EXHIBIT A

PROGRAM DESCRIPTION AND PERFORMANCE REQUIREMENTS

Contracting Department	Alameda County Behavioral Health Care Services (BHCS)
Contractor Name	San Leandro Unified School District
Contract Period	July 1, 2014 – June 30, 2017
Type of Contract	Master
Contract Number	901072

I. Program Name

School-Based Mental Health Consultation

II. Contracted Services

- Mental Health Consultation
- Revenue Generation through Local Education Agency Medical Administrative Activity (LEA MAA) claiming
- Prevention and Early Intervention (PEI) Service Data Collection and Reporting

III. Program Information and Requirements

A. Program Goals

Contractor shall provide services to accomplish the following goals:

Mental Health Consultation
Change in School Climate:
• Enhanced capacity of schools to identify individuals and families with social, emotional and behavioral issues. • Increased number of school staff trained in the recognition of early indicators of mental illness and how to refer students for screening and intervention. • Increased knowledge of social, emotional and behavioral issues. • Increased knowledge of risk and protective factors.
Change in Student Mental Health Status:
• Enhanced resilience and protective factors, mental health status, social support, attendance, and academic achievement. • Reduced suspensions, expulsions, drop-out rates, violence, social isolation, and involvement with law enforcement/courts.
Revenue Generation
• Long-term program growth and sustainability through the School District's reinvestment of LEA MAA generated by the program or reinvestment of an identical amount through other funding sources (such as grants).
Prevention and Early Intervention Service Data Collection and Reporting
• Yearly data collection, project analysis and reporting to promote program modification and improvement.

B. Target Population

Contractor shall serve the following populations:

1. Service Groups

Contractor shall provide services to 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 identify students who are at high risk for serious mental health issues and school failure, and provide services described herein to the related service groups described above.

3. Program Eligibility

Contractor shall only serve clients who are students within San Leandro Unified School District, or who are a member of the school staff or a family who provides support to these students.

C. Program Description

Contractor shall maintain programmatic services at the following minimum levels:

1. Program Design

Contractor shall provide School-Based Mental Health (SBMH) Consultation to build the capacity of schools to address the social, emotional and behavioral learning needs of students; to promote a school climate that identifies and addresses student mental health needs; and to support students at risk for serious mental health issues.

Contractor shall develop collaborative partnerships with teachers, 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.

Contractor shall utilize the following strategies towards implementing SBMH Consultation:

- Training: Contractor shall provide training for school staff, families and students on typical and atypical development, the early indicators of serious mental health issues and how to refer students for screening and intervention.

- General Consultation: Contractor shall provide consultation to site administrators and staff on effective interventions for students experiencing emotional and/or behavioral barriers to learning. Contractor shall promote parent/guardian involvement in school conferences and parent/guardian responsibility for children's regular school attendance. Contractor shall provide culturally responsive services and referrals for students and families. Contractor shall assist teachers in developing behavior management and intervention plans, and may utilize classroom observations. Contractor shall work with all levels of the school staff on systemic issues such as curriculum, classroom set-up and classroom policies which may impact a child's mental health issues.

- Child-Specific Consultation: Contractor shall provide resources and coordinate services for students with emotional and behavioral needs. Contractor shall promote regular school attendance and improved self-esteem with interventions that will improve functioning within the school setting. Contractor shall provide more in-depth consultation to teachers, school administrators, and families regarding specific students (in individual and group settings). Contractor shall work with school staff and family to develop an intervention plan to address the social, emotional, behavioral and/or developmental needs of identified students that lead to attendance issues. When appropriate, Contractor shall obtain permission from the family to observe and assess the student to provide support and transitional services as needed.

Contractor shall collaborate with various County efforts including the other Prevention and Early Intervention programs and the Co-Occurring Issues Initiative. Contractor shall attend monthly SBMH meetings and/or trainings as required by BHCS.

Contractor shall annually reinvest 100% of the LEA MAA generated or an identical amount through another funding source (such as a grant) back into the program, with the goal of increasing the school-based mental health consultation service capacity in subsequent years. Contractor shall generate LEA MAA revenue and conduct ongoing program evaluation to support the long-term growth and sustainability of the program.

2. **Consumer/Client Flow** N/A

3. **Discharge Criteria and Process** N/A

4. **Hours of Operation**

Contractor shall maintain the following minimum hours of operation:

Monday through Friday, 8:00 a.m. – 3:00 p.m.

