

COMMUNITY-BASED ORGANIZATION (CBO) MASTER CONTRACT AMENDMENT COVERSHEET

This Master Contract Amendment, effective as of July 1, 2024, is a part of the Community Based Organization Master Contract (No 900333) made and entered into by and between the County of Alameda (“County”), and Alameda Unified School District, hereinafter referred to as the (“Contractor”).

The Master Contract is hereby amended by adding the following described exhibits, all of which are attached and incorporated into the Master Contract by this reference, and hereinafter referred to as “Procurement Contract No. 27021”, the “Procurement Contract”:

1. **Exhibit A** – Definition of Services;
2. **Exhibit B** – Terms of Payment;
3. **Exhibit C** – Insurance Requirements;
4. **Exhibit D** – Debarment and Suspension Certification; and
5. **Exhibit E** – HIPAA Business Associate Agreement;

The Exhibits above replace and supersede any and all previous Exhibits entered by both parties for this Procurement Contract. Except as herein amended, the Master Contract is continued in full force and effect.

The Term of this Procurement Contract shall be from July 1, 2024 through June 30, 2025. The compensation payable to Contractor hereunder shall not exceed \$60,149 for the term of this Procurement Contract.

Contractor shall invoice the County bi-annually during the contract period, not to exceed \$30,075 per invoice.

The signatures below signify that the attached Exhibits have been received, negotiated and finalized. The Contractor also continues to be bound by all provisions of the Master Contract. IN WITNESS WHEREOF and for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, County and Contractor agree hereto have executed this Procurement Contract, effective as of the date of execution by the County. By signing below, signatory warrants and represents that he/she executed this Procurement Contract in his/her authorized capacity and that by his/her signature on this Procurement Contract, he/she or the entity upon behalf of which he/she acted, executed this Procurement Contract.

COUNTY OF ALAMEDABy _____ Date _____
SignatureName Colleen ChawlaTitle Director, Alameda County Health**ALAMEDA UNIFIED SCHOOL DISTRICT**By Shariq Khan Date 5/28/2024
SignatureName Shariq KhanTitle Assistant Superintendent

APPROVED AS TO FORM: Donna R. Ziegler,

BY DocuSigned by:
K. Joon Oh
_____ EFDCE3E661894A0...

Name K. Joon Oh

Title Deputy County Counsel

EXHIBIT A
DEFINITION OF SERVICES
ALAMEDA UNIFIED SCHOOL DISTRICT

I. Contracted Services

School Based Behavioral Health Initiative-Mental Health Consultation in Schools Program

A. Services and Funding

Alameda Unified School District (AUSD), Contractor, shall provide Mental Health Consultation in Schools program services to students and their families, and staff of Alameda Unified School District on behalf of Alameda County Health (AC Health), Healthy Schools and Communities (HSC). The goals for the program are to build a system of health supports for students and their families, increase capacity of staff and strengthen coordination of service delivery.

Alameda County Health was known previously as the Alameda County Health Care Services Agency. Healthy Schools and Communities was previously known as Healthy Schools and Communities.

The Mental Health Consultation in School Program is funded by the Prevention and Early Intervention (PEI) Mental Health Access and Linkage to Services programs under Alameda County Mental Health Services Act (MHSA). The PEI MHSA program aims to connect students experiencing behavioral health issues to supports including, but not limited to, prevention, early intervention, treatment and recovery services.

B. Program Goals, Results Framework, Outcomes, and Evaluation

1. Healthy Schools and Communities (HSC) Goal

The overall goal of HSC is for all youth in Alameda County to graduate from high school healthy and ready for college and career.

2. HSC Results Framework

- a. Youth are physically, socially and emotionally healthy
- b. Youth succeed academically
- c. Environments are safe, supportive and stable
- d. Families are supported and supportive
- e. Systems are integrated and care is coordinated and equitable

3. The Alameda County School Based Behavioral Health Initiative defines School-Based Behavioral Health (SBBH) as the infrastructure, programs, and relationship within a school and district that promote the healthy social-emotional development of all students and address barriers to learning. The six core components of our SBBH model are:

- Three tiers of support
- District Capacity
- Cultural Responsiveness

- Coordination strategies
- School-wide responsibility
- Ongoing Assessment

C. Program Goals

Mental Health Consultation in Schools Program goals:

1. Enhanced capacity of schools to identify and track individuals and families with social, emotional and behavioral issues and ensure proper referral and linkage to treatment;
2. Increased number of school staff trained in the recognition of early indicators of mental illness and how to refer students for screening and intervention;
3. Increased knowledge of social, emotional and behavioral issues; and
4. Reduced suspensions, expulsions, drop-out rates, violence, social isolation, and involvement with law enforcement/courts among students.

D. Target Population

Contractor shall serve the following populations.

1. Service Groups & Program Eligibility

Contractor shall serve any student within the Alameda Unified School District. Contractor shall make it a priority to serve students who are at high risk for serious mental health issues and school failure. The interventions shall also target the school staff and families who provide support to these students. Families are defined broadly and include non-custodial parents and guardians.

