



REVIEWED  
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 LEGAL COUNSEL

**School-Based Health Center**

To date, seven (7) School Based Health Center (SBHC) service locations exist throughout Deschutes County area due to a collaborative partnership with three (3) Medical Sponsors and four (4) School Districts. These integrated clinics allow any child to receive medical and behavioral health screenings and referrals for appropriate levels of care. Other services include annual well child exams, sports physicals, vaccinations and other walk-in medical care, intensive out-patient family, individual and group therapy. Medical Sponsor/County shall not advertise the SBHC service locations as Covid19 testing areas. Covid19 testing may only be provided to current and future students as part of regular medical screenings. Parties to this Contract are outlined as follows:

**Deschutes County, Oregon - hereinafter referred to as “COUNTY”**

Deschutes County, a political subdivision of the State of Oregon, acting by and through the Deschutes County Health Services Department, Public Health Division.

**Bend-La Pine School District - hereinafter referred to as “DISTRICT”**

District, a political subdivision of the State of Oregon

**Mosaic Medical - hereinafter referred to as “MEDICAL SPONSOR”**

Medical entity, domestic nonprofit corporation and Federally-Qualified Health Center

This Contract is made and entered into by and between the above mentioned agencies collectively referred to as “Party” or “Parties” and **applies to the following School Based Health Center service locations:**

SBHC Service Location:

Location Name: Bend High School  
 Address: 230 N. 6<sup>th</sup> Street, Bend, OR 97701  
 Phone Number: 541-383-3005  
 Fax Number:  
 On-site Point of Contact:  
 On-site Point of Contact Phone:  
 On-site Point of Contact Email:  
 Service Location Hours:

## RECITALS

WHEREAS, COUNTY and DISTRICT are authorized pursuant to ORS 190.003 through 190.110 to enter into an agreement for the performance of any or all functions which either Party to the agreement has the authority to perform;

WHEREAS COUNTY and DISTRICT intend through this Contract to allow COUNTY, acting by and through its Health Services Department, Public Health Division, to operate a School-Based Health Center (SBHC) in District Name located on the school campus to provide limited health services to current and future students in DISTRICT; and

WHEREAS, in association with MEDICAL SPONSOR'S provision of health services at SBHC, MEDICAL SPONSOR requires services more specifically described herein, which COUNTY is capable of and willing to provide, under terms and conditions hereinafter described; and

WHEREAS, MEDICAL SPONSOR is able and prepared to provide such services, under terms and conditions hereinafter described; now therefore,

IN CONSIDERATION of those mutual promises and the terms and conditions set forth hereinafter, the Parties agree as follows:

### 1. **TERM**

The effective date of this Contract shall be **July 1, 2021**. Unless extended or terminated earlier in accordance with its terms, this Contract shall terminate on **June 30, 2023**. This Contract may be renewed or extended only upon written agreement of all Parties.

### 2. **SERVICES**

Parties agree to provide services and facilities, as described in Exhibit 1 of this Contract to assist in the operation of the School Based Health Center(s) to which the address and location(s) is specifically outlined on page 1 of this Contract.

### 3. **DEFINITIONS**

- A. "*Disclosure*" means the release, transfer, provision of access to, or divulging in any other manner, of PHI, outside the School Based Health Center organization, i.e., to anyone other than its employees who have a need to know or have access to the PHI.
- B. "*Electronic Protected Health Information*" or "*EPHI*" means protected health information (as defined below) that is transmitted, stored, or maintained by use of any electronic media. For purposes of this definition, "electronic media" includes, but is not limited to, memory devices in computers (hard drives); removable/transportable digital memory media (such as magnetic tape or disk, removable drive, optical disk, or digital memory card); the internet; the extranet; leased lines; dial-up lines; private networks; or e-mail.
- C. "*Protected Health Information*" or "*PHI*" means information transmitted by or maintained in any form or medium, including demographic information collected from an individual, that (a) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual; (b) individually identifies the individual or, with respect to which, there is a reasonable basis for believing that the information can be used to identify the individual; and (c) is received by either Party from or on behalf of either Party, or is created by either Party, or is made accessible to either Party by either Party.
- D. "*Secretary*" means the Secretary of the United States Department of Health and Human Services or any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.
- E. "*Services*" means School Based Health Services provided by Deschutes County Health Services staff, and health care services provided by Medical Sponsor all as part of the SBHC Program identified in this Contract.
- F. "*Use*" (whether capitalized or not and including the other forms of the word) means, with respect to PHI, the sharing, employment, application, utilization, transmission, examination, retention, or analysis of such information to, from or within either Parties' organization.



**4. PARTIES ARE INDEPENDENT**

Parties shall provide the services described in the Exhibit specifically outlined to that Party ("Medical Sponsor Exhibit", "School District Exhibit", "County Exhibit") of this Contract. Each Party shall be deemed an independent contractor(s) for all purposes and shall be entitled to no compensation unless payment is provided under that Party's Exhibit of this Contract. Parties shall each be responsible for their own employees and agents, including without limitation supervision, pay, compensation, social security taxes and state and federal taxes.

**5. INDEMNIFICATION AND INSURANCE**

To the extent permitted by Article XI, Section 10, of the Oregon Constitution and the Oregon Tort Claims Act, ORS 30.260 through 30.300, each Party shall defend, save, hold harmless and indemnify each other, their officers, employees and agents from and against all claims, suits, actions, losses, damages, liabilities, costs and expenses of any nature resulting from or arising out of, or relating to the activities of each other's or their officers, employees, contractors, or agents under this Contract. No Party shall be liable to any other Party for any incidental or consequential damages arising out of or related to this Contract. Neither Party shall be liable for any damages of any sort arising solely from the rightful termination of this Contract or any part hereof in accordance with its terms.

A. Each Party subject to this Contract at that Parties' expense shall obtain and maintain insurance of the types and amounts described herein and meeting the requirements under ADDITIONAL INSURED, "TAIL" COVERAGE, and CERTIFICATES OF INSURANCE before the Party performs under this Contract. Insurance shall be in full force throughout the duration of this Contract. The insurance must be provided by insurance companies or entities that are authorized to transact the business of insurance and issue coverage in the State of Oregon and that are acceptable to COUNTY.

COUNTY shall monitor continued compliance with the insurance requirements on an annual or more frequent basis. If a Party to this Contract is not in compliance with the insurance requirements, COUNTY may issue a stop work order (or the equivalent) until the insurance is in full force or COUNTY may, at COUNTY'S discretion, immediately terminate the Contract. **The Insurance and Indemnification requirements as outlined in this Paragraph 5 may be satisfied through the Party's program of self-insurance, as applicable.**

B. Types and Amounts: sk  
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i. WORKERS COMPENSATION. Insurance in compliance with ORS 656.017, which requires all employers that employ subject workers, as defined in ORS 656.027, to provide workers' compensation coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Worker's Compensation Insurance to cover claims made under Worker's Compensation, disability benefit or any other employee benefit laws, including statutory limits in any state of operation with coverage B Employer's Liability coverage all at the statutory limits. In the absence of statutory limits the limits of said Employers liability coverage shall not be less than \$1,000,000 each accident, disease and each employee. This insurance must be endorsed with a waiver of subrogation endorsement, waiving the insured's right of subrogation against County.

ii. PROFESSIONAL LIABILITY. Professional Liability Insurance covering any damages caused by an error, omission, or negligent act related to the services to be provided under this Contract, with limits not less than the following, as determined by COUNTY:

\$1,000,000/\$3,000,000 per occurrence for all claims arising out of a single accident (annual aggregate).

Applicable to:

MEDICAL SPONSOR     DISTRICT     COUNTY

iii. COMMERCIAL GENERAL LIABILITY. Commercial General Liability insurance covering bodily injury, death, and property damage in a form and with coverages that are satisfactory to COUNTY. This insurance shall include personal injury liability products and completed operations. Coverage shall be written on an occurrence form basis, with not less than the following amounts as determined by COUNTY:

Bodily Injury, Death and Property Damage:

\$3,000,000/\$5,000,000 per occurrence for all claims arising out of a single accident (annual aggregate).

Applicable to:

MEDICAL SPONSOR     DISTRICT     COUNTY

- iv. **AUTOMOBILE LIABILITY.** Automobile Liability insurance covering all owned non-owned and hired vehicles. This coverage may be written in combination with the Commercial General Liability Insurance (with separate limits for "Commercial General Liability" and "Automobile Liability"). Automobile Liability Insurance must be in not less than the following amounts as determined by COUNTY:

Bodily Injury, Death and Property Damage:

\$1,000,000 per occurrence (for all claimants for claims arising out of a single accident or occurrence).

Applicable to:

MEDICAL SPONSOR     DISTRICT     COUNTY

- v. **ADDITIONAL INSURED.** The Commercial General Liability insurance and Automobile Liability insurance must include **Deschutes County, District, Medical Sponsor, the State of Oregon**, their officers, employees, agents and volunteers as Additional Insureds but only with respect to the Parties' activities to be performed under this Contract. Coverage must be primary and non-contributory with any other insurance and self-insurance.
- vi. "TAIL COVERAGE". If any of the required insurance policies is on a "claims made" basis, such as professional liability insurance, the Contract shall maintain either "tail" coverage or continuous "claims made" liability coverage, provided the effective date of the continuous "claims made" coverage is on or before the effective date of this Contract, for a minimum of twenty-four (24) months following the later of: (1) the Parties' completion and COUNTY'S acceptance of all services required under this Contract or, (2) the expiration of all warranty periods provided under this Contract. Notwithstanding the foregoing twenty-four (24) month requirement, if the Party elects to maintain "tail" coverage and if the maximum time period "tail" coverage reasonably available in the marketplace is less than the twenty (24) month period described above, then Party may request and COUNTY may grant approval of the maximum "tail" coverage period reasonable available in the marketplace. If COUNTY approval is granted, Party shall maintain "tail" coverage for the maximum time period that "tail" coverage is reasonably available in the marketplace.
- vii. **Certificates of Insurance.** COUNTY shall obtain from applicable Parties as determined above, a certificate(s) of insurance for all required insurance before the Party performs under this Contract. The certificate(s) or an attached endorsement must specify: (1) all entities and individuals who are endorsed on the policy as Additional Insured and (2) for insurance on "claims made" basis, the extended reporting periods applicable to "tail" or continuous claims made coverage. Applicable Party shall immediately notify COUNTY of any change in insurance coverage.
- viii. County shall not authorize any Party to begin work under the Contract until the insurance is in full force. Thereafter, County shall monitor continued compliance with the insurance requirements on an annual or more frequent basis. County shall enforce compliance with the insurance requirements and shall take all reasonable steps to enforce such compliance. Examples of "reasonable steps" include issuing stop work orders (or the equivalent) until the insurance is in full force or terminating the Contract as permitted by the Contract provisions, or pursuing legal action to enforce the insurance requirements. In no event shall County permit a Party to work under this Contract when the County is aware that the Party is not in compliance with the insurance requirements.

