (hereinafter called "Contractor").

WITNESSETH

WHEREAS, on August 7, 2001, the parties hereto entered into a fee-for-service 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 Section 3.B. of the body of the agreement to add the following:

3) ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-NINE DOLLARS (\$149,179) for SB223 drug testing services described in Exhibit B for the period October 11, 2001 through June 20, 2002.

CHANGE #2: Amend Section 8.D. of the body of the Agreement to read as follows:

D. The fingerprinting process will be completed and the results of the process will be obtained before any of Contractor's employees, subcontractors, assignees or volunteers are assigned or permitted to work at the program. Alternatively, the Contractor may set a hire date prior to obtaining fingerprinting results contingent on the candidate certifying that: (1) his or her employment application truthfully and completely discloses whether he or she has ever been convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant understands that a background check will be conducted, and that he or she will be dismissed from employment immediately if he or she has failed to provide information regarding convictions, has provided incomplete information regarding convictions, has or omitted information regarding convictions, or if the fingerprinting results reveal any conviction incompatible with this employment.

CHANGE #3: Amend the introductory paragraph of Exhibit B to delete reference to intake periods, to read as follows:

These alcohol and drug treatment services are funded through State SACPA/ Proposition 36, and SB223 funds designated specifically to serve individuals who have plead guilty to an offense, and are referred to alcohol and drug treatment services by the SACPA/Proposition 36 Team. Contractor will possess and maintain the appropriate licensure and/or certification required to

provide the services described below. Contractor will admit individuals, hereinafter referred to as "program participants" who are referred by SACPA/Proposition 36 Team to these services. The length of treatment will vary according to the specific need of each program participant. Contractor will provide the following services at mutually agreed upon location(s) in San Mateo County to individuals who are deemed eligible for SACPA/Proposition 36 funded services:

CHANGE #4: Amend Exhibit B to add Section V to read as follows:

V. DRUG TESTING:

Effective October 11, 2001 Contractor may be eligible for reimbursement through SB 223 for substance abuse testing/urinalysis and other related costs for substance abuse testing of program participants in the SACPA/Proposition 36 funded programs, as soon as County advises Contractor that the State of California has approved the County of San Mateo's revised SACPA plan. Services must be provided in accordance with the requirements of Division 10.9 of the Health and Safety Code for the Substance Abuse Treatment and Testing Accountability (SATTA) program, and the revised County Plan for SACPA/Proposition 36 services.

- A. Drug testing typically means any procedure or protocol used to analyze body fluids or human tissue to determine whether a program participant is, or has recently been, using alcohol and/or other drugs. Drug testing methods may include, but not be limited to, a urine test, a blood test, saliva test, and breath alcohol test.
- B. Guidelines for drug testing:
 - 1. Drug testing must be used as a treatment tool.
 - 2. Drug testing results shall be given no greater weight than other aspects of the program participant's individual treatment program.
 - 3. Drug testing shall be conducted in conjunction with treatment to enhance the effectiveness of the program participant's treatment program and help the program participant achieve success.
 - 4. Drug testing results shall not be used as the basis for the imposition of new criminal charges.
 - 5. A single drug test shall not be the sole basis for:
 - 1) determining unamenability to treatment, or
 - 2) revoking probation pursuant to Penal Code 1210.1(e)(3)(c).

6. Drug testing shall reflect the clinical needs of the program participant, based upon the individual's severity of abuse, progress in treatment and/or relapse potential, as determined by the counselor or counseling team.
7. Drug testing may be conducted on either a random basis or a regularly scheduled basis throughout the length of the program.

C. SB223 Funded Drug Testing Services Payment Rates:

In full consideration of the SB223 funded drug testing services provided to individuals participating in the SACPA/Proposition 36 alcohol and drug treatment services, the aggregate amount County shall be obligated to pay for the services rendered under this Agreement and all other Agreements approved collectively by single resolution, shall not exceed ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-NINE DOLLARS (\$149,179). County shall pay Contractor in the manner described below:

1. County shall pay Contractor at a rate not to exceed THIRTY DOLLARS (\$30.00) per drug test and related costs. Contractor shall bill for actual costs only.
2. Contractor's monthly itemized bill will include the following:
 - a) Name of program participant receiving SB223 drug testing services and dates of drug testing provided.
 - b) Total number of staff available hours provided for each month.
 - c) Total amount of the bill for testing services for each month.
3. Contractor will submit itemized bill and invoice statement by the tenth (10) day of the month following the month services were provided. Bills and invoices will be submitted to the Alcohol and Drug Services office for approval and processing for payment.

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

1. The Agreement of August 7, 2001 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 August 7, 2001 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: _____
Jerry Hill, President
Board of Supervisors, County of San Mateo

Date: _____

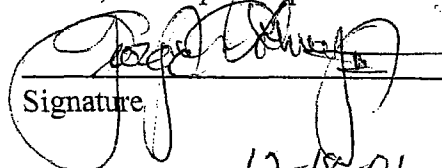
ATTEST:

Clerk of Said Board

Date: _____

PYRAMID ALTERNATIVES

By: GEORGE TORNEY Executive Director
Name, Title - please print


Signature

Date: 12-18-01

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

COUNTY OF SAN MATEO
Departmental Correspondence

Date: March 14, 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: Pyramid Alternatives

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

DUTIES:

Provides nonresidential alcohol and drug treatment services.