2. Referral Process to Program

Contractor shall accept self-referrals and referrals from teachers, school administrators and family members. Contractor shall also conduct some activities that serve the entire school community.

3. Limitations of Service

Not applicable.

4. Program Description

a) Program Design

Within this frame, Contractor shall develop collaborative partnerships with teachers, school staff, parents, and other providers to create school environments that promote healthy emotional development, make social-emotional learning supports available to all students, and facilitate effective problem-solving among adults and students through a Multi-Tiered System of Supports (MTSS). MTSS is defined as an approach to integrate a continuum of system-wide resources, strategies, structures, and practices to offer a comprehensive and responsive framework for systemically addressing barriers to student learning.

Contractor shall facilitate Coordination of Services Team (COST) meetings and participate in or coordinate efforts around linkage to community resources, including preventative check-in visits, individual/group services, case management sessions, restorative justice (RJ) circles or other RJ activities, screening services, Student Attendance Review Team (SART), Student Attendance Review Board (SARB), Student Success Team (SST), and conflict mediation.

Contractor shall collaborate with various County departments on various programs including the other Prevention and Early Intervention programs. Contractor shall make presentations, prepare reports, and attend meetings (including SBBH monthly meetings) and/or trainings as required by HSC.

- b) Discharge Criteria and Process
Not applicable.
- c) Hours of Operation
Contractor shall maintain the following hours of operation:
Monday through Friday, 8:00 a.m. to 3:00 p.m. Home visits shall be scheduled when appropriate. Alternative arrangements may be made depending upon client need.
- d) Service Delivery Sites
Contractor shall provide services at schools of Alameda Unified School District. Contractor shall obtain written approval from HSC through the HSC Program Contract Manager prior to implementing any changes in service delivery sites.
- e) Minimum Staffing Qualifications
Contractor shall notify the HSC Program Contract Manager of any change and/or vacancy in direct service staffing which is anticipated to decrease contracted service delivery by more than 25 percent during the contract period. Contractor shall maintain a minimum of 1.0 Full-Time Equivalent (FTE) position dedicated to this program.

II. Deliverables

Contractor shall provide the following core services during the period of 7/1/2024– 6/30/2025:

A. Access and Linkage to Services (Coordination Strategies; Build District Capacity; Three Tiers of Support)

	Strategy/Activities	Time Frame	Outcomes and Reporting
1.	Develop structures and protocols for coordinating health and wellness supports:	August 2024- June 2025	Effort measures & targets: <ul style="list-style-type: none"> • COST meets monthly at a minimum of 3 AUSD schools • Number of students served through COST

<p>Activities include:</p> <ul style="list-style-type: none"> a) Implementation of COST at 3 Alameda Unified school sites b) Train AUSD school site staff on overview of COST referral process and early warning signs of Mental Health issues c) Provide technical assistance and consultation to improve integrated coordination of services and COST functioning across AUSD schools d) Provide mental health consultation to faculty, staff, and families; preventive counseling to individuals and groups, and referrals and linkages to mental health services e) Provide ongoing coaching and technical assistance on Positive Behavior Intervention and Supports (PBIS) system of multi-tiered supports to AUSD staff. <p>2. Administration</p> <ul style="list-style-type: none"> a) Representative will attend monthly Alameda County District Health and Wellness lead meetings. 		<ul style="list-style-type: none"> • Utilize data tracking tool provided by HSC to submit COST Tracker/School Based Behavioral Health Services (“SBBH”) semi-annual reports • Train AUSD school site staff on overview of COST and early warning signs of Mental Health issues for 50% of AUSD Schools <p>Quality measures & targets:</p> <ul style="list-style-type: none"> • Maintain the school sites utilizing COST model to coordinate services • Existing COST teams show improvement in at least one area of functioning (HSC COST rubric) • COST tracker • SBBH semi-annual reports <p>Impact Measures:</p> <ul style="list-style-type: none"> • School staff report improved capacity from trainings (workshop evaluations to be submitted online with semi-annual reports) • At least 75% of students/families referred through COST for a behavioral health early intervention or treatment service shall be connected with that early intervention or treatment service • At least 75% of students/families referred through COST for a behavioral health prevention service shall be connected with that service
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III. Reporting and Evaluation Requirements

Between July 1, 2024 and June 30, 2025, Contractor will fully cooperate with the Healthy Schools and Communities evaluators and **participate in the School Based Behavioral Health Initiative (SBBHI) evaluation.**

A. Evaluation Tools. Contractor shall submit the School District Behavioral Health Programs Semi-annual Progress Report into the electronic data entry system designated HSC. Contractor implements required evaluation tools which may vary depending on services provided, and participate in pre and post data sharing meetings as applicable. Contractor will cooperate with HSC planning efforts for and adoption of a revised method of data collection, i.e. Salesforce database. Evaluation tools may include but are not limited to:

- Youth Satisfaction Surveys
- Staff Satisfaction Surveys
- Parent/Caregiver Surveys

