

AMENDMENT TO THE AGREEMENT WITH  
JEFFERSON UNION HIGH SCHOOL DISTRICT

THIS AMENDMENT TO THE AGREEMENT, entered into this \_\_\_\_\_ day  
of \_\_\_\_\_, 2002, by and between the COUNTY OF SAN MATEO  
(hereinafter called "County") and JEFFERSON UNION HIGH SCHOOL DISTRICT  
(hereinafter called "Contractor"),

W I T N E S S E T H:

WHEREAS, on February 13<sup>th</sup>, 2000, the parties hereto entered into an agreement  
(hereinafter referred to as the "Original Agreement") for the furnishing of certain services by  
Contractor to County as set forth in that Original Agreement; and

WHEREAS, it is now the mutual desire and intent of the parties hereto to amend and  
clarify that Original Agreement;

NOW, THEREFORE, IT IS HEREBY AGREED between the parties that the Original  
Agreement is amended as follows:

"2. Payments

A. Maximum Amount. In full consideration of Contractor's performance of  
the services described in Schedule A, the amount that County shall be obligated to  
pay for services rendered under this Agreement shall not exceed SIX HUNDRED  
TWENTY-TWO THOUSAND NINE HUNDRED THIRTY-SIX DOLLARS  
(\$622,936) for the contract term."

SCHEDULE A  
AMENDMENT

“JEFFERSON UNION HIGH SCHOOL DISTRICT: DALY CITY  
YOUTH HEALTH CENTER: 2000-03

I. MENTAL HEALTH PROGRAM SERVICES

In full consideration of the payments herein provided for, Contractor shall provide the services described below in a manner consistent with the terms and provisions of this Agreement.

- A. Contractor shall provide mental health services to youth at Daly City Youth Health Center (DCYHC) and school campuses. These services shall be provided in a manner prescribed by the laws of California and in accord with the applicable laws, titles, rules and regulations, including quality assurance requirements of the Short-Doyle/Medi-Cal Program. Services shall include the following:
1. Assessment
  2. Individual Therapy
  3. Group Therapy and Counseling
  4. Collateral Services and Family Counseling/Therapy
  5. Crisis Intervention
  6. Case Management/Brokerage
  7. Client Centered Interagency Collaboration
  8. Program-Related Interagency Collaboration
  9. Rehabilitation Services (e.g., daily living skills)
- B. Provide ninety-seven thousand five hundred sixty (97,560) units of service equivalent to one thousand six hundred twenty-six (1,626) hours. One (1) unit equals one (1) minute of mental health service.
- C. Serve approximately sixty (60) unduplicated clients per year.
- D. Mental health services rendered shall be under the direction of Director, who may specify the kind, quality, and amount of the services and criteria, other than those set forth herein, for determining the persons to be served.
- E. Contractor shall participate in state mandated outcome data collection.

II. PREVENTION OF REPEAT OFFENDERS PROGRAM (PROP)

- A. Contractor shall provide mental health services to north county wards served by

PROP. These services shall be provided in a manner prescribed by the laws of California and in accord with the applicable laws, titles, rules and regulations, including quality assurance requirements of the Short Doyle/Medi-Cal Program. Services shall include the following:

1. Assessment
  2. Individual Therapy
  3. Group Therapy and Counseling
  4. Collateral Services and Family Counseling/Therapy
  5. Crisis Intervention
  6. Case Management/Brokerage
  7. Client Centered Interagency Collaboration
  8. Program-Related Interagency Collaboration
  9. Rehabilitation Services (e.g., daily living skills)
- B. Provide twenty-eight thousand four hundred eighty-eight (28,488) units of service equivalent to approximately four hundred seventy-five (475) hours. One (1) unit equals one (1) minute of mental health service.
- C. Serve approximately thirty-five (35) unduplicated clients per year.

### III. MENTAL HEALTH SERVICES (Authorized by the MHP)

San Mateo County MHP Community-Based Agency Outpatient Services Manual, Client Complaint/Grievance Procedure Manual, and Provider Complaint and Appeal Procedure are included by reference and incorporated herein.