## 6. **PUBLICITY**

All public statements, whether written or verbal, regarding any services rendered under this Contract shall be brought before each Party's Program Director, for review and approval prior to release to the public.

## 7. **TERMINATION**

This Contract may be terminated with or without cause by any Party upon thirty (30) days written notice, delivered by certified mail or in person to the other Parties. District may immediately suspend a SBHC service location if there is a Covid19 exposure that closes the school facility where the SBHC is located. District will subsequently notify the Medical Provider/County when the SBHC may re-open in compliance with State Covid19 guidelines. District may terminate this Agreement immediately and without notice if it is found that Medical Provider has failed to follow any regulations, orders, or guidance as provided by the CDC and federal, state, and local governments. District shall not be responsible for lost revenues or for costs incurred by Medical Provider/County due to a COVID19 related closure or suspension.



**8. NON-ASSIGNABILITY**

No Party may assign its rights or assign or subcontract its obligations hereunder without the express written consent of the other Parties.

**9. ACCESS TO RECORDS**

MEDICAL SPONSOR and COUNTY shall have access to such books, documents, papers and records of each other as are directly pertinent to this Contract for the purpose of making audit, examination, excerpts and transcripts. Release of patient protected health information shall be in accordance with HIPAA and any other applicable laws or regulations.

In accordance with ORS 179.505 and HIPAA, both MEDICAL SPONSOR and COUNTY agree to obtain an authorization for the release of information from the patient that is being considered for, or receiving services.

**10. FEDERAL REQUIREMENTS**

Each Party agrees to abide by all applicable laws, regulations and policies relating to equal employment opportunity, non-discrimination in services and affirmative action. Without limiting the generality of the foregoing, the Parties agree to comply with the following laws, regulations and executive orders to the extent they are applicable to the Contract: (i) Titles VI and VII of the Civil Rights Act of 1964, as amended; (ii) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended; (iii) the Americans with Disabilities Act of 1990, as amended and ORS 659A.112 through 659A.139; (iv) Executive Order 11246, as amended; (v) the Health Insurance Portability and Accountability Act of 1996 and HIPAA Omnibus Rule of 2013; (vi) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended; (vii) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended; (viii) ORS Chapter 659A, as amended; (ix) all regulations and administrative rules established pursuant to the foregoing laws; and (x) all other applicable requirements of federal and state civil rights and rehabilitation statutes, rules and regulations. These laws, regulations and executive orders and all regulations and administrative rules established pursuant to those laws are incorporated by reference herein to the extent that they are applicable to the Contract and required by law to be so incorporated.

**11. COMMUNICATION**

Except as otherwise expressly provided in this Contract, any communications between the Parties hereto or notices to be given hereunder shall be given in writing to Parties at the address or number set forth below. Delivery may be by personal delivery, facsimile, or mailing the same, postage prepaid. Any communication or notice by personal delivery shall be deemed delivered when actually given to the designated person or representative.

<u>To School District:</u>	<u>To County:</u>
Steve Cook, Superintendent	Nahad Sadr-Azodi, Deputy Director
Bend-La Pine School District	Deschutes County Health Services
520 NW Wall Street	2577 NE Courtney Dr.
Bend, Oregon 97703	Bend, Oregon 97701
Phone No. 541-355-1001	Phone No. 541-317-3178
Fax No. 541-355-1009	Fax No. 541-322-7565
steve.cook@bend.k12.or.us	Nahad.Sadr-Azodi@deschutes.org

<u>To Medical Sponsor:</u>	<u>To County – for Notices &amp; Terminations:</u>
Megan Haase	Grace Justice Evans, Contract Specialist
Mosaic Medical	Deschutes County Health Services
600 SW Columbia, Suite 6000	2577 NE Courtney Dr.
Bend, OR 97702	Bend, Oregon 97701
Phone No. 541-383-3005	Phone No. 541-322-7516
Fax No.	Fax No. 541-322-7565
megan.haase@mosaicmedical.org	grace.evans@deschutes.org

	<u>To County – Accounts Payable:</u>
	Accounts Payable
	Deschutes County Health Services
	2577 NE Courtney Dr.
	Bend, Oregon 97701
	Phone No. 541-322-7510
	Fax No. 541-322-7565
	_HSAccountsPayable@deschutes.org



## **12. CONFIDENTIALITY**

In connection with the performance of the Services, the Parties may receive from each other or otherwise have access to certain information that is required to be kept confidential in accordance with state and federal law, including, without limitation, the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, as may be amended from time to time (collectively, "HIPAA") and the federal Health Information Technology for Economic and Clinical Health Act (the "HITECH Act"); Each Party shall maintain confidentiality of information obtained pursuant to this Contract as follows:

- A. Shall not use, release or disclose any information concerning any employee, client, applicant or person doing business with the SBHC for any purpose not directly connected with the administration of each Parties' responsibilities under this Contract except upon written consent of each Party, and if applicable, the employee, client, applicant or person.
- B. Not disclose PHI to any third party without the other Party's prior written consent, except as required by law. Each Party shall treat all information as to personal facts and circumstances obtained on Medicaid eligible individuals as privileged communication, shall hold such information confidential, and shall not disclose such information without the written consent of the individual, his or her attorney, the responsible parent of a minor child, or the child's guardian, except as required by other terms of this Contract.
- C. Not use or disclose PHI except as permitted by law.
- D. Implement appropriate safeguards to prevent unauthorized use or disclosure of PHI. Each Party shall ensure that its agents, employees, officers and subcontractors with access to records understand and comply with this confidentiality provision. Each Party shall cooperate with each other in the adoption of policies and procedures for maintaining the privacy and security of records and for conducting transactions pursuant to HIPAA requirements.
- E. Comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of EPHI other than as provided for by this Agreement.
- F. Mitigate, as much as possible, any harmful effect of which it is aware of any use or disclosure of PHI in violation of this Agreement.
- G. Promptly report to the other Party any use or disclosure of PHI not permitted by this Agreement of which it becomes aware.
- H. Make its internal practices, books, and records (including the pertinent provisions of this Agreement) relating to the use and disclosure of PHI, available to the Secretary for the purposes of determining Party's compliance with HIPAA.
- I. Ensure that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Party agree to the same restrictions, conditions, and requirements that apply to the Party with respect to security and privacy of such information.
- J. Make PHI available to the other Party as necessary to satisfy the other Party's obligation with respect to individuals' requests for copies of their PHI, as well as make available PHI for amendments (and incorporate any amendments, if required) and accountings.
- K. Make any amendment(s) to PHI in a designated record set as directed or agreed to by the other Party pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy the other Party's obligations under 45 CFR 164.526.
- L. To the extent the a Party is to carry out one or more obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Party in the performance of such obligation(s).
- M. If a Party (a) becomes legally compelled by law, process, or order of any court or governmental agency to disclose PHI, or (b) receives a request from the Secretary to inspect a Party's books and records relating to the use and disclosure of PHI, the Party, to the extent it is not legally prohibited from so doing, shall promptly notify the other Party and cooperate with the other Party in connection with any reasonable and appropriate action the Parties deem necessary with respect to such PHI.
- N. If any part of a Party's performance of business functions involves creating, receiving, storing, maintaining, or transmitting EPHI:

- i. implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that it creates, receives, stores, maintains, or transmits on behalf of either Party, in accordance with the requirements of 45 CFR Part 160 and Part 164, Subparts A and C; and
  - ii. report to the other Party any security incident relating to the EPHI that either Party maintains.
- O. Nothing prohibits the disclosure of information in summaries, statistical information, or other form that does not identify particular individuals.
- P. This Contract may be amended in writing in the future to incorporate additional requirements related to compliance with HIPAA.

### **13. HIPAA DATA BREACH NOTIFICATION AND MITIGATION**

- A. Parties agree to implement reasonable systems for the discovery and prompt reporting of any “breach” of “unsecured PHI” as those terms are defined by 45 C.F.R. §164.402 (hereinafter a “HIPAA Breach”). The Parties acknowledge and agree that 45 C.F.R. §164.404, as described below in this Section, governs the determination of the date of a HIPAA Breach. Parties will, following the discovery of a HIPAA Breach, notify the other Party immediately and in no event later than seven (7) business days after Party discovers such HIPAA Breach, unless the Party is prevented from doing so by 45 C.F.R. §164.412 concerning law enforcement investigations.
- B. For purposes of reporting a HIPAA Breach to the other Party, the discovery of a HIPAA Breach shall occur as of the first day on which such HIPAA Breach is known to a Party or, by exercising reasonable diligence, would have been known to the Party. Parties will be considered to have had knowledge of a HIPAA Breach if the HIPAA Breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the HIPAA Breach) who is an employee, officer or other agent of the Party. No later than seven (7) business days following a HIPAA Breach, Party shall provide the other Party with sufficient information to permit the other Party to comply with the HIPAA Breach notification requirements set forth at 45 C.F.R. §164.400, *et seq.*
- C. Specifically, if the following information is known to (or can be reasonably obtained by) a Party, the Party will provide the other Party with: (i) contact information for individuals who were or who may have been impacted by the HIPAA Breach; (ii) a brief description of the circumstances of the HIPAA Breach, including its date and the date of discovery; (iii) a description of the types of unsecured PHI involved in the HIPAA Breach; (iv) a brief description of what the Party has done or is doing to investigate the HIPAA Breach, mitigate harm to the individual impacted by the HIPAA Breach, and protect against future HIPAA Breaches; and (v) a liaison (with contact information) so that the Party may conduct further investigation concerning the HIPAA Breach. Following a HIPAA Breach, the Party will have a continuing duty to inform the other Party of new information learned by Party regarding the HIPAA Breach, including but not limited to the information described herein.
- D. Data Breach Notification and Mitigation Under Other Laws. In addition to the requirements above, Parties agree to implement reasonable systems for the discovery and prompt reporting of any breach of individually identifiable information (including but not limited to PHI, and referred to hereinafter as “Individually Identifiable Information”) that, if misused, disclosed, lost or stolen, a Party believes would trigger an obligation under one or more State data breach notification laws (each a “State Breach”) to notify the individuals who are the subject of the information.
- E. Breach Indemnification. Each Party shall indemnify, defend and hold the other Party harmless from and against any and all actual losses, liabilities, damages, costs and expenses (collectively, “Information Disclosure Claims”) arising directly from (i) the Party’s the use or disclosure of Individually Identifiable Information (including PHI) in violation of the terms of this Agreement or applicable law, and (ii) the Party’s breach of any HIPAA Breach of unsecured PHI and/or any State Breach of Individually Identifiable Information.

