

**AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND SEQUOIA UNION HIGH SCHOOL
DISTRICT**

THIS AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 20_____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and SEQUOIA UNION HIGH SCHOOL DISCTRICT, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement on October 10, 2018, for alcohol and other drug prevention services, in the amount of \$99,400, for the term July 1, 2018 through December 31, 2018; and

WHEREAS, on March 12, 2019, your Board approved an amendment to the agreement, extending the term of the agreement through June 30, 2020, and increasing the amount of the agreement by \$156,600 to \$256,000; and

WHEREAS, the parties wish to amend the Agreement to adjust prevention activities in FY 2019-20, add prevention activities in FY 2020-21, extend the term of the agreement through June 30, 2021, and increase the amount of the agreement by \$118,859 to \$374,859.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section 3. Payments of the agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit "A2," County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "B2." The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Agreement exceed THREE HUNDRED SEVENTY-FOUR THOUSAND EIGHT HUNDRED FIFTY-NINE DOLLARS (\$374,859).

2. Section 5. Term and Termination of the agreement is amended to read as follows:

Subject to compliance with all terms and conditions, the term of this Agreement shall be from July 1, 2018 through June 30, 2021.

- A. This Agreement may be terminated by Contractor, San Mateo County Health Chief, or designee at any time without a requirement of good cause upon thirty (30) days written notice to the other party (the "Notice of Termination"). The Notice of Termination shall include the effective date of the notice, a description of the action being taken by the County, including the extent of services terminated, the reason for such action, and any conditions of the termination.
- B. In the event of termination, all finished or unfinished documents, data, studies, maps, photographs, reports, and materials (hereafter referred to as materials) prepared by Contractor under this Agreement shall become the property of County and shall be promptly delivered to County. Upon termination, Contractor may make and retain a copy of such materials. Subject to availability of funding, Contractor shall be entitled to receive payment for work/services provided prior to termination of the Agreement. Such payment shall be that portion of the full payment, which is determined by comparing the work/services completed to the work/services required by the Agreement.
- C. Termination for Cause. The grounds for termination of this Agreement for cause shall include, but are not limited to, the following:
 1. Threat against life, health or safety of the public (see exemption from notice requirement, above);
 2. A violation of the law or failure to comply with any condition of this Agreement;
 3. Inadequate performance or failure to make progress so as to obstruct or undermine implementation of this Agreement;
 4. Failure to comply with reporting requirements;
 5. Evidence that Contractor is in an unsatisfactory financial condition determined by an audit by County or evidence of a financial condition that obstructs or undermines performance of this Agreement and/or results in the loss of other funding sources;
 6. Delinquency in payment of taxes or payment of costs for performance of this Agreement in the ordinary course of business;

7. Appointment of a trustee, receiver, or liquidator for all or substantial part of Contractor's property, or institution of bankruptcy reorganization or the arrangement of liquidation proceedings by or against the Contractor;
8. Service of any writ of attachment, levy or execution, or commencement of garnishment proceedings against Contractor's assets or income;
9. The commission of an act of bankruptcy;
10. Finding of debarment or suspension;
11. Contractor's organizational structure has materially changed; and
12. County determines that Contractor may be considered a "high risk" agency as described in 45 CFR § 92.12 for local government and 45 CFR § 74.14 for non-profit organizations. If such a determination is made, the Contractor maybe subject to special conditions or restrictions.

Upon breach or default of any of the provisions, obligations, or duties embodied in this Agreement by Contractor, County shall retain the right to exercise any administrative, contractual, equitable, or legal remedies available without limitation. A waiver by County of any occurrence of breach or default is not a waiver of subsequent occurrences and shall be limited to that particular occurrence.

2. Exhibit A1 is hereby deleted and replaced with Exhibit A2 attached hereto.
3. Exhibit B1 is hereby deleted and replaced with Exhibit B2 attached hereto.
4. All other terms and conditions of the agreement dated October 10, 2018, between the County and Contractor shall remain in full force and effect.