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

Remarks/Comments:

Signature:

Jane Marks
Risk Management

Insform.wp

MIKE MARZANO
MAR 15 2001
SAFETY OFFICER

CERTIFICATE OF INSURANCE

PRODUCER
ERNEST BLOOMFIELD & ASSOCIATES
 REHABILITATION & RECOVERY INSURANCE AGENCY, INC.
 22 BATTERY STREET, SUITE 503
 SAN FRANCISCO, CA. 94111

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

COMPANIES AFFORDING COVERAGE	
COMPANY A	FRONTIER PACIFIC INSURANCE COMPANY
COMPANY B	
COMPANY C	
COMPANY D	

INSURED
 PYRAMID ALTERNATIVES
 480 MANOR PLAZA
 PACIFICA, CA. 94044

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	P200002919-03	02-27-01	02-27-2002	GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ INCLUDED
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY	P200002919 03	02-27-01	02-27-2002	COMBINED SINGLE LIMIT \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	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				\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
					DISEASE - EACH EMPLOYEE \$
A	OTHER PROFESSIONAL LIABILITY	0200001292-04	02-27-01	02-27-2002	\$3,000,000 AGGREGATE \$1,000,000 EACH OCCURRENCE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 THE CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS THEIR INTEREST MAY APPEAR AS A FUNDING SOURCE FOR THE INSURED PER FORM CG 20 26 11 85 ATTACHED TO THE POLICY.

CERTIFICATE HOLDER
 SAN MATEO COUNTY, ITS OFFICERS, AGENTS AND EMPLOYEES C/O HUMAN SERVICES AGENCY
 DRUG AND ALCOHOL PROGRAM
 400 HARBOR BOULEVARD, BUILDING 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 *[Signature]*

COMMERCIAL GENERAL LIABILITY

POLICY FORMS & ENDORSEMENTS

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
CG 20 26 11 85

ADDITIONAL INSURED - DESIGNATED PERSON
OR ORGANIZATION

This endorsement modifies insurance provided under the following:
P200002919-03

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

The Certificate Holder named on the attached Certificate of Insurance is named as an Additional Insured per list of file with Insurance Companies.

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization show in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

1. The Additional insured scheduled above includes the Additional insureds Officials, Agents, Employees and Volunteers.
2. The insurance afforded by this policy shall not be cancelled except after thirty days (or ten days for non-payment of premium) written notice has been given to the Additional Insured scheduled above.
3. It is agreed that such insurance afforded by this policy(ies) for the benefit of the additional insured(s) shall be primary & non-contributing, but only insofar as respects to work performed by the insured for the Additional Insured..

FIRST AMENDMENT TO THE FEE-FOR-SERVICE AGREEMENT WITH
RECOVERY CONCEPTS
FOR ALCOHOL AND DRUG TREATMENT SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 2002,
by and between the COUNTY OF SAN MATEO (hereinafter called "County") and RECOVERY
CONCEPTS (hereinafter called "Contractor").

WITNESSETH

WHEREAS, on August 7, 2001, the parties hereto entered into a fee-for-service
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 Section 3.B. of the body of the agreement to add the following:

3) ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-
NINE DOLLARS (\$149,179) for SB223 drug testing services described in Exhibit A for the
period October 11, 2001 through June 20, 2002.

CHANGE #2: Amend Section 8.D. of the body of the Agreement to read as follows:

D. The fingerprinting process will be completed and the results of the process
will be obtained before any of Contractor's employees, subcontractors, assignees or volunteers
are assigned or permitted to work at the program. Alternatively, the Contractor may set a hire
date prior to obtaining fingerprinting results contingent on the candidate certifying that: (1) his or
her employment application truthfully and completely discloses whether he or she has ever been
convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant
understands that a background check will be conducted, and that he or she will be dismissed
from employment immediately if he or she has failed to provide information regarding
convictions, has provided incomplete information regarding convictions, has or omitted
information regarding convictions, or if the fingerprinting results reveal any conviction
incompatible with this employment.

**CHANGE #3: Amend introductory paragraph of Exhibit A to delete reference to intake
periods, to read as follows:**

These alcohol and drug treatment services are funded through State SACPA/ Proposition 36, and
SB223 funds designated specifically to serve individuals who have plead guilty to an offense, and
are referred to alcohol and drug treatment services by the SACPA/Proposition 36 Team.