### **14. ATTORNEYS FEES**

In the event an action, lawsuit or proceeding, including appeal there from, is brought for failure to fulfill or comply with any of the terms of this Contract, each Party shall be responsible for its own attorney fees, expenses, costs and disbursements for said action, lawsuit, proceeding or appeal. Each Party shall give the other immediate notice in writing of any action or suit filed or any claim made against that Party which may result in litigation in any way related to this Contract.



**15. NO WAIVER OF CLAIMS**

The failure by either Party to enforce any provision of this Contract shall not constitute a waiver by that Party of that provision or of any other provision or provisions of this Contract.

**16. MODIFICATION**

Any modification of the provisions of this Contract shall not be effective unless and until the modifications are reduced to writing and signed by each Party.

**17. INTEGRATION**

This Contract contains the entire Contract between the Parties and supersedes all prior and contemporaneous written or oral discussions or contracts and all prior written discussions or contracts.

**18. SB 675 (2015) REPRESENTATION AND COVENANT.**

- A. Each Party represents and warrants that the Party has complied with the tax laws of this state, and where applicable, the laws of Deschutes County, including but not limited to ORS 305.620 and ORS chapters 316, 317 and 318.
- B. Each Party covenants to continue to comply with the tax laws of this state, and where applicable, the laws of Deschutes County, during the term of this Contract.
- C. Each Party acknowledges that failure by the applicable Party to comply with the tax laws of this state, and where applicable, the laws of Deschutes County, at any time before the Party has executed the Contract or during the term of the Contract is and will be deemed a default for which Deschutes County may terminate the Contract and seek damages and/or other relief available under the terms of the Contract or under applicable law.

**19. REGULATIONS AND DUTIES.** County and Medical Sponsor shall comply, as applicable to services provided, with all applicable provisions pertaining to School Based Health Center Services (SBHC), of that certain contract, as amended, including applicable Service Descriptions attached thereto, effective July 1, 2021, between the State of Oregon acting by and through its Oregon Health Authority (OHA) and Deschutes County, OHA Agreement #169509. County and Medical Sponsor agree to comply with the rules and regulations of County, applicable provisions SBHC in the contract between County and OHA, incorporated herein by reference, as of the effective date of the Contract, applicable provisions of the Administrative Rules and Procedures of OHA, applicable Federal regulations and all provisions of Federal and State statutes, rules and regulations relating to performance of SBHC services under this Contract. Any act or duty of County, imposed upon County by OHA, which, by the nature of this Contract County determines to be within the scope of this Contract and is to be performed by the Medical Sponsor, the Medical Sponsor shall perform on behalf of County. No federal funds may be used to provide services in violation of 42 USC 14402.

**20. REQUIRED FEDERAL TERMS AND CONDITIONS**

COUNTY, DISTRICT and MEDICAL SPONSOR shall comply with the following federal requirements herein when federal funding is being used and to the extent that the requirements are applicable to the contract for services determined and agreed to by and between the Parties. For the purposes of this Contract, all references to federal and state laws are references to federal and state laws as they may be amended from time to time.

A. Miscellaneous Federal Provisions

All federal laws, regulations, and executive orders applicable to the Contract or the delivery of Work. Without limiting the generality of the foregoing, MEDICAL SPONSOR and DISTRICT expressly agrees to comply with the following laws, regulations and executive orders to the extent they are applicable to the Contract: (a) Title VI and VII of the Civil Rights Act of 1964, (b) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, (c) the Americans with Disabilities Act of 1990, as amended, (d) Executive Order 11246, as amended, (e) the Health Insurance Portability and Accountability Act of 1996 and HIPAA Omnibus Rule of 2013, (f) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended, (g) the Vietnam era Veterans' Readjustment Assistance Act of 1974, as amended, (h) all regulations and administrative rules established pursuant to the foregoing laws, (i) all other applicable federal law governing operation of Community Mental Health Programs, including without limitation, all federal laws requiring reporting of Client abuse. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Contract and required by law to be so incorporated. No federal funds may be used to provide Work in violation of 42 USC 14402.



B. Equal Employment Opportunity

If this Contract, including amendments, is for more than \$10,000, then all Parties shall comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in U.S. Department of Labor regulations (41 CFR Part 60).

C. Clean Air, Clean Water, EPA Regulations

If this Contract, including amendments, exceeds \$100,000 then all Parties shall comply with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 7606), the Federal Water Pollution Control Act as amended (commonly known as the Clean Water Act) (33 U.S.C. 1251 to 1387), specifically including, but not limited to Section 508 (33 U.S.C. 1368). Executive Order 11738, and Environmental Protection Agency regulations (2 CFR Part 1532), which prohibit the use under non-exempt Federal contract, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to OHA, HHS and the appropriate Regional Office of the Environmental Protection Agency. All Parties shall include in all contracts with subcontractors receiving more than \$100,000, language requiring the subcontractor to comply with the federal laws identified in this section.

D. Energy Efficiency

All Parties shall comply with applicable mandatory standards and policies relating to energy efficiency that are contained in the Oregon energy conservation plan issued in compliance with the Energy Policy and Conservation Act, 42 U.S.C. 6201 et seq. (Pub. L. 94-163).

E. Truth in Lobbying

By signing this Contract, the Parties certify under penalty of perjury that the following statements are true to the best of the Contractor's knowledge and belief that:

- i. No federal appropriated funds have been paid or will be paid, by or on behalf of applicable Party, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of the United States Congress, or any employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.
- ii. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of United States Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the Contractor shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- iii. This certification is a material representation of fact upon which reliance was place when this Contract was made or entered into. Submission of this certification is a prerequisite for making or entering into this Contract imposed by section 1352, Title 31 of the U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- iv. No part of any federal funds paid to MEDICAL SPONSOR, DISTRICT or Deschutes County under this Contract shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the United States Congress or any state or local legislature or legislative body, except in presentation to the United States Congress or any state or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any state or local government, except in presentation to the executive branch of any state or local government.
- v. No part of any federal funds paid to MEDICAL SPONSOR, DISTRICT or Deschutes County under this Contract shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the United States Congress or any state government, state legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local or tribal government in policymaking and administrative processes within the executive branch of that government.

- vi. Prohibitions in subsections (e) and (f) of this section shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
- vii. No part of any federal funds paid to MEDICAL SPONSOR, DISTRICT, or Deschutes County under this Contract may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive congressional communications. This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

F. Resource and Conservation and Recovery.

MEDICAL SPONSOR and DISTRICT shall comply with all mandatory standards and policies that relate to resource conservation and recovery pursuant to the Resource Conservation and Recovery Act (codified at 42 USC 6901 et. Seq.), Section 6002 of that Act (codified at 42 USC 6962) requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by the Environmental Protection Agency. Current guidelines are set forth in 40 CFR Part 247.

- G. Audits. Sub-recipients, as defined in 45 CFR 75.2, which includes, but is not limited to contractors, shall comply with applicable Code of Federal Regulations (CFR) governing expenditure of Federal funds including, but not limited to, if a sub-recipient expends \$500,000 or more in Federal funds (from all sources) in its fiscal year beginning prior to December 26, 2014, a sub-recipient shall have a single organization-wide audit conducted in accordance with the Single Audit Act. If a sub-recipient expends \$750,000 or more in federal funds (from all sources) in a fiscal year beginning on or after December 26, 2014, it shall have a single organization-wide audit conducted in accordance with the provisions of 45 CFR Part 75, Subpart F. Copies of all audits must be submitted to OHA within 30 calendar days of completion. If a sub-recipient expends less than \$500,000 in Federal funds in a fiscal year beginning prior to December 26, 2014, or less than \$750,000 in a fiscal year beginning on or after that date, it is exempt from Federal audit requirements for that year. Records must be available for review or audit by appropriate officials.

H. Debarment and Suspension.

COUNTY shall not permit any person or entity to be a party to this Contract if the person or entity is listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal Procurement or Non-procurement Programs" in accordance with Executive Orders No. 12,549 and No. 12,689, "Debarment and Suspension". (See 2 CFR Part 180). This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and county's declared ineligible under statutory authority other than Executive Order No. 12549. MEDICAL SPONSOR and COUNTY with awards that exceed the simplified acquisition threshold shall provide the required certification regarding their exclusion status and that of their principals prior to award.

I. Drug-Free Workplace

Each Party shall comply with the following provisions to maintain a drug-free workplace: (i) Each Party certifies that it will provide a drug-free workplace by publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, except as may be present in lawfully prescribed or over-the-counter medications, is prohibited in the Party's workplace or while providing services to OHA clients. Each Party's notice shall specify the actions that will be taken by the Party against its employees for violation of such prohibitions; (ii) Establish a drug-free awareness program to inform its employees about: The dangers of drug abuse in the workplace, each Party's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations; (iii) Provide each employee to be engaged in the performance of services under this Contract a copy of the statement mentioned in paragraph (i) above; (iv) Notify each employee in the statement required by paragraph (i) above that, as a condition of employment to provide services under this Contract, the employee will: abide by the terms of the statement, and notify the employee of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; (v) Notify OHA within ten (10) days after receiving notice under subparagraph (iv) above from an employee or otherwise receiving actual notice of such conviction; (vi) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted as required by Section 5154 of the Drug-Free Workplace Act of 1988; (vii) Make a good-faith effort to continue a drug-free workplace through the implementation of subparagraphs (i) through (vi) above; (viii) Each Party shall comply with subparagraphs (i) through (vii) above; (ix) No Party, nor any employee, officer, or agent of the Party may provide any service required under this Contract while under the influence of drugs. For purposes



of this provision, “under the influence” means: observed abnormal behavior or impairments in mental or physical performance leading a reasonable controlled substance, prescription or non-prescription medication that impairs the employee, officer, or agent in the performance of an essential job function or creates a direct threat to clients or to others. Examples of abnormal behavior include, but are not limited to: hallucinations, paranoia or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to: slurred speech, difficulty walking or performing job activities; (x) Violation of any provision of this subsection may result in termination of the Contract.