Contractor shall provide family treatment and support services to adolescents and their families or caregivers under the MHP. These services shall be provided to Medi-Cal eligible beneficiaries, clients who are covered by the Healthy Family Program, and clients known to be indigent, for whom the MHP has assumed responsibility. These services would be provided to adolescents up to the age of twenty-one (21), and live in the northern part of San Mateo County. The number of clients referred will depend on service demand.

Contractor shall provide assessment and treatment services to adolescents and their families or caregivers with known or suspected eating disorders. These services will be provided to adolescents up to the age of twenty-one (21) who live in northern San Mateo County, including Daly City, Pacifica, Brisbane, Colma, Broadmoor, parts of San Bruno and South San Francisco. The number of clients referred will depend on service demand.

- A. All clients shall be authorized for service by the Mental Health Services Division's ACCESS Team. Separate authorizations shall be required for assess-

ment and ongoing treatment services.

- B. After a clinical assessment is completed, Contractor shall notify the ACCESS Team within five (5) working days of completion of assessment with result of the assessment. If the results include a recommendation that Contractor provide further treatment, additional authorization must be obtained.
- C. Services shall be available in English and Spanish and shall include the following:
  - 1. Assessment services
  - 2. Treatment services
    - a. Brief individual, family and group therapy
    - b. Collateral services, including contact with family and other significant service providers.

#### IV. OBJECTIVES

##### MENTAL HEALTH SERVICES – SYSTEM OF CARE

Goal 1: Contractor shall maintain or enhance school performance for youth served.

Objective 1: Seventy-five percent (75%) of youth served will maintain eighty-five percent (85%) school attendance over the school year.

##### PREVENTION OF REPEAT OFFENDER PROGRAM

Goal 1: Contractor shall help youth stay out of trouble.

Objective 1: At least sixty-five percent (65%) of the youth served shall avoid new sustained law violations for one (1) year after entering the program.

##### MENTAL HEALTH SERVICES (AUTHORIZED BY MHP)

Goal 1: Contractor shall avoid more intensive levels of mental health services.

Objective 1: No more than five percent (5%) of youth served will use psychiatric emergency services during the contract year.

Goal 2: All clients receiving at least three (3) treatment services will be administered a satisfaction survey provided by the MHP.

Objective 2: Ninety percent (90%) of clients responding shall be satisfied with services as measured by client satisfaction instrument administered by the MHP.

## ALL PROGRAMS

- Goal 1: Contractor shall enhance program's cultural competence.
- Objective 1: At least one (1) inservice training emphasizing cultural variables and competencies will be provided to all program staff by Contractor.
- Objective 2: All newly hired staff shall have some relevant trans-cultural experience and/or language capacity pertinent to the populations Contractor expects to be serving.”

## V. HEALTH CARE FOR AT-RISK AND/OR HOMELESS TEENS SERVICES

- “C. The Health Care for the Homeless (HCH) Program has issued a Request for Proposal (RFP) for Health Services. Funding decisions will be made in Spring 2002 and may impact the funding allocated to the Jefferson Union High School District from November 1, 2002, through June 30, 2003.”

SCHEDULE B  
AMENDMENT

“JEFFERSON UNION HIGH SCHOOL DISTRICT: DALY CITY  
YOUTH HEALTH CENTER: 2000-2003

I. MENTAL HEALTH PROGRAM SERVICES

In full consideration of the services provided by Contractor and subject to the provisions of paragraph 2A of this Agreement, County shall pay Contractor in the manner described below:

A. Mental Health Services – System of Care

1. Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of SIXTY-THREE THOUSAND SIX HUNDRED DOLLARS (\$63,600) for services provided under this Agreement for the period of July 1, 2000 through June 30, 2001.
2. Payment by County to Contractor shall be quarterly. County shall pay Contractor at a rate of FIFTEEN THOUSAND NINE HUNDRED DOLLARS (\$15,900) per quarter. Contractor shall bill County on or before the tenth (10<sup>th</sup>) working day of the following month for the preceding quarter.
3. Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of SIXTY-NINE THOUSAND NINE HUNDRED SIXTY DOLLARS (\$69,960) for services provided under this Agreement for the period of July 1, 2001 through June 30, 2002. Payment by County to Contractor shall be quarterly at the rate of \$17,490 per quarter.
4. Contract maximum for the period 2000-03 shall not exceed TWO HUNDRED THREE THOUSAND FIVE HUNDRED TWENTY DOLLARS (\$203,520) subject to Schedule B, I.E.