5. Service Delivery Sites

Contractor shall provide services at its service locations in the San Leandro Unified School District.
Elementary Schools, Middle Schools, High School

Contractor shall obtain approval from BHCS through the BHCS Program Contract Manager prior to implementing any changes in service delivery sites.

D. Minimum Staffing Qualifications

Contractor shall have and maintain current job descriptions on file with BHCS for all personnel whose salaries, wages, and benefits are reimbursable in whole or in part under this agreement. Job descriptions shall specify the minimum qualifications for employment and duties to be performed. Contractor shall submit revised job descriptions prior to implementing any changes or employing or contracting with persons who do not meet the minimum qualifications on file with BHCS. Contractor shall notify the BHCS Program Contract Manager of any change in administrative, supervisory and/or other personnel that may occur during the term of this contract.

IV. Contract Deliverables and Requirements

A. Process Measures

Contractor shall provide the following services/deliverables:

PROGRAM DELIVERABLES	PERFORMANCE MEASURES	DATA SOURCE
Mental Health Consultation		
Training	25% Staff Hours	BHCS Reporting Tool
General Consultation	25% Staff Hours	BHCS Reporting Tool
Child-Specific Consultation	50% Staff Hours	BHCS Reporting Tool
Revenue Generation		
Revenue Generation through MAA or other funding streams	100% MAA Reinvestment or other funding streams	San Leandro Unified School District

B. Outcome Measures

Contractor shall achieve the following outcomes.

Data Collection and Reporting	Data Source	Review Dates
Contractor shall conduct project analysis to identify recommended changes to the project design or deliverables, describing highlights, successes, challenges and rationale for changes.	Annual Report to BHCS	June 30, 2014
Contractor will monitor tracking of select indicators within the school environment: • Attendance Rates • Suspension/Expulsion Rates • Drop-Out Rates • School Climate	Annual Report to BHCS School Records California Office of Education California Healthy Kids Survey (CHKS)	June 30, 2014
Contractor shall track LEA MAA revenue generation and reinvestment back into the program	Annual Report to BHCS	June 30, 2014

V. Reporting and Evaluation Requirements

A. Reporting Requirements

Contractor shall collect and report service data daily using BHCS reporting tools, track select indicators within the school environment, and analyze whether changes need to be made to the project design or deliverables based on the data findings and tracking of LEA MAA revenues. County shall have access to all data and reports.

Contractor shall comply with medical records, BHCS claiming, and data management requirements, using provided or approved systems.

The methods by which Contractor shall be required to document achievement of program objectives may include, but are not limited to: input of client data into the BHCS Reporting Tools and Data Systems, submission of bio-statistical reports, narrative/data reports, financial reports including expenditures and revenues by program area and/or other special reports as requested by Alameda County financial or program monitors.

Contractor shall meet regularly with BHCS, as required by BHCS, to review program deliverables including documentation of program services. Contractor must

participate in the BHCS Quality Improvement and Compliance Programs along with adhering to all BHCS performance requirements.

Contractor shall comply with the reporting requirements of County, State, or Federal agencies, and applicable law and regulations, as a condition of funding.

Contractor shall complete the Annual BHCS Assessment regarding Housing/Living Situation and Co-Occurring Conditions, which describes Contractor's progress in these and any other areas identified by BHCS, by July 10th of the following year.

B. Evaluation Requirements

Contractor shall submit periodic and annual reviews of program delivery and fiscal reporting as required by County, State, and Federal funding sources.

BHCS reserves the right to unilaterally terminate or modify this contract based on analysis, review, and discussion with Contractor regarding current status of program deliverables and performance standards.

VI. Additional Requirements

A. Certification/Licensure

Contractor shall ensure that it meets all certification and licensure requirements for provision of services under this agreement, as required by applicable laws and regulations.

B. Other Requirements N/A

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 contract.

Contractor agrees to the following supplemental terms and conditions attached to this Exhibit A:

- Exhibit A-1: Additional Terms and Conditions of Program and Performance.

EXHIBIT B: TERMS AND CONDITIONS OF PAYMENT

Contracting Department	**Behavioral Health Care Services**
Contractor Name	**San Leandro Unified School District**
Contract Period	**7/1/2014 to 6/30/2017**
Contract Maximum	**$ 126,336.00**

In addition to all terms of payment described in the Master Contract Terms and Conditions and all relevant Exhibits and Attachments, Parties (Contractor and BHCS) to this Contract shall abide to the terms of payment contained herein.