J. Pro-Children Act

Each Party shall comply with the Pro-Children Act of 1994 (codified at 20 USC section 6081 et. seq.).

K. Medicaid Services

Each Party shall comply with all applicable federal and state laws and regulations pertaining to the provision of Medicaid Services under the Medicaid Act, Title XIX, 42 USC Section 1396 et.seq., including without limitation:

- i. Keep such records as are necessary to fully disclose the extent of the services provided to individuals receiving Medicaid assistance and shall furnish such information to any state or federal agency responsible for administering the Medicaid program regarding any payments claimed by such person or institution for providing Medicaid Services as the state or federal agency may from time to time request. 42 USC Section 1396a(a)(27); 42 CFR 431.107(b)(1) & (2).
- ii. Comply with all disclosure requirements of 42 CFR 1002.3(a) and 42 CFR 455 Subpart (B).
- iii. Maintain written notices and procedures respecting advance directives in compliance with 42 USC Section 1396(a)(57) and (w), 42 CFR 431.107(b)(4), and 42 CFR 489 subpart I.
- iv. Certify when submitting any claim for the provision of Medicaid Services that the information submitted is true, accurate and complete. Each Party shall acknowledge the Party’s understanding that payment of the claim will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.
- v. Entities receiving \$5 million or more annually (under this Contract and any other Medicaid contract) for furnishing Medicaid health care items or services shall, as a condition of receiving such payments, adopt written fraud, waste and abuse policies and procedures and inform employees, contractors and agents about the policies and procedures in compliance with Section 6032 of the Deficit Reduction Act of 2005, 42 USC § 1396a(a)(68).

L. ADA

Parties shall comply with Title II of the Americans with Disabilities Act (ADA) of 1990 (codified at 42 U.S.C. 12131 et. seq.) in the construction, remodeling, maintenance and operation of any structures and facilities, and in the conduct of all programs, services and training associated with the delivery of Services.

M. Agency-Based Voter Registration

If applicable, Parties shall comply with the Agency-based Voter Registration sections of the National Voter Registration Act of 1993 that require voter registration opportunities to be offered where an individual may apply for or receive an application for public assistance.

N. Disclosure

- i. Parties shall comply with the provisions of 42 CFR 455.104 which requires the State Medicaid Agency to obtain the following information from any Provider of Medicaid or CHIP services, including fiscal agents of Providers and managed care entities: (1) the name and address (including the primary business address, every business location and PO Box address) of any person (individual or corporation) with an ownership or control interest in the Provider, fiscal agent or managed care entity; (2) in the case of an individual, the date of birth and Social Security Number, or, in the case of a corporation, the tax identification number of the entity, with an ownership interest in the Provider, fiscal agent or managed care entity or of any subcontractor in which the Provider, fiscal agent or managed care entity has a 5% or more interest; (3) whether the person (individual or corporation) with an ownership or control interest in the Provider, fiscal agent or managed care entity is related to another person with ownership or control interest in the Provider, fiscal agent or managed care entity as a spouse, parent, child or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the Provider, fiscal agent or managed care entity has a 5% or more interest is related to another person with ownership or control interest in the Provider, fiscal



agent or managed care entity as a spouse, parent, child or sibling; (4) the name of any other Provider, fiscal agent or managed care entity in which an owner of the Provider, fiscal agent or managed care entity has an ownership or control interest; and (5) the name, address, date of birth and Social Security Number of any managing employee of the Provider, fiscal agent or managed care entity.

- ii. Parties shall comply with the provisions of 42 CFR 455.434 which requires as a condition of enrollment as a Medicaid or CHIP Provider, to consent to criminal background checks, including fingerprinting when required to do so under state law, or by the category of the Provider based on risk of fraud, waste and abuse under federal law. As such, a Provider must disclose any person with a 5% or greater direct or indirect ownership interest in the Provider whom has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last ten (10) years.
- iii. 45 CFR 75.113 requires applicants and recipients of federal funds to disclose, in a timely manner, in writing to the United States Health and Human Services HHS (HHS) awarding agency or pass-through entity all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the HHS Office of the Inspector General at the following address:

U.S. Department of Health and Human Services  
Office of the Inspector General  
Attn: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Ave, SW  
Cohen Building, Room 5527  
Washington, DR 20201

OHA reserves the right to take such action required by law, or where OHA has discretion, it deems appropriate, based on the information received (or the failure to receive) from the Provider, fiscal agent or managed care entity.

**O. Super Circular Requirements.** 2 CFR Part 200, or the equivalent applicable provision adopted by the awarding federal agency in 2 CFR Subtitle B, including but not limited to the following:

- i. Property Standards. 2 CFR 200.313, or the equivalent applicable provision adopted by the awarding federal agency in 2 CFR Subtitle B, which generally describes the required maintenance, documentation, and allowed disposition of equipment purchased with federal funds.
- ii. Procurement Standards. When procuring goods or services (including professional consulting services), applicable state procurement regulations found in the Oregon Public Contracting Code, ORS chapters 279A, 279B and 279C or 2 CFR §§ 200.318 through 200.326, or the equivalent applicable provision adopted by the awarding federal agency in 2 CFR Subtitle B, as applicable.
- iii. Contract Provisions. The contract provisions listed in 2 CFR Part 200, Appendix II, or the equivalent applicable provision adopted by the awarding federal agency in 2 CFR Subtitle B, that are hereby incorporated into this Exhibit, are, to the extent applicable, obligations of Contractor, and Contractor shall also include these contract provisions in its contracts with non-Federal entities.

## **21. Covid19 Provisions**

- A. Communicable Diseases Including COVID-19: The novel coronavirus ("COVID-19"), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. District cannot completely mitigate the transfer of communicable diseases like COVID-19. Medical Provider/County understand there is some risk associated with using District facilities and assumes said risk. Use of District facilities includes possible exposure to and illness, injury, or death from infectious diseases including COVID-19. Medical Provider/County understand the hazards of COVID-19 and is familiar with the Centers for Disease Control Prevention ("CDC") guidelines; and federal, state, and local orders regarding COVID-19. Medical Provider/County acknowledges that it understands the circumstances regarding COVID-19 and will take all necessary precautions as provided by the CDC and federal, state, and local governments.
- B. Indemnification: In consideration for use of the District property, Medical Provider/County agree to waive and discharge any and all claims against the District and release it from liability for any claim, demand, loss of any

nature arising out of Medical Provider/County's alleged failure to follow the CDC, federal, state, or local orders regarding COVID-19. Medical Provider/County also agree to release, exonerate, discharge and Hold Harmless the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, but not including attorney fees, arising out of injuries of any kind to Medical Provider/County, or to its property, or losses of any kind which may result from or in connection with the use of the District's facility, unless caused by the negligent actions of the District or its employees or agents, or in the case of COVID-19, if caused by the District's failure to follow the CDC, federal, state, or local orders regarding COVID-19. Medical Provider/County certifies and represents that it has the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of itself and its members, employees, agents, contractors, suppliers, or guests.

- C. Insurance: Medical Provider/County understands that the District does not carry insurance for communicable diseases including Covid-19 and Medical Provider/County is financially responsible for any injuries, demands, damages, lawsuits and defense costs, arising from Medical Provider/County's activities and use of District facilities that are sustained by any communicable disease, including but not limited to, COVID-19.

**22. ENTIRE CONTRACT AND COUNTERPARTS.**

This Contract including any Exhibits and Attachments hereto, sets forth the entire understanding of the Parties, and, unless otherwise provided for herein, may not be modified except in writing signed by all Parties. This Contract shall be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same contract.

**SIGNATURE PAGE**

IN WITNESS WHEREOF, the Parties have caused this Contract to be executed by their duly appointed officers the first date written below.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2021

BOARD OF COUNTY COMMISSIONERS  
OF DESCHUTES COUNTY, OREGON

\_\_\_\_\_  
ANTHONY DeBONE, Chair

\_\_\_\_\_  
PHIL CHANG, Vice Chair

\_\_\_\_\_  
PATTI ADAIR, Commissioner

ATTEST:

\_\_\_\_\_  
Recording Secretary

**Signature:** *Sarah Key*

**Email:** sarah.key@deschutes.org

**Title:** Loss Prevention Coordinator

**Company:** Deschutes County Risk Management

**Signature:** *Steve Cook*  
Steve Cook (Aug 24, 2021 20:09 PDT)

**Email:** steve.cook@bend.k12.or.us

**Title:** Superintendent

**Company:** Bend / LaPine School District

**Signature:** *Megan Haase*  
Megan Haase (Aug 25, 2021 15:55 PDT)

**Email:** megan.haase@mosaicmedical.org

**Title:** CEO

**Company:** Mosaic Medical



## Exhibit 1 (COUNTY)

### SCOPE OF WORK

The purpose of School Based Health Centers (SBHC) is to support and achieve improved health management for students and their families, thereby decreasing the barriers of poor health to school success. Services shall be provided without regard to race, color, religion, national origin, sex, age, marital status, sexual orientation, or disability (as defined under the Americans with Disabilities Act). Contracted services must reasonably accommodate the cultural, language and other special needs of clients including, but not limited to, limited English language proficiency.

#### 1. Facility:

- A. Provide space for the SBHC which meets the Oregon State certification criteria of and expanded SBHC. Ensure that SBHC has an external entrance with available access outside school hours.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- B. Utilities and Custodial. . Medical Sponsor shall comply with all State guidelines for Covid19 for cleaning and sanitizing during its use of the SBHC service locations using their own janitorial supplies. District will empty garbage each day clinic is open, vacuum, mop and clean bathroom no less than daily. Waste disposal shall not include biologic hazardous waste (needles, blood saturated dressings, etc.).District shall pay for the cost of SBHC utilities (water, electricity and heat).