Contractor will possess and maintain the appropriate licensure and/or certification required to provide the services described below. Contractor will admit individuals, hereinafter referred to as "program participants" who are referred by SACPA/Proposition 36 Team to these services. The length of treatment will vary according to the specific need of each program participant. Contractor will provide the following services at mutually agreed upon location(s) in San Mateo County to individuals who are deemed eligible for SACPA/Proposition 36 funded services:

CHANGE #4: Amend Exhibit A to add Section V to read as follows:

V. DRUG TESTING:

Effective October 11, 2001 Contractor may be eligible for reimbursement through SB 223 for substance abuse testing/urinalysis and other related costs for substance abuse testing of program participants in the SACPA/Proposition 36 funded programs, as soon as County advises Contractor that the State of California has approved the County of San Mateo's SACPA plan. Services must be provided in accordance with the requirements of Division 10.9 of the Health and Safety Code for the Substance Abuse Treatment and Testing Accountability (SATTA) program, and the revised County Plan for SACPA/Proposition 36 services.

- A. Drug testing typically means any procedure or protocol used to analyze body fluids or human tissue to determine whether a program participant is, or has recently been, using alcohol and/or other drugs. Drug testing methods may include, but not be limited to, a urine test, a blood test, saliva test, and breath alcohol test.
- B. Guidelines for drug testing:
 - 1. Drug testing must be used as a treatment tool.
 - 2. Drug testing results shall be given no greater weight than other aspects of the program participant's individual treatment program.
 - 3. Drug testing shall be conducted in conjunction with treatment to enhance the effectiveness of the program participant's treatment program and help the program participant achieve success.
 - 4. Drug testing results shall not be used as the basis for the imposition of new criminal charges.
 - 5. A single drug test shall not be the sole basis for:
 - 1) determining unamenability to treatment, or
 - 2) revoking probation pursuant to Penal Code 1210.1(e)(3)(c).

6. Drug testing shall reflect the clinical needs of the program participant, based upon the individual's severity of abuse, progress in treatment and/or relapse potential, as determined by the counselor or counseling team.
7. Drug testing may be conducted on either a random basis or a regularly scheduled basis throughout the length of the program.

C. SB223 Funded Drug Testing Services Payment Rates:

In full consideration of the SB223 funded drug testing services provided to individuals participating in the SACPA/Proposition 36 alcohol and drug treatment services, the aggregate amount County shall be obligated to pay for the services rendered under this Agreement and all other Agreements approved collectively by single resolution, shall not exceed ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-NINE DOLLARS (\$149,179). County shall pay Contractor in the manner described below:

1. County shall pay Contractor at a rate not to exceed THIRTY DOLLARS (\$30.00) per drug test and related costs. Contractor shall bill for actual costs only.
2. Contractor's monthly itemized bill will include the following:
 - a) Name of program participant receiving SB223 drug testing services and dates of drug testing provided.
 - b) Total number of staff available hours provided for each month.
 - c) Total amount of the bill for testing services for each month.
3. Contractor will submit itemized bill and invoice statement by the tenth (10) day of the month following the month services were provided. Bills and invoices will be submitted to the Alcohol and Drug Services office for approval and processing for payment.

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

1. The Agreement of August 7, 2001 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 August 7, 2001 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: _____
Jerry Hill, President
Board of Supervisors, County of San Mateo

Date: _____

ATTEST:

Clerk of Said Board

Date: _____

RECOVERY CONCEPTS

By: GRANT DAVIS, DIRECTOR
Name, Title - please print

[Signature]
Signature

Date: 12-19-01

Contractor's Tax I.D. No. 94-3085929

COUNTY OF SAN MATEO
Departmental Correspondence

Date: July 11, 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: Recovery Concepts

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

DUTIES:

Provide residential alcohol and drug treatment services.

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Liability	<u>\$2M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Additional Insured				
Automobile Liability	<u>\$1M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<u>\$2M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	<u>Statutory</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No employees				

Remarks/Comments:

Signature:

Priscilla Morse
Risk Management

Insform.wp

DATE ISSUED 07/11/02

PRODUCER Seaboy Insurance Center, Inc.
 P O Box 471
 Visalia CA 93279-0471
 (559) 625-3591

INSURED Recovery Concepts
 3406 Alameda de las Pulgas
 Menlo Park CA 94025
 (415) 854-5180

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFIRMS THE RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED IN THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A Wausau Underwriters Ins Co
 COMPANY B
 COMPANY C
 COMPANY D

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 CTN	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNERS & CONTRACTORS PROT <input checked="" type="checkbox"/> Pro Liability	0868-00-006059	07/01/01	07/01/02	GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP ACC \$2,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$5,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	0838-00-006059	07/01/01	07/01/02	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<input type="checkbox"/> BARABO LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	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 \$ STATUTORY LIMITS
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL		/ /	/ /	EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
A	<input type="checkbox"/> OTHER Property	0868-00-006059	07/01/01	07/01/02	Bldg. \$350,000

DESCRIPTION OF OPERATIONS, LOCATIONS AND SPECIAL ITEMS:
 San Mateo County, its officers, agents, and employees are named as Additional Insured

San Mateo County
 Human Services Agency
 400 Harbor Blvd, Building C
 Belmont CA 94002

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 ON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Handwritten Signature]

STATE
COMPENSATION
INSURANCE
FUND

P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 12-01-01

POLICY NUMBER: 1565381 - 01
 CERTIFICATE EXPIRES: 12-01-02

COUNTY OF SAN MATEO
 HUMAN SERVICES AGENCY
 400 HARBOR BLVD BLDG C
 BELMONT CA 94002

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

This policy is not subject to cancellation by the Fund except upon 10 days' advance written notice to the employer.

