Subject: Amendment to Standard Services Agreement with Krassons Inc. to increase contract amount by $58,075.

RECOMMENDATION:

That your Board approve and sign an amendment to the standard services agreement with Krassons Inc. (Principal: David Platton; Location: Oakland, CA) for the provision of services for enhancements to the Clinician’s Gateway INSYST Client Data Collection System to increase contract amount from $143,520 to $201,595 for an increase of $58,075 and no change in contract term. (Contract #5129)

DISCUSSION/SUMMARY:

On June 8, 2010, your Board approved a contract with Krassons Inc. for the continuation of the INSYST Client Data Collection System. Currently, in order for Behavioral Health Care Services (BHCS) to monitor and adhere to the Alameda County MHSA Plan as submitted to State Department of Mental Health; to promote, capture and claim Federally Qualified Health Centers (FQHC) services; and develop an automated eligibility verification of Medi-Cal system through BHCS’s proprietary billing system BHCS requests an augmentation to the Krassons Inc. contract for FY 2010-11 in the amount of $58,075 for the period July 1, 2010 through June 30, 2011.

Clinicians Gateway software, which is a proprietary software of Krassons Inc., currently provides BHCS with an Electronic Health Record that interfaces with INSYST (BHCS’s Client Data and Billing system). The enhancements included in this augmentation will build a Prevention and Early Intervention module that will support the monitoring of the Alameda County MHSA Plan; and a Claiming Module that will allow BHCS to promote, capture and claim for FQHC services; and an automated Shared Client Facility Medi-Cal Eligibility verification module to improve efficiencies and claiming processes.
SELECTION CRITERIA:

BHCS has selected Krassons Inc. after obtaining three informal quotes from the SLEB certified vendor's database. Krassons Inc. is a certified SLEB vendor.

FINANCING:

Funding for this contract is included in the BHCS’s budget for one-time Mental Health Services Act. There is no net county cost.

Very truly yours,

[Signature]

Alex Briseoe, Director
Health Care Services Agency

AB/dc/jf

Cc: County Administrator
    County Counsel
    Auditor-Controller
FIRST AMENDMENT TO AGREEMENT

This First Amendment to Agreement ("First Amendment") is made by the County of Alameda ("County") and Krassons Inc., ("Contractor") with respect to that certain agreement entered by them on April 1, 2010 (referred to herein as the "Contract") pursuant to which Contractor provides Computer Consulting Services to County.

County and Contractor agree as follows:

1) For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, County and Contractor agree to amend the Agreement in the following respects: Additional tasks to be performed by Contractor as defined in "Addendum to Exhibit A", attached herein.

2) Except as otherwise stated in this First Amendment, the terms and provisions of this Amendment will be considered to be effective as of the date this First Amendment is executed by the County ("Effective Date").

3) The term of the Agreement is currently scheduled to expire on June 30, 2011. As of the Effective Date, the term of the Agreement is extended through June 30, 2011.

In consideration for Contractor's additional services, the County shall pay Contractor in an amount not to exceed Fifty Eight Thousand and Seventy Five Dollars ($58,075). As a result of these additional services the not to exceed amount has increased from One Hundred Forty Three Thousand Five Hundred and Twenty Dollars ($143,520) to Two Hundred and One Thousand Five Hundred and Ninety Five dollars ($201,595) over the term of the Agreement.
4) DEBARMENT AND SUSPENSION CERTIFICATION:

a. By signing this First Amendment and Exhibit A, Debarment and Suspension Certification, Contractor/Grantee agrees to comply with applicable federal suspension and debarment regulations, including but not limited to 7 Code of Federal Regulations (CFR) 3016.35, 28 CFR 66.35, 29 CFR 97.35, 34 CFR 80.35, 45 CFR 92.35 and Executive Order 12549.

b. By signing this agreement, Contractor certifies to the best of its knowledge and belief, that it and its principles:
   1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntary excluded by any federal department or agency;
   2. Shall not knowingly enter into any covered transaction with a person who is proposed for debarment under federal regulations, debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction.

5) SMALL LOCAL AND EMERGING BUSINESS PARTICIPATION:

Contractor has been certified by the County as a small or emerging local business. As a result, there is no requirement to subcontract with another business in order to satisfy the County’s Small and Emerging Locally owned Business provision. If during the term of this contract, Contractor’s certification status changes, Contractor shall notify the County within three business days.