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- C. Telecommunication. Provide telephone lines and a confidential fax line. Pay the installation and monthly costs for their own telecommunications.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- D. Information Technology. Provide their own respective Internet connectivity. Provide their own information technology infrastructure and support.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- E. Joint Responsibilities: Appoint a site council comprised of representatives, a member of staff (mutually agreed upon between Parties), school parents, and community residents as volunteers to review and comment on the plans submitted by SBHC staff for operations and activities.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- F. Building Maintenance. The responsible party will provide a means for the SBHC to report maintenance issues and will respond to requests in a timely manner. The responsible party shall perform all necessary maintenance and repairs to the structure, foundation, exterior walls, roof, doors and windows, normal wear and tear, elevators, emergency lighting, flooring, HVAC, plumbing, electrical and lighting systems, and provide fire extinguishers, sidewalks, and parking area – including snow/ice removal - which are located on or serve the Premises. This work will be conducted in accordance with responsible party's normal operating procedures applicable to the facility in which the clinic is located. Snow removal at Clinic and employee entrances will be performed in accordance with snow removal procedures in place for the facility in which the clinic is located.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

2. Services:

- A. Designate staff members to serve as points of contact (POC) and to act as liaison between Parties. In addition, points of contact two (s) staff members will assist with identification and submission of SBHC grants. POC identified for all Mental Health Expansion Grant behavioral health specialty services is Jennifer Stephenson . POC identified for Base Grant funded medical sponsor and YAC services is Tom Kuhn (Base Grant) and Jessica McDonald (YAC).
- B. Provide grant writing and management services (on an in-kind basis) to develop funding for the SBHC program.
- C. Provide marketing and public relations support specific to SBHC program needs (on an in-kind basis).
- D. County's Points of Contact will provide support, supervision and leadership to the County respective SBHC program elements for which they are responsible (located in Sisters, La Pine, Redmond and Bend)
- E. County will provide staff supervision for County staff, and assign designated staff to attend clinic meetings and site team meetings. County shall be responsible for compensating County staff and liabilities arising from acts and omissions of County staff.
- F. County will ensure that assigned staff has the required credentials. County shall employ and supervise all County SBHC staff, and, in County's sole discretion, shall provide adequate staffing to ensure County's responsibilities under this Contract are fulfilled.
- G. Youth Engagement Coordinator services shall include and are limited to:
  - i. Education and outreach to schools and/or within the local community as requested by District and/or Medical Sponsor;
  - ii. Coordinate and facilitate Youth Advisory Council (YAC) according to the manner agreed upon between County and District at sites funded for YACs. The YAC is developed and managed by County;
  - iii. Assist and/or teach in District health classes or District career classes.
- H. County will provide, at County's expense, a behavioral health therapist for the SBHC location. The behavioral health therapist will provide services for a minimum of twenty (20) hours per week (excluding vacation and sick time) during the SBHC regular hours of operation, (defined as "Service Location Hours", Page 1 of this Contract). Services will include screening, assessment and treatment for behavioral health disorders, crisis intervention and prevention, education and outreach to schools for youth and families eligible for SBHC services.
- I. County retains full ownership of County owned durable equipment at the SBHC location.
- J. Coordinate and facilitate School Based Health Center Partnership Meetings.

3. Data Collection/Reporting:

- A. Medical Sponsor and County, in partnership, will meet the data collection requirements outlined in the current Oregon School-Based Health Centers Standards for Certification.
- B. County will keep the operational profile updated with County staffing.
- C. County shall be responsible for primary accounting, budgetary oversight, and fiscal report management for SBHC data, including reporting to the Oregon State SBHC program.
- D. County shall submit, in partnership with Medical Sponsor, Mental Health Expansion Grant related progress reports quarterly, as applicable to required reporting periods.

4. Consideration: Maximum Compensation represents the amount County shall pay Medical Sponsor, as applicable and the sum total shall not exceed **\$80,000** for Behavioral Health Services (FY 2022=\$40,000, FY 2023=\$40,000) and **\$82,000** for Base Grant Medical Services (FY 2022=\$41,000, FY 2023=\$41,000). Fiscal Year (FY) is July 1 to June 30.

- A. County will pay: Mosaic Medical for Behavioral Health Consultant Services, a not to exceed consideration under this Contract, which includes allowable expenses, up to **\$80,000**. Medical Sponsor may invoice County on a monthly or quarterly basis, as agreed upon between the Parties. It is understood and agreed that in the event funds are not awarded to County from the Oregon Health Authority (OHA), or if funds County actually receives from OHA is less

than anticipated, County may either immediately terminate this Contract or decrease the total compensation and reimbursement to be paid hereunder.

- i. If OHA disallows or requests repayment for any funds paid under this Contract due to Mosaic Medical's acts or omissions, Mosaic Medical shall make payment to County of the amount OHA disallows or requests repayment.
- ii. In the event that OHA determines that County or Mosaic Medical is responsible for the repayment of any funds owed to OHA by Mosaic Medical, Mosaic Medical agrees to make such payment within ten (10) days of notification by County or OHA of said determination by OHA.

B. County will invoice:

C. County shall NOT be entitled to reimbursement for travel related expenses.

D. If this maximum compensation amount is increased by amendment to this Exhibit 1 (County) of this Contract, the amendment shall be executed and fully effective before Parties perform work subject to the amendment.



## Exhibit 1 (SCHOOL DISTRICT)

### SCOPE OF WORK

The purpose of School Based Health Centers (SBHC) is to support and achieve improved health management for students and their families, thereby decreasing the barriers of poor health to school success. Services shall be provided without regard to race, color, religion, national origin, sex, age, marital status, sexual orientation, or disability (as defined under the Americans with Disabilities Act). Contracted services must reasonably accommodate the cultural, language and other special needs of clients including, but not limited to, limited English language proficiency.

School District shall: regularly attend site team meetings, refer students to SBHC; include SBHC information releases in school newsletters; assist in distributing registration packets; set up and maintain a system to keep track of students who are registered and communicate with their parents and obtain permission for students to utilize the SBHC.

#### 1. Facility:

- A. Provide space for the SBHC which meets the Oregon State certification criteria of and expanded SBHC. Ensure that SBHC has an external entrance with available access outside school hours.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- B. Utilities and Custodial. Provide In-kind donation of custodial services and janitorial supplies. Custodians will empty garbage each day clinic is open, vacuum, mop and clean bathroom no less than daily. Waste disposal shall not include biologic hazardous waste (needles, blood saturated dressings, etc.). Pay for the cost of SBHC utilities (water, electricity and heat).

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- C. Telecommunication. Provide telephone lines and a confidential fax line. Pay the installation and monthly costs for their own telecommunications.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- D. Information Technology. Provide their own respective Internet connectivity. Provide their own information technology infrastructure and support.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- E. Joint Responsibilities: Appoint a site council comprised of representatives, a member of staff (mutually agreed upon between Parties), school parents, and community residents as volunteers to review and comment on the plans submitted by SBHC staff for operations and activities.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- F. Building Maintenance. The responsible party will provide a means for the SBHC to report maintenance issues and will respond to requests in a timely manner. The responsible party shall perform all necessary maintenance and repairs to the structure, foundation, exterior walls, roof, doors and windows, normal wear and tear, elevators, emergency lighting, flooring, HVAC, plumbing, electrical and lighting systems and provide fire extinguishers, sidewalks, and parking area – including snow/ice removal - which are located on or serve the Premises. This work will be conducted in accordance with responsible party's normal operating procedures applicable to the facility in which the clinic is located. Snow removal at Clinic and employee entrances will be performed in accordance with snow removal procedures in place for the facility in which the clinic is located.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

2. Services:

- A. Provide support/referral. Staff support and referral of students as per policy and procedure outlined in the "student eligibility guidelines" per Oregon School-Based Health Centers Standards for Certification. A designated District staff person shall be named as the primary contact for administrative requests for the SBHC. District school offices will refer students to any available SBHC from all District schools, include SBHC information releases in school newsletters, and assist in distributing registration packets to students.
- B. Designate Point of Contact who will regularly attend regularly scheduled SBHC site team meetings, annual partnership meeting and support Youth Engagement Coordinator with the Youth Action Council. In event that point of contact cannot attend an SBHC meeting, a proxy will be sent in their place.
- C. Provide space and support for Youth Action Council programming and projects. The Youth Action Council may be offered in a variety of different formats (e.g. class, club, after school activity) as deemed appropriate through mutual agreement by District and County.

3. Consideration: Maximum Compensation represents the amount County shall pay District and shall not exceed \$0.

- A. District will pay: \$0
- B. District will invoice:
- C. District shall NOT be entitled to reimbursement for travel related expenses.
- D. If this maximum compensation amount is increased by amendment to this Exhibit 1 (School District) of this Contract, the amendment shall be executed and fully effective before Parties perform work subject to the amendment.

## Exhibit 1 (MEDICAL SPONSOR)

### SCOPE OF WORK

The purpose of School Based Health Centers (SBHC) is to support and achieve improved health management for students and their families, thereby decreasing the barriers of poor health to school success. Services shall be provided without regard to race, color, religion, national origin, sex, age, marital status, sexual orientation, or disability (as defined under the Americans with Disabilities Act). Contracted services must reasonably accommodate the cultural, language and other special needs of clients including, but not limited to, limited English language proficiency.

Medical Sponsor shall: Provide primary medical and behavioral health services to the children within School District through designated Medical Sponsor staff.

1. Facility:

- A. Provide space for the SBHC which meets the Oregon State certification criteria of and expanded SBHC. Ensure that SBHC has an external entrance with available access outside school hours.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- B. Utilities and Custodial. Provide In-kind donation of custodial services and janitorial supplies. Custodians will empty garbage each day clinic is open, vacuum, mop and clean bathroom no less than daily. Waste disposal shall not include biologic hazardous waste (needles, blood saturated dressings, etc.). Pay for the cost of SBHC utilities (water, electricity and heat).

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- C. Telecommunication. Provide telephone lines and a confidential fax line. Pay the installation and monthly costs for their own telecommunications.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- D. Information Technology. Provide their own respective Internet connectivity. Provide their own information technology infrastructure and support.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- E. Joint Responsibilities: Appoint a site council comprised of representatives, a member of staff (mutually agreed upon between Parties), school parents, and community residents as volunteers to review and comment on the plans submitted by SBHC staff for operations and activities.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY

- F. Building Maintenance. The responsible party will provide a means for the SBHC to report maintenance issues and will respond to requests in a timely manner. The responsible party shall perform all necessary maintenance and repairs to the structure, foundation, exterior walls, roof, doors and windows, normal wear and tear, elevators, emergency lighting, flooring, HVAC, plumbing, electrical and lighting systems, and provide fire extinguishers, sidewalks, and parking area – including snow/ice removal - which are located on or serve the Premises. This work will be conducted in accordance with responsible party's normal operating procedures applicable to the facility in which the clinic is located. Snow removal at Clinic and employee entrances will be performed in accordance with snow removal procedures in place for the facility in which the clinic is located.