We will also give you 10 days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies 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 may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

Kenneth C. Bollier
 PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

EMPLOYER

LEGAL NAME

RECOVERY CONCEPTS INC
 3406 ALAMEDA
 MENLO PARK CA 94025

RECOVERY CONCEPTS INC

PRINTED: 11-20-01 P0408

FIRST AMENDMENT TO THE FEE-FOR-SERVICE AGREEMENT WITH
SERVICE LEAGUE OF SAN MATEO COUNTY
FOR ALCOHOL AND DRUG TREATMENT SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 2002,
by and between the COUNTY OF SAN MATEO (hereinafter called "County") and SERVICE
LEAGUE OF SAN MATEO COUNTY (hereinafter called "Contractor").

WITNESSETH

WHEREAS, on August 7, 2001, the parties hereto entered into a fee-for-service
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 Section 3.B. of the body of the agreement to add the following:

3) ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-
NINE DOLLARS (\$149,179) for SB223 drug testing services described in Exhibit B for the
period October 11, 2001 through June 20, 2002.

CHANGE #2: Amend Section 8.D. of the body of the Agreement to read as follows:

D. The fingerprinting process will be completed and the results of the process
will be obtained before any of Contractor's employees, subcontractors, assignees or volunteers
are assigned or permitted to work at the program. Alternatively, the Contractor may set a hire
date prior to obtaining fingerprinting results contingent on the candidate certifying that: (1) his or
her employment application truthfully and completely discloses whether he or she has ever been
convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant
understands that a background check will be conducted, and that he or she will be dismissed
from employment immediately if he or she has failed to provide information regarding
convictions, has provided incomplete information regarding convictions, has or omitted
information regarding convictions, or if the fingerprinting results reveal any conviction
incompatible with this employment.

**CHANGE #3: Amend the introductory paragraph of Exhibit B to delete reference to intake
periods, to read as follows:**

These alcohol and drug treatment services are funded through State SACPA/ Proposition 36, and
SB223 funds designated specifically to serve individuals who have plead guilty to an offense, and
are referred to alcohol and drug treatment services by the SACPA/Proposition 36 Team.

Contractor will possess and maintain the appropriate licensure and/or certification required to provide the services described below. Contractor will admit individuals, hereinafter referred to as "program participants" who are referred by SACPA/Proposition 36 Team to these services. The length of treatment will vary according to the specific need of each program participant. Contractor will provide the following services at mutually agreed upon location(s) in San Mateo County to individuals who are deemed eligible for SACPA/Proposition 36 funded services:

CHANGE #4: Amend Exhibit B to add Section V to read as follows:

V. DRUG TESTING:

Effective October 11, 2001 Contractor may be eligible for reimbursement through SB 223 for substance abuse testing/urinalysis and other related costs for substance abuse testing of program participants in the SACPA/Proposition 36 funded programs, as soon as County advises Contractor that the State of California has approved the County of San Mateo's SACPA plan. Services must be provided in accordance with the requirements of Division 10.9 of the Health and Safety Code for the Substance Abuse Treatment and Testing Accountability (SATTA) program, and the revised County Plan for SACPA/Proposition 36 services.

- A. Drug testing typically means any procedure or protocol used to analyze body fluids or human tissue to determine whether a program participant is, or has recently been, using alcohol and/or other drugs. Drug testing methods may include, but not be limited to, a urine test, a blood test, saliva test, and breath alcohol test.
- B. Guidelines for drug testing:
 - 1. Drug testing must be used as a treatment tool.
 - 2. Drug testing results shall be given no greater weight than other aspects of the program participant's individual treatment program.
 - 3. Drug testing shall be conducted in conjunction with treatment to enhance the effectiveness of the program participant's treatment program and help the program participant achieve success.
 - 4. Drug testing results shall not be used as the basis for the imposition of new criminal charges.
 - 5. A single drug test shall not be the sole basis for:
 - 1) determining unamenability to treatment, or
 - 2) revoking probation pursuant to Penal Code 1210.1(e)(3)(c).

6. Drug testing shall reflect the clinical needs of the program participant, based upon the individual's severity of abuse, progress in treatment and/or relapse potential, as determined by the counselor or counseling team.
7. Drug testing may be conducted on either a random basis or a regularly scheduled basis throughout the length of the program.