B. Prevention of Repeat Offenders Program (PROP)

1. Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of THIRTY-SEVEN THOUSAND ONE HUNDRED DOLLARS (\$37,100) for services provided under this Agreement for the period July 1, 2000 through June 30, 2001.

2. Payment to Contractor shall be quarterly. County shall pay Contractor at a rate of NINE THOUSAND TWO HUNDRED SEVENTY-FIVE DOLLARS (\$9,275) per quarter. Contractor shall bill County on or before the tenth (10<sup>th</sup>) working day of the following month for the preceding quarter.
3. Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of FORTY THOUSAND EIGHT HUNDRED TEN DOLLARS (\$40,810) for services provided under this Agreement for the period of July 1, 2001 through June 30, 2002. Payment to Contractor shall be quarterly at the rate of TEN THOUSAND TWO HUNDRED TWO DOLLARS AND FIFTY CENTS (\$10,202.50) per quarter.
4. Contract maximum for the period 2000-03 shall not exceed ONE HUNDRED EIGHTEEN THOUSAND SEVEN HUNDRED TWENTY DOLLARS (\$118,720), subject to Schedule B, I.E.

C. Mental Health Services (authorized by MHP)

1. Maximum Obligation

Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of SEVENTY-FIVE THOUSAND DOLLARS (\$75,000) for services provided under this Agreement for the period July 1, 2000, through June 30, 2003.

a. Assessment Services (non-MD)

An assessment shall consist of at least one (1) face-to-face visit and be conducted by a licensed, waived, or registered mental health professional.

Services	2001-02	2002-03
Assessment (per case)	\$111.30	\$114.64

b. Treatment Services (non-MD)

Treatment Services shall consist of face-to-face services with client or collateral (except for authorized telephone consultation) and be conducted by a licensed, waived, or registered mental health professional. Rate of payment shall be as follows:

Services	2001-2002	2002-2003
Assessment (per case)	\$111.30	\$114.64

Individual Therapy (per session)	\$52.50	\$54.08
Group Therapy (per person, per session)	\$16.80	\$17.30
Family Therapy (per hour; includes all members)	\$63.00	\$64.89
Medication Assessment (per case)	111.30	114.64
Medication Management (per session)	44.10	45.42
Clinical Consultation (telephone/15 minutes)	\$10.50	\$10.82

- D. The contractor increase for FY 2000-01 in the amount of \$5,700 shall be dedicated to salaries and benefits.
- E. After the first (1<sup>st</sup>) year, a cost-of-living adjustment (COLA) may be negotiated annually for the services listed in Sections A, B, and/or C. Any COLA negotiated would be based on the Bay Area rate of inflation and available County financial resources.
- F. Budget modifications may be approved by the Director of Health Services or her Designee, subject to the maximum amount set forth in section 2.A of this agreement.”

“III. COMMUNITY CHALLENGE GRANT PROGRAM PAYMENTS

In consideration of the services described in Schedule A, Section V., community Challenge Grant Program, Contractor shall reimburse County as follows:

For the period of July 1, 2002, through June 30, 2003: \$13,396.75 per quarter, not to exceed \$53,587.”

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

1. These amendments are hereby incorporated and made a part of the Original Agreement and subject to all provisions therein.
2. All provisions of the Original Agreement, including all references to audit and fiscal management requirements unless otherwise amended hereinabove, shall be binding on all the parties hereto.
3. All provisions of the Original Agreement, including all monitoring and evaluation



requirements, shall be applicable to all amendments herein.

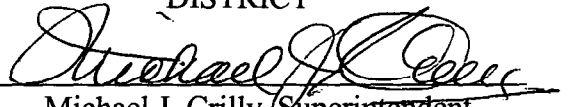
NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES that the Agreement with Jefferson Union High School District, be amended accordingly.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hand on the day and year first above written.