**Applicable to:**

MEDICAL SPONSOR DISTRICT COUNTY



## 2. Services:

- A. Designate a Point of Contact for SBHC location(s).
- B. Designate a staff person (Manager) as primary point of contact to act as liaison between Parties. Provide SBHC staff administration, supervision for Medical Sponsor staff and designate staff to act as Clinic Coordinator, Immunization Coordinator, Privacy Official, Quality Assurance Coordinator, Laboratory Coordinator and Medical Director for the SBHC location(s).
- C. Medical Sponsor agrees to provide sick child exams and well child exams and associated treatment within the scope of practice of a primary care licensed medical provider through weekly clinics based upon the need within the SBHC as determined by Medical Sponsor's Manager in collaboration with County and District.
- D. Operate the SBHC in accordance with the current Oregon School-Based Health Centers Standards for Certification. The SBHC certification standards may be found on-line at the following link:  
<http://public.health.oregon.gov/HealthyPeopleFamilies/Youth/HealthSchool/SchoolBasedHealthCenters/Pages/certification.aspx>.
- E. Medical Sponsor staff will fully disclose to patients of SBHC location Medical Sponsor's billing practices and the partnership with County and District.
- F. Medical records will be the property of Medical Sponsor and are subject to Medical Sponsor and County's policies of confidentiality regarding medical records and health information. Medical Sponsor and County agree to share client charts for the purposes of continuity of care and compliance with SPO required data reporting.
- G. Medical Sponsor, at County's and Medical Sponsor's expense, will provide a .50 FTE behavioral health consultant to help support the behavioral health needs of the SBHC. Medical Sponsor's behavioral health consultant will provide services for a minimum of twenty (20) hours per week (excluding vacation and sick time) during SBHC regular hours of operation.
- H. Medical Sponsor shall provide behavioral health services with the ability to collect and report on mental/behavioral health encounter visits as required by the SPO.
- I. Medical Sponsor shall provide services that are culturally and linguistically appropriate to the SBHC population.
- J. Medical Sponsor will credential all licensed providers as required by the applicable Oregon State licensing boards and meet Oregon School-Based Health Centers Standards for Certification, Version 4, found at:  
<http://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/HEALTHSCHOOL/SCHOOLBASEDHEALTHCENTERS/Documents/SBHC%20Certification/SBHCstandardsforcertificationV4.pdf>.
- K. Medical Sponsor will submit claims to the applicable health plans for services provided to SBHC clients. Income from the claims submitted by Medical Sponsor will accrue to Medical Sponsor. Medical Sponsor will submit claims per Medical Sponsor's billing requirements. Medical Sponsor will provide SBHC services to clients up through age of twenty (20) regardless of ability to pay for services. Exceptions may be allowed for clients who have established care prior to the age of twenty-one (21). Medical Sponsor may attempt to collect payment on an unpaid patient account.
- L. Collaborate with County Youth Engagement Coordinator in Youth Action Council Projects.
- M. Attend SBHC Partnership Meetings.
- N. Medical Sponsor will purchase a single Oregon School Based Health Center Association for 2021-2022 and 2022-2023 membership using additional funding provided by the county (\$1,000 annually).

## 3. Data Collection/Reporting:

- A. Medical Sponsor and County, in partnership, will meet the data collection requirements outlined in the current Oregon School-Based Health Centers Standards for Certification.
- B. Medical Sponsor will keep the operational profile updated with Medical Sponsor clinic staffing and operational information.

- C. Medical Sponsor will participate in the monthly State Program Office Mental Health Expansion Grant check-in meetings, or upon request.
  - D. Medical Sponsor shall submit, in partnership with County, Mental Health Expansion Grant related progress reports (as specified by Oregon Health Authority) quarterly along with the quarterly invoice in accordance with the schedule outlined below, paragraph 4, B.
4. Consideration: Maximum Compensation represents the amount County shall pay Medical Sponsor and shall not exceed **\$80,000** for Behavioral Health Services and **\$82,000** for Base Grant Medical Services.
- A. Medical Sponsor will pay:
  - B. Medical Sponsor will invoice: Quarterly, based on the following schedule:
    - 1<sup>st</sup> Quarter - July 1 through September 30, due by October 15
    - 2<sup>nd</sup> Quarter – October 1 through December 31, due by January 15
    - 3<sup>rd</sup> Quarter – January 1 through March 31, due by April 15
    - 4<sup>th</sup> Quarter – April 1 through June 30, due by July 31
  - C. County Point of Contact will notify Medical Sponsor in advance of invoice due dates, as well as when invoices are late.
  - D. Medical Sponsor shall NOT be entitled to reimbursement for travel related expenses.
  - E. If this maximum compensation amount is increased by amendment to this Exhibit 1 (Medical Sponsor) of this Contract, the amendment shall be executed and fully effective before Parties perform work subject to the amendment.



## Exhibit 2

### REQUIRED PROVIDER CONTRACT PROVISIONS

#### Oregon Health Authority Exhibit H of 2021-2023 Intergovernmental Agreement

**General Applicability and Compliance.** Bend-La Pine School District and Mosaic Medical referenced herein as “Contractors”) shall comply with the following requirements herein to the extent that the requirements are applicable to the contract for services determined and agreed to by and between Contractors and County.

1. **Expenditure of Funds.** Contractor may expend the funds paid to Contractor under this Contract solely on the delivery of services as described in this Contract (“Services”), subject to the following limitations (in addition to any other restrictions or limitations imposed by this Contract):
  - A. Contractor may not expend on the delivery of Services any funds paid to Contractor under this Contract in excess of the amount reasonable and necessary to provide quality delivery of Services.
  - B. If this Contract requires Contractor to deliver more than one service, Contractor may not expend funds paid to Contractor under this Contract for a particular service on the delivery of any other service.
  - C. Contractor may expend funds paid to Contractor under this Contract only in accordance with federal 2 CFR Subtitle B with guidance at 2 CFR Part 200 as those regulations are applicable to define allowable costs.
2. **Records Maintenance, Access and Confidentiality.**
  - A. **Access to Records and Facilities.** County, the Oregon Health Authority, the Secretary of State’s Office of the State of Oregon, the Federal Government, and their duly authorized representatives shall have access to the books, documents, papers and records of Contractor that are directly related to this Contract, the funds paid to Contractor hereunder, or any services delivered hereunder for the purpose of making audits, examinations, excerpts, copies and transcriptions. In addition, Contractor shall permit authorized representatives of County and the Oregon Health Authority to perform site reviews of all services delivered by Contractor hereunder.
  - B. **Retention of Records.** Contractor shall retain and keep accessible all books, documents, papers, and records, that are directly related to this Contract, the funds paid to Contractor hereunder or to any services delivered hereunder, for a minimum of six (6) years, or such longer period as may be required by other provisions of this Contract or applicable law, following the termination or expiration of this Contract. If there are unresolved audit or other questions at the end of the six-year period, Contractor shall retain the records until the questions are resolved.
  - C. **Expenditure Records.** Contractor shall establish such fiscal control and fund accounting procedures as are necessary to ensure proper expenditure of and accounting for the funds paid to Contractor under this Contract. In particular, but without limiting the generality of the foregoing, Contractor shall (i) establish separate accounts for each type of service for which Contractor is paid under this Contract and (ii) document expenditures of funds paid to Contractor under this Contract for employee compensation in accordance with 2 CFR Subtitle B with guidance at 2 CFR Part 200 and, when required by LPHA, utilize time/activity studies in accounting for expenditures of funds paid to Contractor under this Contract for employee compensation. Contractor shall maintain accurate property records of non-expendable property, acquired with Federal Funds, in accordance with 2 CFR Subtitle B with guidance at 2 CFR Part 200.
  - D. **Safeguarding of Individual’s Information.** Contractor shall maintain the confidentiality of client records as required by applicable state and federal law. Without limiting the generality of the preceding sentence, Contractor shall comply with the following confidentiality laws, as applicable: ORS 433.045, 433.075, 433.008, 433.017, 433.092, 433.093, 433.098 and 42 CFR Part 2. Contractor shall create and maintain written policies and procedures related to the disclosure of client information, and shall make such policies and procedures available to County and the Oregon Health Authority for review and inspection as reasonably requested.
  - E. **Information Privacy/Security/Access.** If the services performed under this Contract requires Contractor to have access to or use of any Oregon Health Authority computer system or other Oregon Healthy Authority Information Assets or Network and Information Systems, Contractor shall comply and require its staff to which such access has been granted to comply with OAR 943-014-0300 through OAR 943-014-0320, as such rules may be revised from time to time. For purposes of this section, “Information Asset” and “Network and Information System” have the meaning set forth in OAR 943-014-0305, as such rule may be revised from time to time.

**3. Alternative Formats of Written Materials.** In connection with the delivery of services, Contractor shall make available to client, without charge, upon the client's reasonable request:

- A. All written materials related to the services provided to the client in alternate formats.
- B. All written materials related to the services provided to the client in the client's language.
- C. Oral interpretation services related to the services provided to the client in the client's language.
- D. Sign language interpretation services and telephone communications access services related to the services provided to the client.

For purposes of the foregoing, "written materials" means materials created by Contractor, in connection with the Service being provided to the requestor. The Contractor may develop its own forms and materials and with such forms and materials the Contractor shall be responsible for making them available to a client, without charge to the client in the prevalent non-English language(s) within the service area. OHA shall be responsible for making its forms and materials available, without charge to the client, in the prevalent non-English language(s) within the service area.