Should Contractor’s status as a certified small or emerging local business change at any time during the term of this Agreement, Contractor shall negotiate with County to be in compliance with the County’s Small and Emerging Local Business provision, including but not limited to:
a. Contractor must subcontract a minimum 20% of the remaining contract value with a certified small or emerging local business(es).

b. SLEB subcontractor(s) is independently owned and operated (i.e., is not owned or operated in any way by Prime), nor do any employees of either entity work for the other.

c. As is applicable, Contractor shall ensure that their certification status is maintained in compliance with the SLEB Program for the term of this contract.

d. For any subcontractors retained to comply with this provision, Contractor shall not substitute any such small and/or emerging local business(s) subcontractor without prior written approval from the County. Said requests to substitute shall be submitted in writing to the County department contract representative identified under Item #13 above. Contractor will not be able to substitute the subcontractor without prior written approval from the Alameda County Auditor Controller Agency, Office of Contract Compliance (OCC). Further approval from the Board of Supervisors may also be required.

e. If subcontractors are added to the contract, all SLEB participation, except for prime contractor, must be tracked and monitored utilizing the Elation compliance System (see Exhibit E). SLEB prime contractor with SLEB subcontractors must enter payments made to subcontractors in the Elation System and ensure that SLEB subcontractors confirm payments received.

Contractor shall meet the requirements above within 15 business days of the County notifying Contractor that it is no longer in compliance with the program. County will be under no obligation to pay contractor for the percent committed to a
SLEB subcontractor if the work is not performed by the listed small and/or emerging local business.

For further information regarding the Small Local Emerging Business participation requirements and utilization of the Alameda County Contract Compliance System contact the County Auditor-Controller’s Office of Contract Compliance (OCC) located at 1221 Oak St., Rm. 249, Oakland, CA 94612 at Tel: (510) 891-5500, Fax: (510) 272-6502 or via E-mail at ACSLEBcompliance@acgov.org.

6) Except as expressly modified by this First Amendment, all of the terms and conditions of the Agreement are and remain in full force and effect.
IN WITNESS WHEREOF, the parties hereto have executed this Amendment to the Agreement as of the day and year first above written.

COUNTY OF ALAMEDA

By: __________________________
    Signature

Name: __________________________
    (Printed)

Title: President of the Board of Supervisors

Date: __________________________

Approved as to Form:

By: __________________________
    County Counsel Signature

KRASSONS INC.

By: __________________________
    Signature

Name: __________________________
    (Printed)

Title: CEO

Date: April 28, 2011

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement.
COUNTY OF ALAMEDA
DEBARMENT AND SUSPENSION CERTIFICATION

The contractor, under penalty of perjury, certifies that, except as noted below, contractor, its principles, and any named or unnamed subcontractor:

- Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency;
- Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three years;
- Does not have a proposed debarment pending; and
- Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three years.

If there are any exceptions to this certification, insert the exceptions in the following space.

Exceptions will not necessary result in denial of award, but will be considered in determining contractor responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

Notes: Providing false information may result in criminal prosecution or administrative sanctions. The above certification is part of the Standard Services Agreement. Signing this Standard Services Agreement on the signature portion thereof shall also constitute signature of this Certification.

CONTRACTOR: Krassons, Inc.
PRINCIPAL: David A. Platt TITLE: CEO
SIGNATURE: ____________________________ DATE: April 28, 2011
ADDENDUM TO EXHIBIT A – DEFINITION OF SERVICES

This addendum will provide enhancement services to the Clinicians Gateway System to monitor and adhere to the Alameda County MHSA Plans as submitted to the State Department of Mental Health.

Services to be provided:

- Clinicians Gateway Prevention and Early Intervention Module:

  Design, plan, develop and implement the Prevention and Early Intervention Module program monitoring within Clinicians Gateway. This module is needed to monitor and adhere to the stated guidelines as stipulated in the Alameda County MHSA Plan as submitted to the state Department of Mental Health. This new module with the new reporting and monitoring tools will allow monitoring of the criteria as outlined in the Alameda County plan.

- Clinicians Gateway Claiming Module:

  Design, plan, develop and implement a new Claiming module within Clinicians Gateway to promote and capture Federally Qualified Health Centers (FQHC) services within BHCS and the Health Care Services Agency for new revenue stream generation.