*** SIGNATURE PAGE TO FOLLOW ***

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

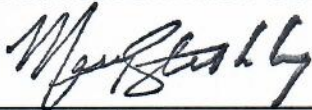
By: _____
President, Board of Supervisors
San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

SEQUOIA UNION HIGH SCHOOL DISTRICT



Contractor's Signature

Date: 4/10/2020

EXHIBIT A2 – SERVICES
SEQUOIA UNION HIGH SCHOOL DISTRICT
FY 2018 – 2021

In consideration of the payments set forth in Exhibit B2, Contractor shall provide the following services:

I. DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

Behavioral Health and Recovery Services (BHRS) provides a continuum of comprehensive services to meet the complex needs of our clients and is designed to promote healthy behavior and lifestyles (a primary driver of positive health outcomes). A full range of high quality services is necessary to meet the varied needs of the diverse population residing in San Mateo County. As financing, program structure and redesign changes occur, the services within this agreement may fluctuate or be further clarified.

A. Prevention Education and Collaboration

Contractor is responsible for participating in county-wide efforts to reduce the impact of alcohol and other drugs through prevention education, collaboration with partners (residents, community organizations, government, health providers, law enforcement, businesses, faith leaders, etc.). Contractor shall advocate for policies and/or research of policies, and continued capacity building through professional development.

Contractor shall provide prevention activities for the following topics: alcohol, marijuana, opioids, and overarching prevention efforts. Each topic shall include one (1) or more of the following: community education, merchant education, media, policy advocacy, parent engagement, youth leadership engagement, and social determinants of health.

1. Marijuana Prevention

a. Community Education

- i. Attend national, state, regional, and local conferences/trainings to learn evidence-based best practices for marijuana community education.
- ii. Work with community partners to update education curricula developed for priority communities (youth, Spanish-language, Pacific Islander communities, etc.).
- iii. Conduct outreach to at least thirty (30) organizations/groups including but not limited to PTAs, Board of Education, neighborhood associations, youth leadership groups, student body associations, Boys and Girls Clubs, churches, CBOs, and YMCA to

conduct education presentation. Outreach can be for any AOD prevention-related presentation.

- iv. Provide six (6) Marijuana Presentations
- b. Media
 - i. Implement media education campaign to complement community education messages. Ensure media reaches different regional, race/ethnicity, age groups in San Mateo County.
- c. Policy Advocacy
 - i. Research policy advocacy initiatives implemented in states and local jurisdictions to minimize the impact of marijuana.
 - ii. Meet with at least ten (10) local policy makers to educate about the impacts of marijuana and to gauge interest in considering policy options.
 - iii. Provide to coalition members about policy advocacy strategies to minimize the impact of marijuana.
 - iv. Coordinate community input into local policy processes.
- d. Innovations in Marijuana Prevention
 - i. Conduct research into different opportunities for community members to access marijuana (medical, retail, online sites/apps).
 - ii. Recruit colleagues from the state and other jurisdictions as appropriate to form a workgroup to explore opportunities to limit youth access to marijuana through these innovation platforms.

2. Alcohol Prevention

- a. Community Education
 - i. Attend national, state, regional, and local conferences/trainings to learn evidence-based best practices for alcohol community education.
 - ii. Work with community partners to update education curricula developed for priority communities (youth, Spanish-language, Pacific Islander communities, etc.).
 - ii. Provide four (4) alcohol presentations.
- b. Merchant Education
 - i. Develop or adapt existing alcohol sting survey protocol to assess youth access to alcohol.

- ii. Partner with law enforcement agencies to conduct youth access sting surveys in at least one (1) community.
- iii. Develop or adapt education materials to needs of local jurisdictions.
- iv. Meet with Better Business Bureau(s), chambers of commerce, business organizations, etc., to strategize best methods to conduct education of retail establishments.
- v. Develop merchant education packets related to legal requirements and public health perspectives on alcohol use, especially among youth.

3. Opioids Prevention

a. Community Education

- i. Attend national, state, regional and local conferences/trainings to learn evidence-based best practices for prescription drug/opioid abuse and safe medication disposal community education.
- ii. Create and adapt as needed a 1-hour template of community education curriculum to educate the community about opioids.
- iii. Work with community partners to update education curricula developed for priority communities (youth, Spanish-language, Pacific Islander communities, etc.).
- iv. Provide two (2) opioids education presentations
- v. Identify potential kiosk locations (such as pharmacies and police departments).
- vi. Conduct one-on-one educational meetings with potential kiosk locations to gauge interest in hosting a kiosk.
- vii. Connect interested locations with Environmental Health to discuss next steps for kiosk installation.