I. Budget (Exhibits)

BHCS, may, at its sole discretion, with or without notice to the Contractor, add, change or delete sources of funding used by BHCS for purposes of reimbursement for Contractor costs in providing services covered by this Contract as set forth in Exhibit A. Contractor shall use all payments solely in support of the program budget, set forth as follows:

- Exhibit B-1: Funded Program Budget
- Exhibit B-2: Composite Agency Budget
- Exhibit B-3: Method and Rate of Reimbursement (Rate Sheet)
- Exhibit B-4: Cost Report Submission Timeline

II. Terms and Conditions of Payment

A. Contract Amount/Maximum

1. Contract and Program Maximum Funding
   Total payments under this Contract shall in no event exceed the total contract maximum specified above nor shall payments in any fiscal year, exceed the annual allocation stated in the Exhibit B-3: Method and Rate of Reimbursement (Rate Sheet). Payments shall be based on the Rate Sheet. Any change in the contract maximum shall be made through an amendment to this Contract.

B. Budget Revision Procedures

1. Budget vs. Actual Expenses and Utilization by Program
   Contractor must submit a written request with explanation for approval from BHCS Fiscal Contract Manager at any time either actual program costs or utilization vary more than five percent from approved budget costs or utilization within any single program or Reporting Unit.

2. Cost of Living Adjustment (COLA)
   COLAs are at the County's discretion. If, during the term of this Contract, the Alameda County Board of Supervisors approves a COLA, the increase may be retroactive to July 1, of the current contract year.

3. Available Resources
   Parties to this Contract acknowledge the uncertainty of the funding resources supporting this Contract, which may impact BHCS' dollar allocation for contracted services. Should it be necessary to adjust the amount of the funding during the term of this Contract, BHCS shall notify Contractor at least thirty days prior to the effective date of the adjustment.

C. Cost Settlement/Final Payment Provisions

A Cost Settlement between BHCS and Contractor is considered an interim settlement subject to audit by County, State, Federal and/or independent auditors.

BHCS shall use the method(s) indicated in the Exhibit B-3: Method and Rate of Reimbursement to determine final reimbursement.

1. Actual Cost Reimbursement Method
   Final reimbursement shall be made on the basis of Contractor's actual allowable costs less any applicable revenues collected from all other payment sources.

   Final reimbursement is made after County's submission of an acceptable Year-End Cost Report to the State. The term "acceptable", shall be understood as a Year-End Cost Report that has been accepted by the State. Should the Contractor's final maximum allowable reimbursement be less than the total interim payments made pursuant to submitted invoices, Contractor agrees to remit said difference to County within sixty (60) calendar days of Contractor's receipt of Final Contract Settlement, unless otherwise approved by BHCS.

2. Audit
   Contractor's records shall be subject to audit and disallowances by all applicable County, State and Federal authorities. Contractor shall account for each program separately and provide specific cost centers and audit trails for each program.

   Cost Settlements will be considered interim until all County, State and Federal audits and appeals have been completed. Audit results shall supersede the information previously provided by Contractor and accepted by BHCS. Should County, State and Federal or any other funding agency refuse to reimburse BHCS or disallow previous payments, Contractor agrees to refund excess to BHCS within 120 days of notification, unless otherwise approved by BHCS. BHCS may withhold all funds owed from any subsequent payments due to Contractor until the settlement is satisfied in full.

D. Conditions of Withholding Payment

BHCS may withhold payments to Contractor due to one or more of the following conditions.

1. Contractor Non-Compliance Sanction Policy
   If BHCS determines that Contractor is not in compliance with any provisions of this Contract, BHCS will provide Contractor with a written notice of non-compliance and may withhold payment if the identified issue is not remedied within the timeline specified in the notice of non-compliance. Non-compliance includes failure to submit required programmatic and/or fiscal reports, which are complete and accurate by the specified due date, such as but not limited to Quarterly Financials; Year-End Cost Reports; Exh B-1: Program Funded Budget; audits; or other information required for contract administration, monitoring and/or renewal.

   BHCS may, after three months of withholding funds for non-compliance impose a non-refundable penalty of one percent of the total contract amount each month thereafter, until BHCS deems Contractor in compliance with the Contract.