**4. Compliance with Law.** Contractor shall comply with all state and local laws, regulations, executive orders and ordinances applicable to the Contract or to the delivery of services hereunder. Without limiting the generality of the foregoing, Contractor expressly agrees to comply with the following laws, regulations and executive orders to the extent they are applicable to the Contract:

- A. all applicable requirements of state civil rights and rehabilitation statutes, rules and regulations;
- B. all state laws governing operation of community public health programs, including without limitation, all administrative rules adopted by the Oregon Health Authority related to community public health programs;
- C. ORS 659A.400 to 659A.409, ORS 659A.145 and all regulations and administrative rules established pursuant to those laws in the construction, remodeling, maintenance and operation of any structures and facilities, and in the conduct of all programs, services and training associated with the delivery of services under this Contract. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Contract and required by law to be so incorporated. All employers, including Contractor, that employ subject workers who provide services in the State of Oregon shall comply with ORS 656.017 and provide the required Workers' Compensation coverage, unless such employers are exempt under ORS 656.126. In addition, Contractor shall comply, as if it were County thereunder, with the federal requirements set forth in Exhibit G to the certain 2021-2023 Intergovernmental Agreement for the Financing of Public Health Services between County and the Oregon Health Authority dated as of July 1, 2021, is incorporated herein by this reference. For purposes of this Contract, all references in this Contract to federal and state laws are references to federal and state laws as they may be amended from time to time.

**5. Grievance Procedures.** If Contractor employees fifteen (15) or more employees to deliver the services under this Contract, Contractor shall establish and comply with employee grievance procedures. In accordance with 45 CFR 84.7, the employee grievance procedures must provide for resolution of allegations of discrimination in accordance with applicable state and federal laws. The employee grievance procedures must also include "due process" standards, which, at a minimum shall include:

- A. An established process and time frame for filing an employee grievance.
- B. An established hearing and appeal process.
- C. A requirement for maintaining adequate records and employee confidentiality.
- D. A description of the options available to employees for resolving disputes.

Contractor shall ensure that its employees and governing board members are familiar with the civil rights compliance responsibilities that apply to Contractor and are aware of the means by which employees may make use of the employee grievance procedures. Contractor may satisfy these requirements for ensuring that employees are aware of the means for making use of the employee grievance procedures by including a section in the Contractor employee manual that describes the Contractor employee grievance procedures, by publishing other materials designed for this purpose, or by presenting information on the employee grievance procedures at



periodic intervals in staff and board meetings.

- 6. Independent Contractor.** Unless Contractor is a State of Oregon governmental agency, Contractor agrees that it is an independent contractor and not an agent of the State of Oregon, the Oregon Health Authority or County.
- 7. Indemnification.** To the extent permitted by applicable law, Contractor shall defend (in the case of the State of Oregon and the Oregon Health Authority, subject to ORS chapter 180), save and hold harmless the State of Oregon, the Oregon Health Authority, County, and their officers, employees, and agents from and against all claims, suits, actions, losses, damages, liabilities, costs and expenses of any nature whatsoever resulting from, arising out of or relating to the operations of the Contractor, including but not limited to the activities of Contractor or its officers, employees, Providers or agents under this Contract.
- 8. Required Contractor Insurance Language.**
  - A. Contractor(s) that are not units of local government as defined in ORS 190.003 shall obtain, at Contractor's expense, and maintain in effect with respect to all occurrences taking place during the term of the contract, insurance requirements as specified in Paragraph 5 of the Contract to which this Exhibit 2 is attached.
  - B. Contractor(s) that are not units of local government as defined in ORS 190.003, shall indemnify, defend, save and hold harmless the State of Oregon and its officers, employees and agents ("Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including attorneys' fees) arising from a tort (as now or hereafter defined in ORS 30.260) caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of the officers, agents, employees or subcontractors of the contractor ("Claims"). It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by the Contractor from and against any and all Claims.
- 9. Subcontracts.** Contractor shall include sections 1 through 8, in substantially the form set forth above, in all permitted subcontracts under this Contract.

# CERTIFICATE OF COVERAGE

DATE  
7/1/2021

<b>AGENT</b> Brown & Brown Northwest 601 SW 2nd Avenue, Suite 1200 Portland, OR 97204  www.bbnw.com	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE COVERAGE DOCUMENT. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS LISTED HEREIN.</b>
<b>NAMED PARTICIPANT</b> Bend La Pine School District #1 520 NW Wall Street Bend OR 97701	<b>COMPANIES AFFORDING COVERAGE</b>  COMPANY A: Property Casualty Coverage for Education  COMPANY B: Genesis Insurance Company  COMPANY C: Lexington Insurance Company  COMPANY D:  COMPANY E:

**COVERAGES**

THIS IS TO CERTIFY THAT COVERAGE DOCUMENTS LISTED HEREIN HAVE BEEN ISSUED TO THE NAMED PARTICIPANT HEREIN FOR THE COVERAGE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED BY THE COVERAGE DOCUMENTS LISTED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH COVERAGE DOCUMENTS. AGGREGATE LIMITS WHICH ARE SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS, SUITS OR ACTIONS. THE TITLES REFERENCED UNDER TYPE OF COVERAGE ARE INSERTED SOLELY FOR CONVENIENCE OF REFERENCE AND SHALL NOT BE DEEMED IN ANY WAY TO LIMIT OR EFFECT THE PROVISIONS TO WHICH THEY RELATE.

CO LTR	TYPE OF INSURANCE	COVERAGE DOCUMENT NUMBER	EFFECTIVE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A B	<b>GENERAL LIABILITY</b>	36P60003-13	7/1/2021	7/1/2022	GENERAL AGGREGATE	\$ 20,000,000
	✓ COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$ 20,000,000
	✓ PUBLIC OFFICIALS LIABILITY					
	✓ EMPLOYMENT PRACTICES					
	✓ OCCURRENCE					
A B	<b>AUTOMOBILE LIABILITY</b>	36P60003-13	7/1/2021	7/1/2022	GENERAL AGGREGATE	\$ 20,000,000
	✓ SCHEDULED AUTOS				EACH OCCURRENCE	\$ 20,000,000
	✓ HIRED AUTOS					
	✓ NON-OWNED AUTOS					
A C	<b>AUTO PHYSICAL DAMAGE</b>	36P60003-13	7/1/2021	7/1/2022	SCHEDULED AUTOS	PER SCHEDULE
	✓ SCHEDULED AUTOS				HIRED AND NON-OWNED AUTOS	\$ 50,000
	✓ HIRED AUTOS					
	✓ NON-OWNED AUTOS					
	<b>EXCESS LIABILITY</b>				GENERAL AGGREGATE	\$
	COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$
	PUBLIC OFFICIALS LIABILITY					
	EMPLOYMENT PRACTICES					
	AUTO LIABILITY					
A C	<b>PROPERTY</b>	36P60003-13	7/1/2021	7/1/2022	Per Scheduled Property	
	Business Personal Property					

**DESCRIPTION**  
 Operations of the Named Participant throughout policy term.  
  
 PACE Educators Liability Coverage Document applies. Refer to attached.  
 Subject to policy terms, conditions and exclusions.

CERTIFICATE TYPE       EVIDENCE OF INSURANCE CERTIFICATE       ADDITIONAL PARTICIPANT CERTIFICATE

<b>CERTIFICATE HOLDER</b>  Deschutes County, its officers, agents, employees, volunteers 1340 NW Wall Street Bend OR 97701	<b>CANCELLATION</b>  SHOULD ANY OF THE COVERAGE DOCUMENTS HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE CARRIER WILL ENDEAVOR TO MAIL WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF KIND UPON REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE  <div style="text-align: right;">                       Ron Cutter                 </div>
--	---





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/17/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Brown & Brown Northwest 1160 SW Simpson Ave Ste 100 Bend OR 97702		<b>CONTACT NAME:</b> Rickie Mickle <b>PHONE (A/C, No, Ext):</b> (541) 382-1611 <b>E-MAIL ADDRESS:</b> rmickle@bbnw.com <b>FAX (A/C, No):</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Physicians Mutual Insurance Company	<b>NAIC #</b> 80578
		<b>INSURER B:</b> Allmerica Financial Benefit Insurance Company	41840
		<b>INSURER C:</b> SAIF Corporation	
		<b>INSURER D:</b> Philadelphia Indemnity Insurance Company	18058
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: CL2161790457

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y		300003553	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 5,000,000
	OTHER:						Professional Liability \$ 5,000,000
B	<b>AUTOMOBILE LIABILITY</b>	Y		AW2D271585	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							Uninsured motorist \$ 1,000,000
A	<b>UMBRELLA LIAB</b>			300003553	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE \$ 4,000,000
	DED RETENTION \$						\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A	Y	998402	09/01/2020	09/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER EXCEEDS STATUT
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Management Liability (Aggregate \$4,000,000)	Y		PHSD1642899	07/01/2021	07/01/2022	D&O Liability 2,000,000
							Employment Practices 2,000,000
							Fiduciary Liability 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Management Liability Policy NO. PHSD1642899 Aggregate, All Parts: \$4,000,000 each Policy Period.


Retention:

(A) Part 1, D&amp;O Liability: \$25,000 for each Claim under Insuring Agreement B &amp; C.

(B) Part 2, Employment Practices: \$50,000 for each Claim.

(C) Part 3, Fiduciary Liability: \$1,000 for each Claim.

**CERTIFICATE HOLDER****CANCELLATION**

Deschutes County, its officers, agents, employees and volunteers 1300 NW Wall St  Bend OR 97701	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>
	<b>AUTHORIZED REPRESENTATIVE</b> 

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AGENCY CUSTOMER ID: 00338203

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY Brown & Brown Northwest		NAMED INSURED Mosaic Medical	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25      FORM TITLE: Certificate of Liability Insurance

Certificate holder is an additional insured when required by written contract.



## ADDITIONAL COVERAGES

<b>Ref #</b>	<b>Description</b> Sexual Misconduct/Sexual Activity Aggregate	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 1,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Peer Review Liability Each CLaim	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 1,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Medical Expense Each Injured Person	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 25,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Pollution and Mold Liability Aggregate	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 500,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Damage to Premises Rented	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 1,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Disciplinary Proceeding Defense Reim. Agg.	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 100,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Professional Liability Per Claim	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 1,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Pollution & Mold Liability Each Claim	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 500,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Peer Review Aggregate	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 5,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Damage to Patient Property	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 25,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b> Dollars	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> General Liability - Each Incident	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 1,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>

## ADDITIONAL COVERAGES

<b>Ref #</b>	<b>Description</b> General Liability Aggregate	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 5,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Employee Benefit Liability Each Incident	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 1,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Employee Benefits Aggregate	<b>Coverage Code</b> EBAGG	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 5,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Disciplinary Proceeding Each Investigation	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 50,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Limited Coverage For Sexual Misconduct	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 500,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> PIP-Basic	<b>Coverage Code</b> PIP	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Excess Medical Professional	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 4,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Excess GL & EBL	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 4,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Waiver of Subrogation	<b>Coverage Code</b> WVSUB	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b> \$660.09
<b>Ref #</b>	<b>Description</b> TERRIOSM COV	<b>Coverage Code</b> TEROR	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b> \$1,138.08
<b>Ref #</b>	<b>Description</b> Experience Mod Factor 1	<b>Coverage Code</b> EXP01	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b> -\$18,741.94



**Healthcare Facility Professional And General Liability Insurance Policy  
ADDITIONAL INSURED - DESIGNATED ORGANIZATION ENDORSEMENT**

As of the endorsement effective date until the endorsement expiration date, the designated organization shown below is an **additional insured** under this policy on a shared limits basis under the coverage part(s) designated below.