C. SB223 Funded Drug Testing Services Payment Rates:

In full consideration of the SB223 funded drug testing services provided to individuals participating in the SACPA/Proposition 36 alcohol and drug treatment services, the aggregate amount County shall be obligated to pay for the services rendered under this Agreement and all other Agreements approved collectively by single resolution, shall not exceed ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-NINE DOLLARS (\$149,179). County shall pay Contractor in the manner described below:

1. County shall pay Contractor at a rate not to exceed THIRTY DOLLARS (\$30.00) per drug test and related costs. Contractor shall bill for actual costs only.
2. Contractor's monthly itemized bill will include the following:
 - a) Name of program participant receiving SB223 drug testing services and dates of drug testing provided.
 - b) Total number of staff available hours provided for each month.
 - c) Total amount of the bill for testing services for each month.
3. Contractor will submit itemized bill and invoice statement by the tenth (10) day of the month following the month services were provided. Bills and invoices will be submitted to the Alcohol and Drug Services office for approval and processing for payment.

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

1. The Agreement of August 7, 2001 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 August 7, 2001 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: _____
Jerry Hill, President
Board of Supervisors, County of San Mateo

Date: _____

ATTEST:

Clerk of Said Board

Date: _____

SERVICE LEAGUE OF SAN MATEO COUNTY

By: ELIZABETH K. GHELETA, EXECUTIVE
Name, Title - please print DIRECTOR

Elizabeth K. Ghelata
Signature

Date: 12-18-01

Contractor's Tax I.D. No. 94-16618851

COUNTY OF SAN MATEO
Departmental Correspondence

Date: November 15, 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: Service League of San Mateo County

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

DUTIES:

Provide alcohol and drug treatment services (residential and treatment readiness) to women and women with children.

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Liability <input checked="" type="checkbox"/> Additional Insured	\$2 M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile Liability	\$1 M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	\$2 M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation <input type="checkbox"/> No employees	Statutory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks/Comments:

Signature: Priscilla Morse
Risk Management

Inform.wp

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/13/01

PRODUCER
ARCHBOLD & FATHER INS.
505 RAINSVILLE ROAD
Petaluma, CA. 94952

INSURERS AFFORDING COVERAGE

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 SERVICE LEAGUE OF SAN MATEO COUNTY
727 MIDDLEFIELD ROAD
REDWOOD CITY, CA. 94063

INSURER A: FIRST NATIONAL INS. CO.
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 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	CP7750417J	11-14-01	11-14-02	EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$200,000
					MED EXP (Any one person) \$10,000
					PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$2,000,000
					PRODUCTS - COMP/OP AGG \$1,000,000
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	BA7750417J	11-14-01	11-14-02	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
					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 LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER PROFESSIONAL LIABILITY	LP7750417H	11-14-01	11-14-02	1,000,000/OCC. 2,000,000/AGG.

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

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER: COUNTY OF SAN MATEO
ALCOHOL & DRUG SERVICES
400 HARBOR BLVD., BLDG. C
BELMONT, CA. 94002

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
James E. Archbold

FIRST AMENDMENT TO THE FEE-FOR-SERVICE AGREEMENT WITH
SITIKE COUNSELING CENTER
FOR ALCOHOL AND DRUG TREATMENT SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 2002,
by and between the COUNTY OF SAN MATEO (hereinafter called "County") and SITIKE
COUNSELING CENTER (hereinafter called "Contractor").

WITNESSETH

WHEREAS, on August 7, 2001, the parties hereto entered into a fee-for-service
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 Section 3.B. of the body of the agreement to add the following:

3) ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-
NINE DOLLARS (\$149,179) for SB223 drug testing services described in Exhibit B for the
period October 11, 2001 through June 20, 2002.

CHANGE #2: Amend Section 8.D. of the body of the Agreement to read as follows:

D. The fingerprinting process will be completed and the results of the process
will be obtained before any of Contractor's employees, subcontractors, assignees or volunteers
are assigned or permitted to work at the program. Alternatively, the Contractor may set a hire
date prior to obtaining fingerprinting results contingent on the candidate certifying that: (1) his or
her employment application truthfully and completely discloses whether he or she has ever been
convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant
understands that a background check will be conducted, and that he or she will be dismissed
from employment immediately if he or she has failed to provide information regarding
convictions, has provided incomplete information regarding convictions, has or omitted
information regarding convictions, or if the fingerprinting results reveal any conviction
incompatible with this employment.

**CHANGE #3: Amend the introductory paragraph of Exhibit B to delete reference to intake
periods, to read as follows:**

These alcohol and drug treatment services are funded through State SACPA/ Proposition 36, and
SB223 funds designated specifically to serve individuals who have plead guilty to an offense, and
are referred to alcohol and drug treatment services by the SACPA/Proposition 36 Team.

Contractor will possess and maintain the appropriate licensure and/or certification required to provide the services described below. Contractor will admit individuals, hereinafter referred to as "program participants" who are referred by SACPA/Proposition 36 Team to these services. The length of treatment will vary according to the specific need of each program participant. Contractor will provide the following services at mutually agreed upon location(s) in San Mateo County to individuals who are deemed eligible for SACPA/Proposition 36 funded services:

CHANGE #4: Amend Exhibit B to add Section V to read as follows:

V. DRUG TESTING:

Effective October 11, 2001 Contractor may be eligible for reimbursement through SB 223 for substance abuse testing/urinalysis and other related costs for substance abuse testing of program participants in the SACPA/Proposition 36 funded programs, as soon as County advises Contractor that the State of California has approved the County of San Mateo's SACPA plan. Services must be provided in accordance with the requirements of Division 10.9 of the Health and Safety Code for the Substance Abuse Treatment and Testing Accountability (SATTA) program, and the revised County Plan for SACPA/Proposition 36 services.