- Shared Client Facility:

  Design and develop a new functionality that will allow the auto eligibility verification of Medi-Cal through the BHCS proprietary billing system in order to capture new Medi-Cal revenue.
EXHIBIT C

COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following insurance coverage, limits and endorsements:

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE COVERAGE</th>
<th>MINIMUM LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Commercial General Liability</td>
<td>Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability $1,000,000 per occurrence (CSL) Bodily Injury and Property Damage</td>
</tr>
<tr>
<td>B Commercial or Business Automobile Liability</td>
<td>All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities $1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage</td>
</tr>
<tr>
<td>C Workers’ Compensation (WC) and Employers Liability (EL)</td>
<td>Required for all contractors with employees WC: Statutory Limits EL: $100,000 per accident for bodily injury or disease</td>
</tr>
</tbody>
</table>

D Endorsements and Conditions:

1. ADDITIONAL INSURED: All insurance required above with the exception of Personal Automobile Liability, Workers’ Compensation and Employers Liability, shall be endorsed to name as additional insured: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees and representatives.

2. DURATION OF COVERAGE: All required insurance shall be maintained during the entire term of the Agreement with the following exception: Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following termination and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement.

3. REDUCTION OR LIMIT OF OBLIGATION: All insurance policies shall be primary insurance to any insurance available to the Indemnified Parties and Additional Insured(s). Pursuant to the provisions of this Agreement, insurance effected or procured by the Contractor shall not reduce or limit Contractor’s contractual obligation to indemnify and defend the Indemnified Parties.

4. INSURER FINANCIAL RATING: Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A.VII or equivalent, shall be admitted to the State of California unless otherwise waived by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor’s insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor.

5. SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein.

6. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by any one of the following methods:
   - Separate insurance policies issued for each individual entity, with each entity included as a “Named Insured (covered party),” or at minimum named as an “Additional Insured” on the other’s policies.
   - Joint insurance program with the association, partnership or other joint business venture included as a “Named Insured.”

7. CANCELLATION OF INSURANCE: All required insurance shall be endorsed to provide thirty (30) days advance written notice to the County of cancellation.

8. CERTIFICATE OF INSURANCE: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The require certificate(s) and endorsements must be sent to:
   - Department/Agency issuing the contract
   - With a copy to Risk Management Unit (125 – 12th Street, 3rd Floor, Oakland, CA 94607)
The Hartford
FAX COVER PAGE

To:
Fax Number: 5105678161
Company:

From: "Grayson, Claudette (Commercial Market Operations)"
<Claudette.Grayson@thehartford.com>

Date: 04/05/11 11:38:05 AM
Subject: 57SBAGM4464
Total Pages: 8 including cover page

PRIVILEGED AND CONFIDENTIAL. This electronic communication, including attachments, is for the exclusive use of addressee and may contain proprietary, confidential and/or privileged information. If you are not the intended recipient, any use, copying, disclosure, dissemination or distribution is strictly prohibited. If you are not the intended recipient, please notify sender immediately by phone, destroy this communication and all copies.

Memo:

Claudette Grayson
Policy Service Specialist
Business Insurance Service Operations
Phone: 866-467-8730
Email: agency.services@thehartford.com
THE HARTFORD - PRODUCTION STATUS CENTER
HARTFORD PLAZA, NP-6-1
HARTFORD, CT 06115

57 SBA GM 4464
THE HARTFORD
3600 WISEMAN BLVD.
SAN ANTONIO TX 78251
REGIONAL OFFICE INSTRUCTION SHEET

POLICY NUMBER: 57 SBA GM4464 DX
CHANGE NUMBER: 002
CHANGE EFF DATE: 03/16/11

_POLICY RETURNED FOR 03

ROUTING INSTRUCTIONS
_SEND TO RECORDS. TRANSFER CORR IF APPLICABLE.
POLICY FACE SHEET

INSURED:
GM HARTFORD CASUALTY INSURANCE COMPANY
SBA

CHANGE NO.: 002
CHANGE EFF DATE: 03/16/11

POLICY NO. 57 SBA GM4464 DX

DECLARATIONS

ITEMS

1. NAMED INSURED AND MAILING ADDRESS:

   KRASSONS INC
   3342689 METAVANTE WAY
   SIOUX FALLS, MINNEHAHA
   SD. 57106

2. POLICY PERIOD:

   11/01/10 11/01/11 1 YEAR

   INCEPTION EXPIRATION YEAR

AGENT'S CODE: 101255
AGENT'S NAME: R C FISHER & COMPANY/PHS

PREVIOUS POLICY NO. 57 SBA GM4464

3. THE NAMED INSURED IS: CORP

POLICY STATUS: ACTIVE
LOB LEVEL OF SUPPORT: SP-S
MARKET SEGMENTATION: 830

SELECT CUSTOMER
AGENT SALES AGREEMENT (COMMISSION STATUS )
DIRECT ACCOUNT BILL NUMBER - 42046945A
DEDUCTIBLE
ADDITIONAL INSURED(S)

CODING ENTRY NOT REQUIRED

TRANS TYPE: ENDT CNTL#: 003
POLICY FACE SHEET TERMINAL ID: R054V83A PAGE 2
03/16/11 57 SBA GM4464 DX (11/01/11)
INSURANCE ENDORSEMENT ATTACHED

*** PLEASE REVIEW THE CHANGE ***

Enclosed is an endorsement for your business insurance policy. Please review it at your convenience. If you have questions or need to make further changes:

Policyholder, please call us at: (866) 467-8730
Agent, please call us at: (800) 447-7649

The premium billing will be mailed to you separately. You can expect to receive it soon.