2. Contract Termination
   In the event of termination of this Contract, BHCS may withhold a sum not to exceed ten percent of the total contract amount or applicable program, until all provisions of this Contract are satisfied by Contractor and accepted by BHCS.

III. Invoicing Procedures

A. Monthly Invoices/Monthly Reimbursement Claim/Service Report

Contractor shall submit a monthly invoice/reimbursement claim for services rendered that month, using BHCS' provided template based on the Exhibit B-3: Method and Rate of Reimbursement. Contractor shall submit invoices no later than 35 calendar days after the last day of the service month, or Contractor may be deemed out of compliance with the Contract.

Contractor shall submit the original invoice with appropriate attachments to the BHCS Fiscal Contract Manager.

1. Invoice/Claim Attachments
   Contractor shall submit invoices which shall include detailed, line-item monthly expenditures.

B. Reimbursement of Invoices After End of Contract Term

Contractor shall submit all invoices for reimbursement under this Contract within forty-five calendar days following the end of the term of this Contract. All invoices submitted after forty-five calendar days following the end date of this Contract will be subject to reimbursement at the sole discretion of BHCS.

IV. Funding and Reporting Requirements

A. Financial Reports

1. Quarterly Financial Reports
   BHCS may require Contractor to provide BHCS with three detailed Quarterly Financial expenditure and revenue reports of actual costs and revenues applicable to each program reflected in Exhibit B-1: Funded Program Budget. If so requested by BHCS, Contractor shall submit Quarterly Financial Reports in the template provided by BHCS to BHCS Fiscal Contract Manager on the following schedule:

Report	Term	Due Date
1st Quarterly Financial Report	July 1-September 30	November 15
2nd Quarterly Financial Report	October 1-December 31	February 15
3rd Quarterly Financial Report	January 1-March 31	May 15

2. Year-End Cost Report
   Contractor shall submit a Year-End Cost Report in the format issued by BHCS. Contractor shall submit a separate Year-End Cost Report for each program contained in this Contract.

EXHIBIT B: TERMS AND CONDITIONS OF PAYMENT

V. Additional Terms and Conditions of Payment

A. Revenue Enhancement

BHCS intends to establish targets for revenues earned by contractors, with those targets becoming part of operational budgets. Future contract allocations will be impacted by the revenue generated and by deficits. Contractor shall implement any new procedures related to local, State and/or Federal insurance revenue maintenance or enhancement within thirty (30) days from BHCS notice. BHCS shall provide Contractor with specific information on how to operationalize any new procedures.

B. Contract or Program Termination

In the event of termination of this Contract or a program within this Contract;

1. If initiated by Contractor, Contractor shall provide written notice to BHCS Program and Fiscal Contract Managers at least 30 calendar days prior to termination; and
2. If initiated by BHCS, BHCS Fiscal Contract Manager shall provide written notice to Contractor at least 30 calendar days prior to termination.
3. **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 the Agreement, or if County determines that Contractor has violated or will violate any of the covenants, agreements, provisions, or stipulations of the Agreement, County shall thereupon have the right to terminate the Agreement by giving written notice to Contractor of such termination and specifying the effective date of such termination, which may be the same date as the notice.

Upon notice of a Contract or program termination, Contractor shall do the following:

1. Immediately eliminate all new costs and expenses under this Contract or program.
2. Provide accounting of any unused or unexpended equipment and/or supplies purchased by Contractor with funds obtained through this Contract and deliver such equipment and/or supplies to BHCS upon written request from BHCS.
3. Promptly submit a written report of all information necessary for the reimbursement of any outstanding invoices and/or continuing costs to BHCS Fiscal Contract Manager.
4. Surrender all fiscal records to BHCS, if requested by BHCS.

For a Contract termination, Contractor must complete a Cost Report within 30 calendar days of receipt of Cost Report template from BHCS.

BHCS may reimburse Contractor for reasonable and necessary costs or expenses incurred after BHCS' receipt of Contractor's notice of termination, within the contract maximum.