B. Reporting. Contractor shall comply with the reporting requirements of County, State, or Federal agencies, and applicable law and regulations as a condition of funding. Contractor completes and submits all required data tracking and reports. The format for data tracking and reports may change during the year, e.g. from tracking sheets to a Salesforce platform. Either way, Contractor shall provide Healthy Schools and Communities Evaluators with electronic copies of semi-annual reports for the preceding 6 months utilizing the Report template according to the following schedule:

- January 15, 2025 (for the period covering July 1, 2024 through Dec 31, 2024)
- July 2, 2025** (for the period covering Jan 1, 2025 through June 30, 2025)

If reporting requirements cannot be met by above deadlines, Contractor shall immediately contact Healthy Schools and Communities (HSC) and Evaluators with the reason for delay and the estimated date for report completion. It is within the discretion of HSC to extend any due date. Lack of notification or failure to meet a deadline will result in fund reduction. Contractor shall include hardcopies of the quarterly report and data reports with each invoice in order to receive payment.

Contractor shall provide additional information upon request by County.

C. Quality Assurance & Monitoring Requirements

1. County representatives may perform site visits to directly observe operations at any contractor with 48-hour notification. In the performance of site visits, County representatives shall conduct inspections and manage information in a manner consistent with applicable laws relating to confidentiality of records and in a manner that will minimize disruption of Contractor's work and will not interfere with patient care.

2. The scope of review may include, but is not limited to: availability and accessibility of care; utilization review; waiting time for services; and review of third-party billing and reimbursement.
3. All medical records related to services rendered under this Exhibit A, shall be accessible to County for inspection and audit as required for public health related conditions and as provided under HIPAA exclusion.
4. All business records related to services rendered under this Exhibit A, shall be accessible to County for inspection and audit as a part of the administrative monitoring and evaluation.
5. County representatives will maintain the confidentiality of any patient records or protected health information made available to them pursuant to this Exhibit A in accordance with all applicable state and federal statutes and regulations relating to confidentiality.

IV. Additional Requirements

A. Certification/Licensure/Confidentiality/Communication/Training

1. Contractor will maintain all required licenses and special permits issued by federal, state, and local agencies related to the services it provides.
2. Contractor shall notify Healthy Schools and Communities staff immediately by telephone and in writing within five days, when there is a change in the license and/or certification of any program, service, department, or facility providing services under this Exhibit A.
3. Contractor shall conform to all federal and state laws and regulations relating to confidentiality of patients' medical information, including but not limited to the Health Insurance Portability and Accountability Act when applicable.
4. Communication is vital in our collective work with schools. In matters related to schools, Contractor and Healthy Schools and Community staff shall notify and inform each other about communication with school board, district and school site staff.
5. Contractor shall provide additional agreed upon services as other funding emerges.
6. All staff and management in your organization that provide direct or indirect services to Alameda County Health and/or have any involvement in AC Health funded grants, contracts, claims submission, etc. are required to participate in the Annual Compliance Training.

B. Additional Deliverables

Contractor shall submit additional deliverables or reports requested by County financial or program monitors that may be required with respect to the Mental Health Services Act and related regulations, requirements, or funding terms and conditions. Contractor shall comply with the reporting requirements of County, State, or Federal agencies, and applicable law and regulations, as a condition of funding.

V. Contact Information

	Alameda County Health	Alameda Unified School District
Signatory	Colleen Chawla	Shariq Khan
Title	Director	Assistant Superintendent
Email	Colleen.Chawla@acgov.org	skhan@alamedaunified.org
Program Contact	Kate Graves	Kirsten Zazo
Email	Kate.Graves@acgov.org	kzazo@alamedaunified.org
Address	1000 San Leandro Blvd., Ste. 300 San Leandro CA, 94578	2060 Challenger Drive Alameda, CA 94501
Phone	(510) 542-6942	510-337-7095

VI. Termination

Termination Provisions. Termination for Cause – If County determines that Contractor has failed, or will fail, through any cause, to fulfill in a timely and proper manner its obligations under this Procurement Contract, or if County determines that Contractor has violated or will violate any of the covenants, agreements, provisions, or stipulations or the Agreement or this Procurement Contract, County shall thereupon have the right to terminate the Agreement or this Procurement Contract by giving written notice to Contractor of such termination and specifying the effective date of such termination.

Without prejudice to the foregoing, Contractor agrees that if prior to or subsequent to the termination or expiration of the Agreement or this Procurement Contract upon any final or interim audit by County, Contractor shall have failed in any way to comply with any requirements of this Agreement or this Procurement Contract, then Contractor shall pay to County forthwith whatever sums are so disclosed to be due to County (or shall, at County’s election, permit County to deduct such sums from whatever amounts remain undisbursed by County to Contractor pursuant to this Agreement or from whatever remains due Contractor by County from any other contract between Contractor and County).

Termination Without Cause – County shall have the right to terminate this Agreement or this Procurement Contract without cause at any time upon giving at least 30 days written notice prior to the effective date of such termination.

Termination By Mutual Agreement – County and Contractor may otherwise agree in writing to terminate this Agreement or this Procurement Contract in a manner consistent with mutually agreed upon specific terms and conditions.