COUNTY OF SAN MATEO

JEFFERSON UNION HIGH SCHOOL DISTRICT

By: \_\_\_\_\_  
Jerry Hill, President  
Board of Supervisors, San Mateo County

By:   
Michael J. Crilly, Superintendent

Date: \_\_\_\_\_

Date: \_\_\_\_\_

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

Date: \_\_\_\_\_

COUNTY OF SAN MATEO  
HEALTH SERVICES ADMINISTRATION

MEMORANDUM

DATE: April 10, 2002

TO: Priscilla Morse, Risk Management/Insurance Division

FROM: Caryl Fairfull, Mental Health Services/PONY #MLH 322

CONTRACTOR: Jefferson Union High School District

DO THEY TRAVEL: No

PERCENT OF TRAVEL TIME:

NUMBER OF EMPLOYEES: Yes

DUTIES (SPECIFIC):

COVERAGE:

Comprehensive General Liability:	<u>\$1,000,000</u>
Motor Vehicle Liability:	<u>\$1,000,000</u>
Professional Liability:	<u>\$1,000,000</u>
Worker's Compensation:	<u>Yes</u>

APPROVE       WAIVE \_\_\_\_\_      MODIFY \_\_\_\_\_

REMARKS/COMMENTS:

  
SIGNATURE

Nor Cal ReLiEF

**CERTIFICATE OF COVERAGE**

ISSUE DATE 03/27/2002

**ADMINISTRATOR:** LICENSE # 0451271  
 KEENAN & ASSOCIATES  
 97 South 2nd Street, Suite 300  
 San Jose, CA 95113

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 COVERAGES AFFORDED BY THE COVERAGE DOCUMENTS BELOW.

**COVERED PARTY:**  
 SAN MATEO SCHOOLS INSURANCE GROUP  
 Jefferson Union High School District  
 699 Serramonte Blvd., Suite 100  
 Daly City, CA 94015-3219

**ENTITIES AFFORDING COVERAGE**  
 ENTITY A Northern California  
 ReLiEF

ATTN: Cheryl Sanderson

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	<b>GENERAL LIABILITY</b> <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"/>	NCR012004	06/30/01 06/30/02	\$100,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <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	NCR012004	06/30/01 06/30/02	\$100,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
A	<b>PROPERTY ALL RISK</b> EXCLUDES EARTHQUAKE & FLOOD	NCR012004	06/30/01 06/30/02	\$100,000	\$ 100,000,000 EACH OCCURRENCE
A	<b>STUDENT PROFESSIONAL LIABILITY</b>	NCR012004	06/30/01 06/30/02	\$100,000	\$ Included EACH OCCURRENCE

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL PROVISIONS:**  
 DALY CITY YOUTH HEALTH CENTER MENTAL HEALTH SERVICES AGREEMENT, AMENDED 2000  
 2003 CONTRACT.

**CERTIFICATE HOLDER:**  
 County of San Mateo/Mental  
 Health Services Division  
 225 West 37th Avenue  
 San Mateo, CA 94403

ATTN: Caryl Fairfull

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.



AUTHORIZED REPRESENTATIVE

**NORTHERN CALIFORNIA ReLIEF****ENDORSEMENT****ADDITIONAL COVERED PARTY**

COVERED PARTY	COVERAGE DOCUMENT	ADMINISTRATOR
Jefferson Union High School District	NCR012004	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:

County of San Mateo/Mental Health Services Division  
225 West 37th Avenue  
San Mateo, CA 94403

As Respects:

DALY CITY YOUTH HEALTH CENTER MENTAL HEALTH SERVICES  
AGREEMENT, AMENDED 2000 2003 CONTRACT.




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 Authorized Representative

**NORTHERN CALIFORNIA ReLIEF**

**ENDORSEMENT**

**ADDITIONAL COVERED PARTY**

COVERED PARTY	COVERAGE DOCUMENT	ADMINISTRATOR
Jefferson Union High School District	NCR012004	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:

County of San Mateo/Health Services Agency  
222 West 39th Avenue  
San Mateo, CA 94403

As Respects:

DALY CITY YOUTH HEALTH CARE CENTER AGREEMENT THROUGH JUNE 30, 2002.