ALAMEDA COUNTY
BEHAVIORAL HEALTH CARE SERVICES
MENTAL HEALTH PROGRAMS

FISCAL YEAR 2014 thru 2017
ALLOCATION

Contractor: San Leandro Unified School District

Master Contract	RU #	Allocation
MHSA PEI Ongoing - MH Consultation FY 14- 15	N/A	42,112
MHSA PEI Ongoing - MH Consultation FY 15- 16	N/A	42,112
MHSA PEI Ongoing - MH Consultation FY 16- 17	N/A	42,112
Total Master Contract		**126,336**

Note: All allocations are pending Board approval.

Revised 3-5-2014

Nor Cal ReLiEF

LIABILITY
CERTIFICATE OF COVERAGE REQUEST

Today's Date:	06/25/2014		
JPA:	East Bay School Insurance Group		
District:	San Leandro Unified School District	School Site:	
Contact:	Sukhi Khaira Administrative Assistant, Bus. Svcs.	Phone: (510) 667-3506 Fax: (510) 895-4159	

Certificate For:	Alameda County
Facility	Behavioral Health Care Services
Address	1900 Embarcadero Cove, Suite 205, Oakland, CA 94606
City & State & Zip	
Facility Contact	Fred Zhang, Network Office, Mental Health
Description of Operations	As respect to mental health consultation; revenue generation through LEA MAA claiming, Prevention and Early Intervention Service (PEI), data collection and reporting through 2014-2017.
Special Event Details	Event Date(s) & Time:
	Location:
	Sponsor:
	Participants:
	Provide Details of Event
	Coordinator & Title: Victoria Forrester, Director -Student Services Special Education Community Wellness-
	Special Requirements

Do Not Cross-Out Endeavor Clause.		
Do they require Additional Insured / Additional Covered Party?	☑ Yes	☐ No
Are there Other Additional Insureds / Covered Parties?	☐ Yes	☐ No

Other Name & Address	

Northern California ReLiEF

CERTIFICATE OF COVERAGE

Issue Date 6/30/2014

ADMINISTRATOR: LICENSE # 0451271
Keenan & Associates
1111 Broadway, Suite 2000
Oakland, CA 94607

510-986-6750
www.keenan.com

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:
San Leandro Unified School District
East Bay Schools Ins Group
14735 Juniper Street
San Leandro CA 94579

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** [✓] GENERAL LIABILITY [ ] CLAIMS MADE (✓) OCCURRENCE [✓] GOVERNMENT CODES [✓] ERRORS & OMISSIONS [ ]	NCR 00107-28	7/1/2014 7/1/2015	$ 50,000	COMBINED SINGLE LIMIT EACH OCCURRENCE $ 1,000,000
A	**AUTOMOBILE LIABILITY** [✓] ANY AUTO [✓] HIRED AUTO [✓] NON-OWNED AUTO [✓] GARAGE LIABILITY [✓] AUTO PHYSICAL DAMAGE	NCR 00107-28	7/1/2014 7/1/2015	$ 50,000	COMBINED SINGLE LIMIT EACH OCCURRENCE $ 1,000,000
A	**PROPERTY** [✓] ALL RISK [✓] EXCLUDES EARTHQUAKE & FLOOD [ ] BUILDER'S RISK	NCR 00107-28	7/1/2014 7/1/2015	$ 25,000	$ 250,000,000 EACH OCCURRENCE
A	**STUDENT PROFESSIONAL LIABILITY**	NCR 00107-28	7/1/2014 7/1/2015	$ 50,000	$ Included EACH OCCURRENCE
	WORKERS COMPENSATION [ ] EMPLOYERS' LIABILITY			$	[ ] WC STATUTORY LIMITS [ ] OTHER $ E.L. EACH ACCIDENT
	EXCESS WORKERS COMPENSATION [ ] EMPLOYERS' LIABILITY			$	$ E.L. DISEASE - EACH EMPLOYEE $ E.L. DISEASE - POLICY LIMITS
	OTHER			$ $	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL PROVISIONS:

As respects to Master Contract # 901072 between Alameda County Behavioral Health Care Services and San Leandro Unified School District regarding the School-Based Mental Health Consultation through the coverage expiration date.

CERTIFICATE HOLDER:

Alameda County Behavioral Health Care Svcs.
Network Office
Attn: Fred Zhang, Fiscal Contract Manager
1900 Embarcadero Cove, Suite 205
Oakland CA 94606

CANCELLATION.....SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ENTITY/JPA 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 ENTITY/JPA, ITS AGENTS OR REPRESENTATIVES.