VII. Entirety of Agreement

Contractor shall abide by all requirements contained in the Master Contract General Terms and Conditions, all Exhibits and all Attachments that are associated with and included in this Procurement Contract and are hereby incorporated into this Procurement Contract by this reference.

(Remainder of this page if left intentionally blank)

**EXHIBIT B
TERMS OF PAYMENT
ALAMEDA UNIFIED SCHOOL DISTRICT**

In addition to all terms of payment described in the Master Contract Terms and Conditions and any relevant exhibits and attachments, the parties to this Procurement Contract shall abide by the following terms of payment:

I. Budget (July 1, 2024-June 30, 2025)

2024-25 Expenses	FTE	Maximum Reimbursement
Personnel		
Program Manager	0.4	\$46,758
Stipends		\$700.80
Subtotal Personnel		\$47,459
Benefits@27%		\$12,692
NOT TO EXCEED TOTAL		\$60,149

II. Conditions of the Funding Source

This Procurement Contract provides for funding for the Mental Health Consultation in Schools program at Alameda Unified School District (AUSD). In awarding this contract, the County in no way guarantees any future funding.

III. Terms and Conditions of Payment

A. Reimbursement

1. The total amount of reimbursement under the terms of this Procurement Contract shall not exceed **\$60,149.00**. Funds shall be used solely in support of the Mental Health Consultation in Schools program budget.
2. Contractor shall invoice the County bi-annually during the contract period, not to exceed **\$30,075** per invoice, based on actual expenditures incurred and per completion of each deliverable. The final invoice shall be based on actual expenditures after the completion of all deliverables, shall not exceed the remaining balance of the Procurement Contract, and must be received no later than July 2, 2025.
3. Required reports must be submitted before payment will be processed.
4. County shall use best efforts to process invoice submitted for reimbursement by Contractor within forty-five (45) days from receipt of invoice, reports and any other back up documentation as requested

B. Invoicing Procedures

Contractor shall invoice County bi-annually, preferably via email. Invoice, with an original signature, invoice number, remittance address, PO number, and service period must be accompanied by required report.

Invoice should be sent via email to:

Kate Graves: [kate.graves@acgov.org] and Connie Yale: [connie.yale@acgov.org]

If necessary, invoice can be mailed to:

Attn: Kate Graves/Connie Yale

Alameda County Health

Healthy Schools and Communities


1000 San Leandro Blvd., Suite 300

San Leandro, CA 94577

**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 minimum insurance coverage, limits and endorsements:

	TYPE OF INSURANCE COVERAGES	MINIMUM LIMITS
A	Commercial General Liability Premises Liability, Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability, Abuse, Molestation, Sexual Actions, and Assault and Battery	\$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B	Commercial or Business Automobile Liability 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
C	Workers' Compensation (WC) and Employers Liability (EL) Required for all contractors with employees	WC: Statutory Limits EL: \$1,000,000 per accident for bodily injury or disease
D	Professional Liability/Errors & Omissions Includes endorsements of contractual liability and defense and indemnification of the County	\$1,000,000 per occurrence \$2,000,000 project aggregate
E	<p>Endorsements and Conditions:</p> <ol style="list-style-type: none"> ADDITIONAL INSURED: All insurance required above with the exception of Professional Liability, Commercial or Business 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, volunteers, and representatives. The Additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13. DURATION OF COVERAGE: All required insurance shall be maintained during the entire term of the Agreement. In addition, 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 the later of termination of the Agreement 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. REDUCTION OR LIMIT OF OBLIGATION: All insurance policies, including excess and umbrella insurance policies, shall include an endorsement and be primary and non-contributory and will not seek contribution from any other insurance (or self-insurance) available to the County. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 01 04 13. 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. 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. SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit. The additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods: <ul style="list-style-type: none"> 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. Coverage shall be at least as broad as in the ISO Forms named above. Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured". CANCELLATION OF INSURANCE: All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation. 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 required certificate(s) and endorsements must be sent as set forth in the Notices provision. 	

