Memorandum of Understanding

Between

San Leandro Unified School District

And

Project Eden | HSI

PURPOSE

This Memorandum of Understanding (MOU) is entered into by and between San Leandro Unified School District (referred to as "DISTRICT" throughout the remainder of this document) and Project Eden | HSI (referred to as "AGENCY" for the remainder of this document) for the purpose of providing **behavioral/mental health treatment, consultation, and service coordination.** **This MOU is effective** 8/24/21.

AGENCY SERVICE CAPACITY

Project Eden | HSI (agency name) will provide/adhere to the following:

1. Behavioral Health Services at the following **SLUSD campuses**:

SLHS			

2. Weekly clinical supervision and training for each contracted provider from AGENCY.
3. Assist in conducting outreach to inform school staff, students, and families about the services available and procedures for accessing services/making referrals.
4. Provide individual mental health services to students and to their families as appropriate.
5. Work In collaboration with DISTRICT COST Procedures, DISTRICT partners, and campus administration to develop a system for receiving and responding to referrals for services.
6. Act as a mental health resource to school staff and to families of students deliver formal and informal mental health consultation services to school personnel.
7. Offer mental health support groups for students and/or families on relevant topics as identified by students, families, and school staff.
8. Maintain clinical records in accordance with professional standards. The clinical record will be housed at AGENCY and secured in accordance with HIPAA.
9. Work with students, families, faculty, campus administration, DISTRICT, and DISTRICT partners to enhance behavioral health programming and service delivery.
10. Work collaboratively to share space and maintain client confidentiality in accordance with HIPAA.
11. Routinely and frequently evaluate the amount of mental health services utilization and delivery hours at each campus on a weekly basis.
12. Provide data (limited to numbers, not confidential information) quarterly and as requested by DISTRICT or DISTRICT partner.
13. **Agree to:** ***San Leandro Unified School District – Behavioral Health Provider Agreements[1]***
    a. ***Please initial that you have reviewed and received a copy:*** PC

SCREENING REQUIREMENT

AGENCY will provide the DISTRICT with **"Required Certifications Agreement"** which confirms clearance of each AGENCY provider of the following:

BILLING AND COLLECTIONS

1. DISTRICT will reimburse AGENCY at the pre-negotiated rate of Ø *(indicate per intern provider rate based on days of service)*, for a total of Ø for the services outlined in this MOU.
    a. AGENCY will submit an invoice in December for 50% of total and in May for remainder 50%.
    b. DISTRICT will remit payment as soon as invoice is received. 50% of total by end of January, and the remainder 50% by end of June.

INSURANCE AND LIABILITY

1. AGENCY is responsible for liability and malpractice insurance for all AGENCY staff. Upon request by DISTRICT and/or participating campuses, AGENCY will furnish copies of its Certificate or Insurance which specifies levels of relevant insurance coverage.
2. AGENCY will indemnify and hold harmless DISTRICT and participating campuses against all liability, including liability for attorneys' fees and court costs arising out of, or in connection with AGENCY performance of its duties under this agreement.
3. DISTRICT and participating campuses will indemnify and hold harmless AGENCY against all liability, including liability for attorneys' fees and court cost arising out of in connections with DISTRICT and/or participating campuses' performance of its duties under this agreement.
4. AGENCY and DISTRICT will give the other prompt notice of any demand, claim, or suing against it.

DURATION

MOU is effective as of AUGUST 24, 2021, through JUNE 30, 2022.

AGENCY and/or DISTRICT can request review and come to mutually agreed upon amendment at any time throughout the duration of the MOU.

	Rochelle Collins, Program Director
Printed Name/Title - DISTRICT Designee	**Printed Name/Title - AGENCY Designee**
	Rochelle U. Collins 8/24/21
DISTRICT Signature **DATE**	**AGENCY Signature** **DATE**
	1866 B Street Suite 101 Hayward, CA 94541 (510) 334-0235 rochelle.collins@nsimail.org
Name/Title of DISTRICT MOU Contact, Phone, Email	**AGENCY Address, Phone, Email** *(main contact for MOU)*

Addendums:
[1] SLUSD Behavioral Health Provider Agreements 17-18
[2] Required Certifications Agreement
[3] Data Disclosure Agreement 2017