Thank you for allowing us to service your business needs.

R C FISHER & COMPANY/PBS

THE HARTFORD SELECT CUSTOMER INSURANCE CENTER
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGE

This endorsement changes the policy effective on the Inception Date of the policy unless another date is indicated below:

**Policy Number:** 57 SBA GM4464  DX

**Named Insured and Mailing Address:** KRASSONS INC

33342689 METAVANTE WAY
SIOUX FALLS SD 57186

**Policy Change Effective Date:** 03/16/11  
Effective hour is the same as stated in the Declarations Page of the Policy.

**Policy Change Number:** 002

**Agent Name:** R C FISHER & COMPANY/PHS

**Code:** 101256

POLICY CHANGES: HARTFORD CASUALTY INSURANCE COMPANY

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT.  
THIS IS NOT A BILL.

NO PREMIUM DUE AS OF POLICY CHANGE EFFECTIVE DATE

RATES AND PREMIUMS ARE CHANGED.

FORM NUMBERS OF ENDORSEMENTS REVISED AT ENDORSEMENT ISSUE:

IH12001185 ADDITIONAL INSURED - PERSON-ORGANIZATION

FORM NUMBERS OF ENDORSEMENTS ADDED AT ENDORSEMENT ISSUE:

IH12001185 30 DAY NOTICE OF CANCELLATION

PRO RATA FACTOR: 0.630

THIS ENDORSEMENT DOES NOT CHANGE THE POLICY EXCEPT AS SHOWN.

Form SS 12 11 0405 T
Process Date: 03/16/11

Policy Effective Date: 11/01/10
Policy Expiration Date: 11/01/11
POLICY NUMBER: 57 SBA GM4464

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

COUNTY OF SANTA BARBARA
DEPT. OF ALCOHOL, DRUGS AND MENTAL HEALTH SERVICES
300 N SAN ANTONIO RD
SANTA BARBARA, CA. 93101

COUNTY OF MONTEREY
168 W ALISAL ST 3RD FLOOR
SALINAS CA 93901

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)
ALAMEDA COUNTY BEHAVIORAL, ITS BOARD OF SUPERVISORS, THE INDIVIDUAL MEMBERS THERE OF, AND ALL COUNTY OFFICERS, AGENTS AND EMPLOYEES AND REPRESENTAIVES
2000 EMBARCADERO COVE SUITE 400
OAKLAND, CA 94606

CONTRA COSTA COUNTY, ITS OFFICERS AND EMPLOYEES
50 DOUGLAS DRIVE STE. 320-A
MARTINEZ, CA 94553
POLICY NUMBER: 57 SBA GM4464

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

30 DAY NOTICE OF CANCELLATION

IN CONSIDERATION OF NO CHANGE IN PREMIUM, IT IS HEREBY AGREED AND UNDERSTOOD THAT FORM SS 12 20 08 10 IS ADDED PER THE ATTACHED.
The Hartford
FAX COVER PAGE

To:
Fax Number: 5103678161
Company:

From: "Grayson, Claudette (Commercial Market Operations)"
Claudette.Grayson@thehartford.com

Date: 04/05/11 11:41:40 AM
Subject: 57SBAG4464
Total Pages: 8 including cover page

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Memo:

Claudette Grayson
Policy Service Specialist
Business Insurance Service Operations
Phone: 866-467-8730
Email: agency.services@thehartford.com
REGIONAL OFFICE INSTRUCTION SHEET

POLICY NUMBER: 57 SBA GM4464 DX
CHANGE NUMBER: 002
CHANGE EFF DATE: 03/16/11

POLICY RETURNED FOR 03

ROUTING INSTRUCTIONS

SEND TO RECORDS. TRANSFER CORR IF APPLICABLE.
POLICY FACE SHEET

INSURED:
GM HARTFORD CASUALTY INSURANCE COMPANY
SBA

CHANGE NO.: 002
CHANGE EFF DATE: 03/16/11

POLICY NO. 57 SBA GM4454 DX

RECORDS RETENTION - PERMANENT

DECLARATIONS

1. NAMED INSURED AND
   MAILING ADDRESS:
   KRASSONS INC
   33342689 METAVANTE WAY
   SIOUX FALLS, MINNEHAHA
   SD. 57186