- A. Drug testing typically means any procedure or protocol used to analyze body fluids or human tissue to determine whether a program participant is, or has recently been, using alcohol and/or other drugs. Drug testing methods may include, but not be limited to, a urine test, a blood test, saliva test, and breath alcohol test.
- B. Guidelines for drug testing:
 - 1. Drug testing must be used as a treatment tool.
 - 2. Drug testing results shall be given no greater weight than other aspects of the program participant's individual treatment program.
 - 3. Drug testing shall be conducted in conjunction with treatment to enhance the effectiveness of the program participant's treatment program and help the program participant achieve success.
 - 4. Drug testing results shall not be used as the basis for the imposition of new criminal charges.
 - 5. A single drug test shall not be the sole basis for:
 - 1) determining unamenability to treatment, or
 - 2) revoking probation pursuant to Penal Code 1210.1(e)(3)(c).

6. Drug testing shall reflect the clinical needs of the program participant, based upon the individual's severity of abuse, progress in treatment and/or relapse potential, as determined by the counselor or counseling team.
7. Drug testing may be conducted on either a random basis or a regularly scheduled basis throughout the length of the program.

C. SB223 Funded Drug Testing Services Payment Rates:

In full consideration of the SB223 funded drug testing services provided to individuals participating in the SACPA/Proposition 36 alcohol and drug treatment services, the aggregate amount County shall be obligated to pay for the services rendered under this Agreement and all other Agreements approved collectively by single resolution, shall not exceed ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-NINE DOLLARS (\$149,179). County shall pay Contractor in the manner described below:

1. County shall pay Contractor at a rate not to exceed THIRTY DOLLARS (\$30.00) per drug test and related costs. Contractor shall bill for actual costs only.
2. Contractor's monthly itemized bill will include the following:
 - a) Name of program participant receiving SB223 drug testing services and dates of drug testing provided.
 - b) Total number of staff available hours provided for each month.
 - c) Total amount of the bill for testing services for each month.
3. Contractor will submit itemized bill and invoice statement by the tenth (10) day of the month following the month services were provided. Bills and invoices will be submitted to the Alcohol and Drug Services office for approval and processing for payment.

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

1. The Agreement of August 7, 2001 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 August 7, 2001 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: _____
Jerry Hill, President
Board of Supervisors, County of San Mateo

Date: _____

ATTEST:

Clerk of Said Board

Date: _____

SITIKE COUNSELING CENTER

By: PHILIPPA CECCATO - EXECUTIVE DIRECTOR
Name, Title - please print

Philippe Ceccato
Signature

Date: 12-19-01

Contractor's Tax I.D. No. 910-3283-9

COUNTY OF SAN MATEO
Departmental Correspondence

Date: June 6, 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: Strike, Inc.

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

DUTIES:

Provides nonresidential alcohol and drug treatment services to adults and pregnant/parenting women.

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Liability <input checked="" type="checkbox"/> Additional Insured	<u>\$2M</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>\$2M</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

CERTIFICATE OF INSURANCE

06/01/02

350 122-8648
GALEN HAYES INSURANCE AGENCY
 1850 SAN PABLO DAM ROAD # 3
 EL SOBRANTE, CA 94803

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND DOES NOT ENTER INTO THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFECT THE TERMS OF ANY OTHER COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

Company A	PHILADELPHIA INDEMNITY INSURANCE
Company B	NORTH AMERICAN SPECIALTY INSURANCE COMPANY
Company C	
Company D	

Insured SITIKI-ECV

SITIKE, INC.
 306 SPRUCE AVENUE
 SOUTH SAN FRANCISCO CA 94080

COVERAGES

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liab <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input checked="" type="checkbox"/> Owner's & Cont Protective <input checked="" type="checkbox"/> PROF. LIAB	PHPG120688	07/01/01	07/01/02	General Aggregate \$ 2,000,000
					Products-Comp Ops Agg. \$ 1,000,000
					Personal & Adv Injury \$ 1,000,000
					Each Occurrence \$ 1,000,000
					Fire Damage (any 1 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 type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	PHPG120688	07/01/01	07/01/02	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 \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form	PHUM105068	07/01/01	07/01/02	Each Occurrence \$ 1,000,000
					Aggregate \$ 1,000,000
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY The Proprietor/ Partner's/ Executive Officers are: <input type="checkbox"/> Incl <input checked="" type="checkbox"/> Excl	34W000107600	07/01/01	07/01/02	<input checked="" type="checkbox"/> Statutory Limit Other
					EL Each Accident 1,000,000
					EL Disease-Policy Limit 1,000,000
A D & O A	PROPERTY	HD02019553 PHPG120688	07/01/01 07/01/01	07/01/02 07/01/02	\$1,000,000 \$50,000. \$500 DED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER LISTED IS NAMED AS ADDITIONAL.