<u>ORGANIZATION NAME:</u>	<u>ENDORSEMENT EFFECTIVE DATE</u>	<u>ENDORSEMENT EXPIRATION DATE</u>	<u>PREMIUM</u>	<u>COVERAGE PART(S)</u>
Deschutes County, its officers, agents, employees and volunteers	7/1/2021	7/1/2022	N/A	D

With respect to the insurance afforded to the **additional insured**, this Policy is amended as follows:

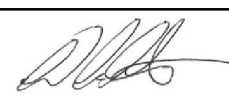
Section V. EXCLUSIONS, subparagraphs E.13.a., E.13.b. and E.13.f. are deleted and replaced as follows:

E. Exclusions Applicable to Coverage D

\*\*\*

13. liability for **property damage** to:
- a. property owned or occupied by or rented or loaned to the **named insured**. However, this exclusion does not apply to **property damage** to equipment leased to the **named insured** by the **additional insured**;

Page 1 of 3

<b>Named Insured's Name &amp; Address:</b>  Mosaic Medical 600 SW Columbia Ste 6150 Bend, OR 97702	<b>Policy Number</b>	300003553
	<b>Effective Date &amp; Expiration Date</b>	07/01/21 - 07/01/22
	<b>Endorsement Effective Date</b>	July 1, 2021
<b>Authorized Signature:</b>		

This endorsement is subject to the declarations, conditions, exclusions and all other terms of the policy indicated above which are not inconsistent with this endorsement and forms a part of that policy when signed by an authorized representative of the company.

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Healthcare Facility Professional And General Liability Insurance Policy  
ADDITIONAL INSURED - DESIGNATED ORGANIZATION ENDORSEMENT

- b. premises sold, given away or abandoned by the **named insured** or premises rented to the **named insured** by the **additional insured** and vacated by the **named insured** prior to the expiration of the lease term if the **property damage** arises out of any part of those premises, or to liability arising from such premises or any part thereof;

\*\*\*

- f. Exclusion V.E.13. does not apply to liability of the **named insured** for **property damage** to premises rented to and occupied by the **named insured** caused by:
- (1) fire or explosion;
  - (2) the discharge, leakage or overflow of water or steam from plumbing, heating, refrigerating or air conditioning systems; or
  - (3) rain admitted directly to the building interior through open or defective doors, windows, skylights, transoms or ventilators.

Payments made for liability within the scope of this subparagraph E.13.f. shall not exceed \$1,000,000 in the aggregate for all **claims** reported within the **policy period** and are included in and attributable to the aggregate Limit of Insurance described in Section VIII of this Policy.

With respect to the insurance afforded to this **additional insured**, the following is added to Section VIII.  
LIMITS OF INSURANCE:

The most the Company will pay on behalf of the **additional insured** is the amount of insurance:

1. required by the contract or agreement with the **insured**; or
  2. available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

*This endorsement shall not increase or decrease the applicable Limits of Insurance shown in the Declarations.*



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Healthcare Facility Professional And General Liability Insurance Policy  
ADDITIONAL INSURED - DESIGNATED ORGANIZATION ENDORSEMENT

In addition, and only where designated as such above, the following **SPECIAL CONDITIONS** apply:

Waiver of Subrogation: If the **additional insured(s)** designated in the Schedule above includes a waiver of subrogation, the following is added to Section IX.D:

We waive any right of recovery we may have against the **additional insured** described above because of payments we make under this Policy under Coverages A, D, and/or G as described above, to the extent required under a written contract with that person or organization. The waiver applies only to the **additional insured** described above.

Primary Non-Contributory: If the **additional insured(s)** designated in the Schedule above includes primary non-contributory coverage, the following is added to Section IX.E.1:

If other insurance is available to the **additional insured** described above for a loss we cover under this Policy, this insurance will apply to such loss on a primary basis and we will not seek contribution from the other insurance available to the **additional insured**.

## DESCHUTES COUNTY DOCUMENT SUMMARY

(NOTE: This form is required to be submitted with ALL contracts and other agreements, regardless of whether the document is to be on a Board agenda or can be signed by the County Administrator or Department Director. If the document is to be on a Board agenda, the Agenda Request Form is also required. If this form is not included with the document, the document will be returned to the Department. Please submit documents to the Board Secretary for tracking purposes, and not directly to Legal Counsel, the County Administrator or the Commissioners. In addition to submitting this form with your documents, please submit this form electronically to the Board Secretary.)

Please complete all sections **above** the Official Review line.

**Date:**

**Department:**

**Contractor/Supplier/Consultant Name:**

**Public Health Contact:**       **Behavioral Health Contact:**

**Type of Document:**      Bend High School Based Health Center Agreement

**Goods and/or Services:** Mosaic Medical will act as Medical Sponsor for the Bend High School, School Based Health Center. The purpose of the School Based Health Center is to support and achieve improved health management for students and their families, thereby decreasing the barriers of poor health to school success.

**Background & History:** Mosaic Medical is an Oregon nonprofit organization that operates a Federally Qualified Health Center, which provides physical health services to predominantly uninsured or medically underserved populations in Deschutes County.

Bend-La Pine School District ensures a rigorous and relevant education that develops productive citizens for a local and global community.

The Deschutes County School Based Health Centers (SBHC) provide affordable, convenient health care and health education to children and their parents/guardians who live in the Bend/La Pine, Redmond, or Sisters school districts. The SBHCs seek to support and achieve improved health management for students and their families. Mosaic Medical will provide well child exams and sick child exams within the scope of practice of a pediatric nurse practitioner or family nurse practitioner and they will submit claims to the applicable health plans. Mosaic Medical will provide Behavioral Health Consultant Services to help support the needs of the SBHC.

Maximum Compensation represents the amount County shall pay Medical Sponsor as applicable and the sum total shall not exceed **\$80,000** for Behavioral Health Services (FY 2022=\$40,000, FY 2023=\$40,000) and **\$82,000** for Base Grant Medical Services (FY 2022=\$40,000, FY 2023=\$40,000). Fiscal Year (FY) is July 1 to June 30.

**Agreement Start Date:**

**Agreement End Date:**

**Annual Value or Total Payment:**

Insurance Certificate Received (check box)

Insurance Expiration Date:

Check all that apply:

- RFP, Solicitation or Bid Process
- Informal quotes (<\$150K)
- Exempt from RFP, Solicitation or Bid Process (specify – see DCC §2.37) 2.37.050, Paragraph M

Funding Source:

Pass Through  Other: \_\_\_\_\_ Project Code  HSPREVENT – HS34401G; HSINTYOUTH –HS34402G

Included in current budget?  Yes  No  
If **No**, has budget amendment been submitted?  Yes  N/A

Is this a Grant Agreement providing revenue to the County?  Yes  No

Special conditions attached to this grant:

Deadlines for reporting to the grantor:

If a new FTE will be hired with grant funds, confirm that Personnel has been notified that it is a grant-funded position so that this will be noted in the offer letter:  Yes  No

Contact information for the person responsible for grant compliance: Name:   
Phone #:

Departmental Contact and Title: Tom Kuhn, Public Health Program Manager  
Shannon Brister-Raugust, Behavioral Health Program Manager

Deputy Director:

Signature: Holly Harris  
Holly Harris (Aug 20, 2021 08:23 PDT)  
Email: holly.harris@deschutes.org  
Title: Acting Deputy Director  
Company: Deschutes County

Deputy Director:

Signature: nahad sadr-azodi  
nahad sadr-azodi (Aug 21, 2021 16:51 PDT)  
Email: nahad.sadr-azodi@deschutes.org  
Title: Director of PH  
Company: DCHS

Department Director Approval:

Signature: George A Conway  
George A Conway (Aug 23, 2021 12:14 PDT)  
Email: george.conway@deschutes.org  
Title: Director  
Company: DCHS

Distribution of Document: Grace Justice Evans, Deschutes County Health Services.

Official Review:

County Signature Required (check one):  BOCC  Department Director (if <\$50K)  
 Administrator (if >\$50K but <\$150K; if >\$150K, BOCC Order No.)

Legal Review \_\_\_\_\_ Date \_\_\_\_\_

Document Number 2021-600



## Grace Evans

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**From:** Amy Heverly  
**Sent:** Monday, August 16, 2021 11:11 AM  
**To:** Grace Evans  
**Subject:** Re: Bend-La Pine School District - Bend High SBHC Renewal

Approved for legal sufficiency.

Thanks,

Amy

Amy Heverly  
Assistant Legal Counsel  
Deschutes County

On Aug 13, 2021, at 3:51 PM, Grace Evans <Grace.Evans@deschutes.org> wrote:

<image003.gif>  
Hi Amy,

The attached draft is for **Bend High SBHC**. This is a renewal. The main change is we've decided to write a two-year contract instead of a one-year to align with OHA agreement.

Do you approve this contract for legal sufficiency?

<image004.png>

<TEMPLATE SBHC - 2021 - (Bend High) - DRAFT 1.docx>



## APPROVAL MEMO

REFERENCE: Contract No. 2021-600

Director/Deputy Director:

I confirm that I've read this document in its entirety, that we can accept/accomplish the Statement of Work and that signing this document is recommended. The Document Summary has been reviewed and approved. This is my consent for document signature.

Sincerely,

**Signature:** *Tom Kuhn*  
Tom Kuhn (Aug 18, 2021 21:39 PDT)  
**Email:** thomas.kuhn@deschutes.org  
**Title:** Manager  
**Company:** Deschutes County

Administrative Notice of Execution:

**Signature:**  
**Email:** grace.evans@deschutes.org  
**Title:**  
**Company:**