John Stephens — AUTHORIZED REPRESENTATIVE

DISCLAIMER

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

ENDORSEMENT

ADDITIONAL COVERED PARTY

COVERED PARTY	COVERAGE DOCUMENT	ADMINISTRATOR
San Leandro Unified School District East Bay Schools Ins Group	NCR 00107-28	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 Behavioral Health Care Svcs.
Network Office
Attn: Fred Zhang, Fiscal Contract Manager
1900 Embarcadero Cove, Suite 205
Oakland CA 94606

As Respects:

As respects to Master Contract # 901072 between Alameda County Behavioral Health Care Services and San Leandro Unified School District regarding the School-Based Mental Health Consultation through the coverage expiration date.

The County of Alameda, its Board of Supervisors, the individual members thereof, and all County Officers,agents, employees, and volunteers are included as an Additional Covered Party.

This coverage shall be primary to the certificate holders coverage as respects the actions and activities of the Covered Party due to their sole negligence.

Authorized Representative

Issue Date: 6/30/2014

Protected Insurance Program for Schools

CERTIFICATE OF COVERAGE

Issue Date 6/30/2014

ADMINISTRATOR: LICENSE # 0451271

Keenan & Associates
1111 Broadway, Suite 2000
Oakland, CA 94607

510-986-6750
www.keenan.com

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ENTITIES AFFORDING COVERAGE:

ENTITY A: Protected Insurance Program for Schools
ENTITY B:
ENTITY C:
ENTITY D:
ENTITY E:

COVERED PARTY:

San Leandro Unified School District
Alameda County Schools Insurance Group
14735 Juniper Street
San Leandro CA 94579

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 [ ] GENERAL LIABILITY [ ] CLAIMS MADE ( ) OCCURRENCE [ ] GOVERNMENT CODES [ ] ERRORS & OMISSIONS [ ]			$	COMBINED SINGLE LIMIT EACH OCCURRENCE $
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] HIRED AUTO [ ] NON-OWNED AUTO [ ] GARAGE LIABILITY [ ] AUTO PHYSICAL DAMAGE			$	COMBINED SINGLE LIMIT EACH OCCURRENCE $
	PROPERTY [ ] ALL RISK [ ] EXCLUDES EARTHQUAKE & FLOOD [ ] BUILDER'S RISK			$	$ EACH OCCURRENCE
	STUDENT PROFESSIONAL LIABILITY			$	$ EACH OCCURRENCE
A	**WORKERS COMPENSATION** [√] EMPLOYERS' LIABILITY	PIPS 00217-10	7/1/2014 7/1/2015	$	[ ] WC STATUTORY LIMITS [√] OTHER $ 1,000,000 E.L. EACH ACCIDENT
	EXCESS WORKERS COMPENSATION [ ] 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:

As respects to Master Contract # 901072 between Alameda County Behavioral Health Care Services and San Leandro Unified School District regarding the School-Based Mental Health Consultation through the coverage expiration date.

CERTIFICATE HOLDER:

Alameda County Behavioral Health Care Svcs.
Network Office
Attn: Fred Zhang, Fiscal Contract Manager
1900 Embarcadero Cove, Suite 205
Oakland CA 94606

CANCELLATION.....SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ENTITY/JPA 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 ENTITY/JPA, ITS AGENTS OR REPRESENTATIVES.

John Stephens — AUTHORIZED REPRESENTATIVE

DISCLAIMER

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Provider Input for FY 14/17 Exhibit A

Provider Name: San Leandro Unified School District
Program Name: School-Based Mental Health Consultation

Exhibit A Provider Contact Name:
Phone Number:
Email:

Attached you will find a PDF version of your FY 14/15 Draft Exhibit A. Listed below are questions and/or sections that may need clarification. To make the document easier to reference, line numbers have been added to the Draft Exhibit A. Please respond to the below comments/questions in the "Provider Comments" box. Please feel free to add rows if you have any additional suggestions or edits/changes by inserting the line number, page and your comment.

PLEASE RETURN THIS COMPLETED FORM WITH YOUR CONTRACT RENEWAL SUBMISSION.

If you have any questions, please feel free to contact your Program Contract Manager.

Line #	**Page #**	**Exhibit A Section**	**Program Contract Manager Comments**	**Provider Comments**
119	4	Service Delivery Sites	Please specify whether services are being provided at elementary, middle and/or high schools.	Elementary Schools Middle Schools High School