Northern California ReLiEF		CERTIFICATE OF COVERAGE		Issue Date 8/24/2023	
ADMINISTRATOR: Keenan & Associates 1111 Broadway, Suite 2000 Oakland, CA 94607		LICENSE # 0451271 510-986-8750		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 COVERAGE DOCUMENTS BELOW.	
COVERED PARTY: Alameda City Unified School District East Bay Schools Ins Group 2060 Challenger Drive, Suite 100 Alameda CA 94501		ENTITIES AFFORDING COVERAGE: ENTITY A: Northern California ReLiEF ENTITY B: ENTITY C: ENTITY D: ENTITY E:			
THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED PARTY NAMED ABOVE FOR THE 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 COVERAGE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.					
ENT LTR	TYPE OF COVERAGE	COVERAGE DOCUMENTS	EFFECTIVE/ EXPIRATION DATE	MEMBER RETAINED LIMIT / DEDUCTIBLE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> GOVERNMENT CODES <input checked="" type="checkbox"/> ERRORS & OMISSIONS <input type="checkbox"/> SEXUAL ABUSE AND MOLESTATION	NCR 00107-37	7/1/2023 7/1/2024	\$ 50,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE	NCR 00107-37	7/1/2023 7/1/2024	\$ 50,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
A	PROPERTY <input checked="" type="checkbox"/> ALL RISK <input checked="" type="checkbox"/> EXCLUDES EARTHQUAKE & FLOOD <input type="checkbox"/> BUILDER'S RISK	NCR 00107-37	7/1/2023 7/1/2024	\$ 25,000	\$ 500,250,000 EACH OCCURRENCE
A	STUDENT PROFESSIONAL LIABILITY	NCR 00107-37	7/1/2023 7/1/2024	\$ 50,000	\$ Included EACH OCCURRENCE
	WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS' LIABILITY			\$	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$ E.L. EACH ACCIDENT
	EXCESS WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS' LIABILITY			\$	\$ E.L. DISEASE - EACH EMPLOYEE \$ E.L. DISEASE - POLICY LIMITS
	OTHER			\$	\$
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL PROVISIONS: As respects to the agreement between Alameda Unified School District and Alameda County Health Care Services Agency for CHSC to provide a school-based mental health consultation program for students and their families (exhibit A) from 7/1/2023 through 6/30/2024.					
CERTIFICATE HOLDER: Alameda County Health Care Services Agency 1000 San Leandro Blvd, Suite 300 San Leandro CA 94578			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS		
			 John Stephens AUTHORIZED REPRESENTATIVE		


Protected Insurance Program for Schools	CERTIFICATE OF COVERAGE	Issue Date 6/22/2023
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ADMINISTRATOR: Keenan & Associates 1111 Broadway, Suite 2000 Oakland, CA 94607 Robyn Tryon License No. 0H17855 rtryon@keenan.com	LICENSE # 0451271 510-986-8761 x8177	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 COVERAGE DOCUMENTS BELOW. ENTITIES AFFORDING COVERAGE: ENTITY A: Protected Insurance Program for Schools ENTITY B: ENTITY C: ENTITY D: ENTITY E:
COVERED PARTY: Alameda City Unified School District Alameda County Schools Ins Group 2060 Challenger Drive, Suite 100 Alameda CA 94501		

THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED PARTY NAMED ABOVE FOR THE 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 COVERAGE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.

ENT LTR	TYPE OF COVERAGE	COVERAGE DOCUMENTS	EFFECTIVE/ EXPIRATION DATE	MEMBER RETAINED LIMIT / DEDUCTIBLE	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> GOVERNMENT CODES <input type="checkbox"/> ERRORS & OMISSIONS <input type="checkbox"/> SEXUAL ABUSE AND MOLESTATION <input type="checkbox"/>			\$	\$ COMBINED SINGLE LIMIT EACH OCCURRENCE
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTO <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> AUTO PHYSICAL DAMAGE			\$	\$ COMBINED SINGLE LIMIT EACH OCCURRENCE
	PROPERTY <input type="checkbox"/> ALL RISK <input type="checkbox"/> EXCLUDES EARTHQUAKE & FLOOD <input type="checkbox"/> BUILDER'S RISK			\$	\$ EACH OCCURRENCE
	STUDENT PROFESSIONAL LIABILITY			\$	\$ EACH OCCURRENCE
A	WORKERS COMPENSATION <input checked="" type="checkbox"/> EMPLOYERS' LIABILITY	PIPS 00217-19	7/1/2023 7/1/2024	\$	<input type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER \$ 1,000,000 E.L. EACH ACCIDENT
	EXCESS WORKERS COMPENSATION <input type="checkbox"/> EMPLOYERS' LIABILITY			\$	\$ 1,000,000 E.L. DISEASE - EACH EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMITS
	OTHER			\$	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL PROVISIONS:
 This certificate is being issued for informational purposes only. No rights or coverage is afforded by this coverage.

CERTIFICATE HOLDER: Proof of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS <div style="text-align: right;">  John Stephens AUTHORIZED REPRESENTATIVE </div>
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ENDORSEMENT
ADDITIONAL COVERED PARTY

COVERED PARTY	COVERAGE DOCUMENT	ADMINISTRATOR
Alameda City Unified School District East Bay Schools Ins Group	NCR 00107-37	Keenan & Associates

Subject to all its terms, conditions, exclusions, and endorsements, such additional covered party as is afforded by the coverage document shall also apply to the following entity but only as respects to liability arising directly from the actions and activities of the covered party described under "as respects" below.

Additional Covered Party:

Alameda County Health Care Services Agency
1000 San Leandro Blvd, Suite 300
San Leandro CA 94578

As Respects:

As respects to the agreement between Alameda Unified School District and Alameda County Health Care Services Agency for CHSC to provide a school-based mental health consultation program for students and their families (exhibit A) from 7/1/2023 through 6/30/2024.

County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives are included as additional insured.

This coverage shall be Primary to the Certificate Holder's coverage and the Certificate Holder's coverage shall be noncontributory.