Authorized Representative

**RECEIVED**  
3

Nor Cal ReLiEF

**CERTIFICATE OF COVERAGE**

ISSUE DATE 07/09/2001

**ADMINISTRATOR:** LICENSE # 0451271  
KEENAN & ASSOCIATES  
97 South 2nd Street, Suite 300  
San Jose, CA 95113

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 COVERAGES AFFORDED BY THE COVERAGE DOCUMENTS BELOW.

**COVERED PARTY:**  
SAN MATEO SCHOOLS INSURANCE GROUP  
Jefferson Union High School District  
699 Serramonte Blvd., Suite 100  
Daly City, CA 94015-3219

**ENTITIES AFFORDING COVERAGE**  
ENTITY A Northern California  
ReLiEF

ATTN: Ms. Cheryl Sanderson

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	<b>GENERAL LIABILITY</b> <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"/>	NCR012004	06/30/01 06/30/02	\$100,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <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	NCR012004	06/30/01 06/30/02	\$100,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
A	<b>PROPERTY ALL RISK</b> EXCLUDES EARTHQUAKE & FLOOD	NCR012004	06/30/01 06/30/02	\$100,000	\$ 100,000,000 EACH OCCURRENCE
A	<b>STUDENT PROFESSIONAL LIABILITY</b>	NCR012004	06/30/01 06/30/02	\$100,000	\$ Included EACH OCCURRENCE

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL PROVISIONS:**  
DALY CITY YOUTH HEALTH CARE CENTER AGREEMENT THROUGH JUNE 30, 2002.

**CERTIFICATE HOLDER:**

County of San Mateo/Health  
Services Agency  
222 West 37th Avenue  
San Mateo, CA 94403

ATTN:

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.

*[Signature]*

AUTHORIZED REPRESENTATIVE

Client#: 528

JEFFEUNI

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) 07/26/01
PRODUCER <b>Keenan &amp; Associates</b> 2355 Crenshaw Blvd, Suite 200 P. O. 4328 Torrance, CA 90510	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED <b>Jefferson Union High School District</b> 699 Serramonte Blvd., Suite 100 Daly City, CA 94015-3219 Cheryl Sanderson	INSURERS AFFORDING COVERAGE	
	INSURER A: <b>ACE USA/PACIFIC EMPLOYERS</b>	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>WLRC42843143</b>	<b>07/01/01</b>	<b>07/01/02</b>	<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
**DALY CITY YOUTH HEALTH CENTER MENTAL HEALTH SERVICES AGREEMENT, AMENDED 2000**  
**2003 CONTRACT.**

<b>CERTIFICATE HOLDER</b> County of San Mateo/Mental Health Services Division 225 West 37th Avenue San Mateo, CA 94403 Attn: Caryl Fairfull	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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# COUNTY OF SAN MATEO

## Equal Benefits Compliance Declaration Form

### I Vendor Identification

Name of Contractor: Jefferson Union High School District  
Contact Person: Barbara Raboy  
Address: 2780 Junipero Serra Blvd.  
Daly City, CA 94015  
Phone Number: (650) 991-2240 Fax Number: (650) 991-7498

### II Employees

Does the Contractor have any employees?  Yes  No

Does the Contractor provide benefits to spouses of employees?  Yes  No

**\*If the answer to one or both of the above is no, please skip to Section IV.\***

### III Equal Benefits Compliance (Check one)

- Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
- Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- No, the Contractor does not comply.
- The Contractor is under a collective bargaining agreement which began on \_\_\_\_\_ (date) and expires on \_\_\_\_\_ (date).

### IV Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 19th day of March, <sup>2002</sup>~~2001~~ at Daly City, CA  
(City) (State)

  
Signature

Michael J. Crilly  
Name (Please Print)

Superintendent  
Title

94-3083772  
Contractor Tax Identification Number