2. POLICY PERIOD:
   11/01/10 11/01/11 1
   INCEPTION EXPIRATION YEAR

AGENT'S CODE: 101256
AGENT'S NAME: R C FISHER & COMPANY/PHS

PREVIOUS POLICY NO. 57 SBA GM4464

3. THE NAMED INSURED IS: CORP

POLICY STATUS: ACTIVE
LOB LEVEL OF SUPPORT: SP-S
MARKET SEGMENTATION: 830

SELECT CUSTOMER
AGENT SALES AGREEMENT (COMMISSION STATUS )
DIRECT ACCOUNT BILL NUMBER - 42046945A
DEDUCTIBLE
ADDITIONAL INSURED(S)

CODING ENTRY NOT REQUIRED

TRANS TYPE: ENDT
CNTL#: 003
POLICY FACE SHEET TERMINAL ID: R051V83A PAGE 2
03/16/11 57 SBA GM4464 DX (11/01/11)
INSURANCE ENDORSEMENT ATTACHED

*** PLEASE REVIEW THE CHANGE ***

Enclosed is an endorsement for your business insurance policy. Please review it at your convenience. If you have questions or need to make further changes:

Policyholder, please call us at: (866) 467-8730
Agent, please call us at: (800) 447-7649

The premium billing will be mailed to you separately. You can expect to receive it soon.

Thank you for allowing us to service your business needs.

R C FISHER & COMPANY/PBS

THE HARTFORD SELECT CUSTOMER INSURANCE CENTER

The Hartford Insurance Group
Hartford Fire Insurance Company and its Affiliates
Hartford Plaza, Hartford, Connecticut 06115
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGE

This endorsement changes the policy effective on the Inception Date of the policy unless another date is indicated below:

Policy Number: 57 SBA GM4464 DX

Named Insured and Mailing Address: KRASONS INC
33342689 METAVANTE WAY
SIOUX FALLS SD 57106

Policy Change Effective Date: 03/16/11
Policy Change Number: 002
Agent Name: R C FISHER & COMPANY/PHS
Code: 101256

POLICY CHANGES:
HARTFORD CASUALTY INSURANCE COMPANY

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT.

THIS IS NOT A BILL.

NO PREMIUM DUE AS OF POLICY CHANGE EFFECTIVE DATE

RATES AND PREMIUMS ARE CHANGED.

FORM NUMBERS OF ENDORSEMENTS REVISED AT ENDORSEMENT ISSUE:
IH12001185 ADDITIONAL INSURED - PERSON-ORGANIZATION

FORM NUMBERS OF ENDORSEMENTS ADDED AT ENDORSEMENT ISSUE:
IH12001185 30 DAY NOTICE OF CANCELLATION

PRO RATA FACTOR: 0.630

THIS ENDORSEMENT DOES NOT CHANGE THE POLICY EXCEPT AS SHOWN.

Form SS 12 11 04 05 T
Process Date: 03/16/11

Policy Effective Date: 11/01/10
Policy Expiration Date: 11/01/11

Page 001
POLICY NUMBER: 57 SBA GM4464

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

COUNTY OF SANTA BARBARA
DEPT. OF ALCOHOL, DRUGS AND MENTAL HEALTH SERVICES
300 N SAN ANTONIO RD
SANTA BARBARA, CA. 93110

COUNTY OF MONTEREY
168 W ALISAL ST 3RD FLOOR
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ALAMEDA COUNTY BEHAVIORAL, IT'S BOARD OF SUPERVISORS, THE INDIVIDUAL MEMBERS THERE OF, AND ALL COUNTY OFFICERS, AGENTS AND EMPLOYEES AND REPRESENTATIVES
2000 EMBARCADERO COVE SUITE 400
OAKLAND, CA. 94606

CONTRA COSTA COUNTY, ITS OFFICERS AND EMPLOYEES
50 DOUGLAS DRIVE STE. 320-A
MARTINEZ, CA. 94553
POLICY NUMBER: 57  SBA  GM4464

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

30 DAY NOTICE OF CANCELLATION

IN CONSIDERATION OF NO CHANGE IN PREMIUM, IT IS HEREBY AGREED AND UNDERSTOOD THAT FORM SS 12 20 08 10 IS ADDED PER THE ATTACHED.