Authorized Representative

Issue Date: 8/24/2023

EXHIBIT D

**COUNTY OF ALAMEDA
DEBARMENT AND SUSPENSION CERTIFICATION**

(Applicable to all agreements funded in part or whole with federal funds and contracts over \$25,000).

The contractor, under penalty of perjury, certifies that, except as noted below, contractor, its principals, and any named and 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 necessarily 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 Procurement Contract. Signing this Procurement Contract on the signature portion thereof shall also constitute signature of this Certification.

CONTRACTOR: Alameda Unified School District

PRINCIPAL: Shariq Khan Signed by: _____ TITLE: Assistant Superintendent of Business Services


SIGNATURE:  DATE: 5/28/2024
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EXHIBIT E
HIPAA BUSINESS ASSOCIATE AGREEMENT

This Exhibit, the HIPAA Business Associate Agreement (“Exhibit”) supplements and is made a part of the underlying agreement (“Agreement”) by and between the County of Alameda, (“County” or “Covered Entity”) and Alameda Unified School District, (“Contractor” or “Business Associate”) to which this Exhibit is attached. This Exhibit is effective as of the effective date of the Agreement.

I. RECITALS

Covered Entity wishes to disclose certain information to Business Associate pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”); Covered Entity and Business Associate intend to protect the privacy and provide for the security of PHI disclosed to Business Associate pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (the “HITECH Act”), the regulations promulgated thereunder by the U.S. Department of Health and Human Services (the “HIPAA Regulations”), and other applicable laws; and The Privacy Rule and the Security Rule in the HIPAA Regulations require Covered Entity to enter into a contract, containing specific requirements, with Business Associate prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, sections 164.314(a), 164.502(e), and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and as contained in this Agreement.

II. STANDARD DEFINITIONS

Capitalized terms used, but not otherwise defined, in this Exhibit shall have the same meaning as those terms are defined in the HIPAA Regulations. In the event of an inconsistency between the provisions of this Exhibit and the mandatory provisions of the HIPAA Regulations, as amended, the HIPAA Regulations shall control. Where provisions of this Exhibit are different than those mandated in the HIPAA Regulations, but are nonetheless permitted by the HIPAA Regulations, the provisions of this Exhibit shall control. All regulatory references in this Exhibit are to HIPAA Regulations unless otherwise specified.

The following terms used in this Exhibit shall have the same meaning as those terms in the HIPAA Regulations: Data Aggregation, Designated Record Set, Disclosure, Electronic Health Record, Health Care Operations, Health Plan, Individual, Limited Data Set, Marketing, Minimum Necessary, Minimum Necessary Rule, Protected Health Information, and Security Incident.

The following term used in this Exhibit shall have the same meaning as that term in the HITECH Act: Unsecured PHI.

III. SPECIFIC DEFINITIONS

Agreement. “Agreement” shall mean the underlying agreement between County and Contractor, to which this Exhibit, the HIPAA Business Associate Agreement, is attached.

Business Associate. “Business Associate” shall generally have the same meaning as the term “business associate” at 45 C.F.R. section 160.103, the HIPAA Regulations, and the HITECH Act, and in reference to a party to this Exhibit shall mean the Contractor identified above. “Business Associate” shall also mean any subcontractor that creates, receives, maintains, or transmits PHI in performing a function, activity, or service delegated by Contractor.

Contractual Breach. “Contractual Breach” shall mean a violation of the contractual obligations set forth in this Exhibit.

Covered Entity. “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 C.F.R. section 160.103, and in reference to the party to this Exhibit, shall mean any part of County subject to the HIPAA Regulations.

Electronic Protected Health Information. “Electronic Protected Health Information” or “Electronic PHI” means Protected Health Information that is maintained in or transmitted by electronic media.

Exhibit. “Exhibit” shall mean this HIPAA Business Associate Agreement.

HIPAA. “HIPAA” shall mean the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

HIPAA Breach. “HIPAA Breach” shall mean a breach of Protected Health Information as defined in 45 C.F.R. 164.402, and includes the unauthorized acquisition, access, use, or Disclosure of Protected Health Information which compromises the security or privacy of such information.

HIPAA Regulations. “HIPAA Regulations” shall mean the regulations promulgated under HIPAA by the U.S. Department of Health and Human Services, including those set forth at 45 C.F.R. Parts 160 and 164, Subparts A, C, and E.

HITECH Act. “HITECH Act” shall mean the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (the “HITECH Act”).

Privacy Rule and Privacy Regulations. “Privacy Rule” and “Privacy Regulations” shall mean the standards for privacy of individually identifiable health information set forth in the HIPAA Regulations at 45 C.F.R. Part 160 and Part 164, Subparts A and E.

Secretary. “Secretary” shall mean the Secretary of the United States Department of Health and Human Services (“DHHS”) or his or her designee.

Security Rule and Security Regulations. “Security Rule” and “Security Regulations” shall mean the standards for security of Electronic PHI set forth in the HIPAA Regulations at 45 C.F.R. Parts 160 and 164, Subparts A and C.