006

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO 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

SAN MATEO COUNTY
ALCOHOL AND DRUG PROGRAM
 400 HARBOR BLVD., BUILDING C
 BELMONT, CA 94002

Galen Hayes

FIRST AMENDMENT TO THE FEE-FOR-SERVICE AGREEMENT WITH
WALDEN HOUSE, INC.
FOR ALCOHOL AND DRUG TREATMENT SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 2002,
by and between the COUNTY OF SAN MATEO (hereinafter called "County") WALDEN
HOUSE, INC. (hereinafter called "Contractor").

WITNESSETH

WHEREAS, on August 7, 2001, the parties hereto entered into a fee-for-service
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 Section 3.B. of the body of the agreement to add the following:

3) ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-
NINE DOLLARS (\$149,179) for SB223 drug testing services described in Exhibit A for the
period October 11, 2001 through June 20, 2002.

CHANGE #2: Amend Section 8.D. of the body of the Agreement to read as follows:

D. The fingerprinting process will be completed and the results of the process
will be obtained before any of Contractor's employees, subcontractors, assignees or volunteers
are assigned or permitted to work at the program. Alternatively, the Contractor may set a hire
date prior to obtaining fingerprinting results contingent on the candidate certifying that: (1) his or
her employment application truthfully and completely discloses whether he or she has ever been
convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant
understands that a background check will be conducted, and that he or she will be dismissed
from employment immediately if he or she has failed to provide information regarding
convictions, has provided incomplete information regarding convictions, has or omitted
information regarding convictions, or if the fingerprinting results reveal any conviction
incompatible with this employment.

**CHANGE #3: Amend the introductory paragraph of Exhibit A to delete reference to intake
periods, to read as follows:**

These alcohol and drug treatment services are funded through State SACPA/ Proposition 36, and
SB223 funds designated specifically to serve individuals who have plead guilty to an offense, and
are referred to alcohol and drug treatment services by the SACPA/Proposition 36 Team.

Contractor will possess and maintain the appropriate licensure and/or certification required to provide the services described below. Contractor will admit individuals, hereinafter referred to as "program participants" who are referred by SACPA/Proposition 36 Team to these services. The length of treatment will vary according to the specific need of each program participant. Contractor will provide the following services at mutually agreed upon location(s) in San Mateo County to individuals who are deemed eligible for SACPA/Proposition 36 funded services:

CHANGE #4: Amend Exhibit A to add Section V to read as follows:

V. DRUG TESTING:

Effective October 11, 2001 Contractor may be eligible for reimbursement through SB 223 for substance abuse testing/urinalysis and other related costs for substance abuse testing of program participants in the SACPA/Proposition 36 funded programs, as soon as County advises Contractor that the State of California has approved the County of San Mateo's SACPA plan. Services must be provided in accordance with the requirements of Division 10.9 of the Health and Safety Code for the Substance Abuse Treatment and Testing Accountability (SATTA) program, and the revised County Plan for SACPA/Proposition 36 services.

- A. Drug testing typically means any procedure or protocol used to analyze body fluids or human tissue to determine whether a program participant is, or has recently been, using alcohol and/or other drugs. Drug testing methods may include, but not be limited to, a urine test, a blood test, saliva test, and breath alcohol test.

- B. Guidelines for drug testing:
 - 1. Drug testing must be used as a treatment tool.
 - 2. Drug testing results shall be given no greater weight than other aspects of the program participant's individual treatment program.
 - 3. Drug testing shall be conducted in conjunction with treatment to enhance the effectiveness of the program participant's treatment program and help the program participant achieve success.
 - 4. Drug testing results shall not be used as the basis for the imposition of new criminal charges.
 - 5. A single drug test shall not be the sole basis for:
 - 1) determining unamenability to treatment, or
 - 2) revoking probation pursuant to Penal Code 1210.1(e)(3)(c).

6. Drug testing shall reflect the clinical needs of the program participant, based upon the individual's severity of abuse, progress in treatment and/or relapse potential, as determined by the counselor or counseling team.
7. Drug testing may be conducted on either a random basis or a regularly scheduled basis throughout the length of the program.

C. SB223 Funded Drug Testing Services Payment Rates:

In full consideration of the SB223 funded drug testing services provided to individuals participating in the SACPA/Proposition 36 alcohol and drug treatment services, the aggregate amount County shall be obligated to pay for the services rendered under this Agreement and all other Agreements approved collectively by single resolution, shall not exceed ONE HUNDRED FORTY-NINE THOUSAND ONE HUNDRED SEVENTY-NINE DOLLARS (\$149,179). County shall pay Contractor in the manner described below:

1. County shall pay Contractor at a rate not to exceed THIRTY DOLLARS (\$30.00) per drug test and related costs. Contractor shall bill for actual costs only.
2. Contractor's monthly itemized bill will include the following:
 - a) Name of program participant receiving SB223 drug testing services and dates of drug testing provided.
 - b) Total number of staff available hours provided for each month.
 - c) Total amount of the bill for testing services for each month.
3. Contractor will submit itemized bill and invoice statement by the tenth (10) day of the month following the month services were provided. Bills and invoices will be submitted to the Alcohol and Drug Services office for approval and processing for payment.