IV. PERMITTED USES AND DISCLOSURES OF PHI BY BUSINESS ASSOCIATE

Business Associate may only use or disclose PHI:

- A. As necessary to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Agreement, provided that such use or Disclosure would not violate the Privacy Rule if done by Covered Entity;
- B. As required by law; and
- C. For the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that

the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

V. PROTECTION OF PHI BY BUSINESS ASSOCIATE

- A. *Scope of Exhibit.* Business Associate acknowledges and agrees that all PHI that is created or received by Covered Entity and disclosed or made available in any form, including paper record, oral communication, audio recording and electronic display, by Covered Entity or its operating units to Business Associate, or is created or received by Business Associate on Covered Entity's behalf, shall be subject to this Exhibit.
- B. *PHI Disclosure Limits.* Business Associate agrees to not use or further disclose PHI other than as permitted or required by the HIPAA Regulations, this Exhibit, or as required by law. Business Associate may not use or disclose PHI in a manner that would violate the HIPAA Regulations if done by Covered Entity.
- C. *Minimum Necessary Rule.* When the HIPAA Privacy Rule requires application of the Minimum Necessary Rule, Business Associate agrees to use, disclose, or request only the Limited Data Set, or if that is inadequate, the minimum PHI necessary to accomplish the intended purpose of that use, Disclosure, or request. Business Associate agrees to make uses, Disclosures, and requests for PHI consistent with any of Covered Entity's existing Minimum Necessary policies and procedures.
- D. *HIPAA Security Rule.* Business Associate agrees to use appropriate administrative, physical and technical safeguards, and comply with the Security Rule and HIPAA Security Regulations with respect to Electronic PHI, to prevent the use or Disclosure of the PHI other than as provided for by this Exhibit.
- E. *Mitigation.* Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or Disclosure of PHI by Business Associate in violation of the requirements of this Exhibit. Mitigation includes, but is not limited to, the taking of reasonable steps to ensure that the actions or omissions of employees or agents of Business Associate do not cause Business Associate to commit a Contractual Breach.
- F. *Notification of Breach.* During the term of the Agreement, Business Associate shall notify Covered Entity in writing within twenty-four (24) hours of any suspected or actual breach of security, intrusion, HIPAA Breach, and/or any actual or suspected use or Disclosure of data in violation of any applicable federal or state laws or regulations. This duty includes the reporting of any Security Incident, of which it becomes aware, affecting the Electronic PHI. Business Associate shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized use or Disclosure required by applicable federal and/or state laws and regulations. Business Associate shall investigate such breach of security, intrusion, and/or HIPAA Breach, and provide a written report of the investigation to Covered Entity's HIPAA Privacy Officer or other designee that is in compliance with 45 C.F.R. section 164.410 and that includes the identification of each individual whose PHI has been breached. The report shall be delivered within fifteen (15) working days of the discovery of the breach or unauthorized use or Disclosure. Business Associate shall be responsible for any obligations under the HIPAA Regulations to notify individuals of such breach, unless Covered Entity agrees otherwise.
- G. *Agents and Subcontractors.* Business Associate agrees to ensure that any agent, including a

subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions, conditions, and requirements that apply through this Exhibit to Business Associate with respect to such information. Business Associate shall obtain written contracts agreeing to such terms from all agents and subcontractors. Any subcontractor who contracts for another company's services with regards to the PHI shall likewise obtain written contracts agreeing to such terms. Neither Business Associate nor any of its subcontractors may subcontract with respect to this Exhibit without the advanced written consent of Covered Entity.

- H. *Review of Records.* Business Associate agrees to make internal practices, books, and records relating to the use and Disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity available to Covered Entity, or at the request of Covered Entity to the Secretary, in a time and manner designated by Covered Entity or the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the HIPAA Regulations. Business Associate agrees to make copies of its HIPAA training records and HIPAA business associate agreements with agents and subcontractors available to Covered Entity at the request of Covered Entity.
- I. *Performing Covered Entity's HIPAA Obligations.* To the extent Business Associate is required to carry out one or more of Covered Entity's obligations under the HIPAA Regulations, Business Associate must comply with the requirements of the HIPAA Regulations that apply to Covered Entity in the performance of such obligations.
- J. *Restricted Use of PHI for Marketing Purposes.* Business Associate shall not use or disclose PHI for fundraising or Marketing purposes unless Business Associate obtains an Individual's authorization. Business Associate agrees to comply with all rules governing Marketing communications as set forth in HIPAA Regulations and the HITECH Act, including, but not limited to, 45 C.F.R. section 164.508 and 42 U.S.C. section 17936.
- K. *Restricted Sale of PHI.* Business Associate shall not directly or indirectly receive remuneration in exchange for PHI, except with the prior written consent of Covered Entity and as permitted by the HITECH Act, 42 U.S.C. section 17935(d)(2); however, this prohibition shall not affect payment by Covered Entity to Business Associate for services provided pursuant to the Agreement.
- L. *De-Identification of PHI.* Unless otherwise agreed to in writing by both parties, Business Associate and its agents shall not have the right to de-identify the PHI. Any such de-identification shall be in compliance with 45 C.F.R. sections 164.502(d) and 164.514(a) and (b).
- M. *Material Contractual Breach.* Business Associate understands and agrees that, in accordance with the HITECH Act and the HIPAA Regulations, it will be held to the same standards as Covered Entity to rectify a pattern of activity or practice that constitutes a material Contractual Breach or violation of the HIPAA Regulations. Business Associate further understands and agrees that: (i) it will also be subject to the same penalties as a Covered Entity for any violation of the HIPAA Regulations, and (ii) it will be subject to periodic audits by the Secretary.