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

1. The Agreement of August 7, 2001 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 August 7, 2001 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: _____
Jerry Hill, President
Board of Supervisors, County of San Mateo

Date: _____

ATTEST:

Clerk of Said Board

Date: _____

WALDEN HOUSE, INC.

By: Debi Lewis VP/Director of Administration
Name, Title - please print


Signature

Date: 1/23/02

Contractor's Tax I.D. No. 94-1710103

COUNTY OF SAN MATEO
Departmental Correspondence

Date: December 18, 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: Walden House, Inc.

DOES CONTRACTOR TRAVEL? Yes

DUTIES: Provides residential alcohol and drug treatment services.

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Liability	<u>\$3M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 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>Statutory</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No employees				

Remarks/Comments:

Signature:

Priscilla Morse

Risk Management

Insform.wp

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/12/2001

PRODUCER (408)985-7171 FAX (408)241-5669
Stateco Insurance Services
 350 S. Saratoga Avenue
 San Jose, CA 95129



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

INSURERS AFFORDING COVERAGE

INSURED **Walden House Incorporated**
 520 Townsend Street
 San Francisco, CA 94103-0000

INSURER A: **Legion Insurance Company**
 INSURER B: **Wauasu Insurance**
 INSURER C: ****National Union Fire**
 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional <input checked="" type="checkbox"/> Abuse/Molestation GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CP21208741	07/01/2001	07/01/2002	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" 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 <input checked="" type="checkbox"/> \$1,000 Comp Deduct <input checked="" type="checkbox"/> \$1,000 Coll Deduct	CP21208741	07/01/2001	07/01/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	UM21208742	07/01/2001	07/01/2002	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Retention \$ 10,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	81900006326	07/01/2001	07/01/2002	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	OTHER Blanket Real Property and Pers/Prop/Equip	CP21208741	07/01/2001	07/01/2002	Blanket Limit: \$20,869,571
		**473-80-79	11/01/2001	11/01/2002	Fidelity Bond Limit:\$6,500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 County of San Mateo Alcohol & Drug Services are named as Additional Insured RE 815 Buena Vista West, San Francisco, CA 94117, 1885 Mission Street, San Francisco, CA 94103 and 890 Hayes Street, San Francisco, CA 94117

Ten (10) Days notice of cancellation for non-payment of premium

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
County of San Mateo Alcohol and Drug Services 400 Harbor Blvd., Building C Belmont, CA 94002		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> 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

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

FIRST AMENDMENT TO THE FEE-FOR-SERVICE AGREEMENT WITH
THE WOMEN'S RECOVERY ASSOCIATION
FOR ALCOHOL AND DRUG TREATMENT SERVICES

THIS AGREEMENT, entered into this _____ day of _____, 2002, by and between the COUNTY OF SAN MATEO (hereinafter called "County") and the WOMEN'S RECOVERY ASSOCIATION (hereinafter called "Contractor").

WITNESSETH

WHEREAS, on August 7, 2001, the parties hereto entered into a fee-for-service 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 Section 8.D. of the body of the Agreement to read as follows:

D. The fingerprinting process will be completed and the results of the process will be obtained before any of Contractor's employees, subcontractors, assignees or volunteers are assigned or permitted to work at the program. Alternatively, the Contractor may set a hire date prior to obtaining fingerprinting results contingent on the candidate certifying that: (1) his or her employment application truthfully and completely discloses whether he or she has ever been convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant understands that a background check will be conducted, and that he or she will be dismissed from employment immediately if he or she has failed to provide information regarding convictions, has provided incomplete information regarding convictions, has omitted information regarding convictions, or if the fingerprinting results reveal any conviction incompatible with this employment.

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

1. The Agreement of August 7, 2001 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 August 7, 2001 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: _____
Jerry Hill, President
Board of Supervisors, County of San Mateo

Date: _____

ATTEST:

Clerk of Said Board

Date: _____

WOMEN'S RECOVERY ASSOCIATION
By: JOLIE A. BOU INTERIM EXECUTIVE
Name, Title - please print DIRECTOR

[Signature]
Signature

Date: 12-19-01

Contractor's Tax I.D. No. 23-7079003

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

GENERAL CERTIFICATE OF INSURANCE

PRODUCER Searcy Insurance Center, Inc.
P O Box 471

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

INSURED
WRA Of San Mateo County, Inc.
1450 Chapin, 1st Floor
Burlingame CA 94010
(415) 348-6603

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

COMPANIES AFFORDING COVERAGE

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

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 & CONTRACTOR'S 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.

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

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.

A. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
08/09/01

Parcy Insurance Center, Inc.
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 BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A Safety National Casualty Company

COMPANY
B

COMPANY
C

COMPANY
D

RED

W. R. A. 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
	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 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-0008353	08/09/01	08/09/02	<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 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.