VI. INDIVIDUAL CONTROL OVER PHI

- A. *Individual Access to PHI.* Business Associate agrees to make available PHI in a Designated Record Set to an Individual or Individual's designee, as necessary to satisfy Covered Entity's obligations under 45 C.F.R. section 164.524. Business Associate shall do so solely by way of coordination with

- Covered Entity, and in the time and manner designated by Covered Entity.
- B. *Accounting of Disclosures.* Business Associate agrees to maintain and make available the information required to provide an accounting of Disclosures to an Individual as necessary to satisfy Covered Entity's obligations under 45 C.F.R. section 164.528. Business Associate shall do so solely by way of coordination with Covered Entity, and in the time and manner designated by Covered Entity.
 - C. *Amendment to PHI.* Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set as directed or agreed to by Covered Entity pursuant to 45 C.F.R. section 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 C.F.R. section 164.526. Business Associate shall do so solely by way of coordination with Covered Entity, and in the time and manner designated by Covered Entity.

VII. TERMINATION

- A. *Termination for Cause.* A Contractual Breach by Business Associate of any provision of this Exhibit, as determined by Covered Entity in its sole discretion, shall constitute a material Contractual Breach of the Agreement and shall provide grounds for immediate termination of the Agreement, any provision in the Agreement to the contrary notwithstanding. Contracts between Business Associates and subcontractors are subject to the same requirement for Termination for Cause.
- B. *Termination due to Criminal Proceedings or Statutory Violations.* Covered Entity may terminate the Agreement, effective immediately, if (i) Business Associate is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that Business Associate has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which Business Associate has been joined.
- C. *Return or Destruction of PHI.* In the event of termination for any reason, or upon the expiration of the Agreement, Business Associate shall return or, if agreed upon by Covered Entity, destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. Business Associate shall retain no copies of the PHI. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. If Business Associate determines that returning or destroying the PHI is infeasible under this section, Business Associate shall notify Covered Entity of the conditions making return or destruction infeasible. Upon mutual agreement of the parties that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Exhibit to such PHI and limit further uses and Disclosures to those purposes that make the return or destruction of the information infeasible.

VIII. MISCELLANEOUS

- A. *Disclaimer.* Covered Entity makes no warranty or representation that compliance by Business Associate with this Exhibit, HIPAA, the HIPAA Regulations, or the HITECH Act will be adequate or satisfactory for Business Associate's own purposes or that any information in Business Associate's possession or control, or transmitted or received by Business Associate is or will be secure from unauthorized use or Disclosure. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of PHI.
- B. *Regulatory References.* A reference in this Exhibit to a section in HIPAA, the HIPAA Regulations, or the HITECH Act means the section as in effect or as amended, and for which compliance is required.
- C. *Amendments.* The parties agree to take such action as is necessary to amend this Exhibit from

time to time as is necessary for Covered Entity to comply with the requirements of HIPAA, the HIPAA Regulations, and the HITECH Act.

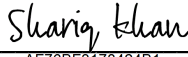
- D. *Survival.* The respective rights and obligations of Business Associate with respect to PHI in the event of termination, cancellation or expiration of this Exhibit shall survive said termination, cancellation or expiration, and shall continue to bind Business Associate, its agents, employees, contractors and successors.
- E. *No Third Party Beneficiaries.* Except as expressly provided herein or expressly stated in the HIPAA Regulations, the parties to this Exhibit do not intend to create any rights in any third parties.
- F. *Governing Law.* The provisions of this Exhibit are intended to establish the minimum requirements regarding Business Associate's use and Disclosure of PHI under HIPAA, the HIPAA Regulations and the HITECH Act. The use and Disclosure of individually identified health information is also covered by applicable California law, including but not limited to the Confidentiality of Medical Information Act (California Civil Code section 56 *et seq.*). To the extent that California law is more stringent with respect to the protection of such information, applicable California law shall govern Business Associate's use and Disclosure of confidential information related to the performance of this Exhibit.
- G. *Interpretation.* Any ambiguity in this Exhibit shall be resolved in favor of a meaning that permits Covered Entity to comply with HIPAA, the HIPAA Regulations, the HITECH Act, and in favor of the protection of PHI.

This EXHIBIT, the HIPAA Business Associate Agreement is hereby executed and agreed to by

CONTRACTOR:

Name: Alameda Unified School District

By (Signature):



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Print Name: Shariq Khan

Title: Assistant Superintendent of Business Services