4. Overarching Prevention Activities

a. Parent Engagement

- i. Each parent in the program will engage in an AOD-prevention-related activity to demonstrate the knowledge and skills they gained from the program.

b. Youth Leadership Engagement

- i. Engage at least ten (10) youth in a youth leadership engagement program. Conduct at least five (5) meetings with program participants to provide them with the knowledge and skills to address alcohol and

- other drugs and implement AOD prevention program planning.
 - ii. Youth in the program will engage in an AOD-prevention-related activity that demonstrates the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc.
 - c. Social Determinants of Health
 - i. Develop a report to justify addressing at least one (1) social determinants of health (SDOH) in your community.
 - ii. Attend at least one (1) training on the SDOH and its connection to AOD issues.
 - iii. Attend community meetings to build your organization's capacity to address the SDOH.
 - iv. Engage community members in addressing the SDOH.
 - v. Advocate for community and/or policy makers to address the SDOH in order to minimize AOD use in your community.
- 5. Contractor shall complete monthly and annual deliverables as described in Attachment A2.

II. ADMINISTRATIVE REQUIREMENTS

A. Quality Management and Compliance

1. Critical Incident Reporting

Contractor is required to submit Critical Incident reports to BHRS Quality Management (via fax # 650-525-1762) when there are unusual events, accidents, errors, violence or significant injuries requiring medical treatment for clients, staff or members of the community. (Policy #93-11 and 45 C.F.R. § 164, subpart C, in compliance with 45 C.F.R. § 164.316.)

The incident reports are confidential however discussion may occur with the Contractor regarding future prevention efforts to reduce the likelihood of recurrence. Contractor is required to participate in all activities related to the resolution of critical incidents.

2. Ineligible Employees

Behavioral Health and Recovery Services (BHRS) requires that contractors comply with Federal requirements as outlined in 42 CFR

(438.608) Managed Care Regulations. Contractors must identify the eligibility of employees, interns, or volunteers prior to hiring and on a monthly basis thereafter. Results of the eligibility screenings are to be maintained in the employee files. This process is meant to ensure that any person delivering services to clients of BHRS are not currently excluded, suspended, debarred or have been convicted of a criminal offense as described below. The Contractor must notify BHRS Quality Management (by completing the BHRS Critical Incident Reporting Form, Policy#93-11) should a current employee, intern, or volunteer be identified as ineligible. Contractors are required to screen for ineligible employees, interns, and volunteers by following procedures included in BHRS Policy # 04-01, which can be found online at: <http://www.smchealth.org/bhrs-policies/compliance-policy-funded-services-provided-contracted-organizational-providers-04-01>. BHRS Quality Management must be notified within twenty-four (24) hours of any violations. Contractor must notify BHRS Quality Management if an employee's license is not current or is not in good standing and must submit a plan to correct to address the matter.

a. Credentialing Check – Initial

During the initial contract process, BHRS will send a packet of contract documents that are to be completed by the Contractor and returned to BHRS. Attachment F – Agency/Group Credentialing Information will be included in the contract packet. Contractor must complete Attachment F and return it along with all other contract forms.

b. Credentialing Check – Monthly

Contractor will complete Attachment F – Agency/Group Credentialing Information each month and submit the completed form to BHRS Quality Management via email at: HS_BHRS_QM@smcgov.org or via a secure electronic format.

3. Fingerprint Compliance

Contractor certifies that its employees, trainees, and/or its subcontractors, assignees, volunteers, and any other persons who provide services under this agreement, who have direct contact with any client will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of individuals with whom the Contractor's employees, trainees and/or its subcontractors, assignees, or volunteers have contact. Contractor shall have a screening process in place to ensure that employees who have positive fingerprints shall:

1. Adhere to CCR Title 9 Section 13060 (Code of Conduct) when providing services to individuals with whom they have contact as a part of their employment with the contractor; OR
2. Obtain an exemption from Community Care Licensing allowing the employee to provide services to individuals with whom they have contact as a part of their employment with the contractor.

B. Cultural Competency

Implementations of these guidelines are based on the National Culturally and Linguistically Accessible Services (CLAS) Standards issued by the Department of Health and Human Services. For more information about these standards, please contact the Health Equity Initiatives Manager (HEIM) at ode@smcgov.org.

1. Contractor will submit an annual cultural competence plan that details on-going and future efforts to address the diverse needs of clients, families and the workforce. This plan will be submitted to the BHRS Analyst/Program Manager and the Health Equity Initiatives Manager (HEIM) by September 30th of the fiscal year.

The annual cultural competence plan will include, but is not limited to the following:

- a. Implementation of policies and practices that are related to promoting diversity and cultural competence, such as ongoing organizational assessments on disparities and needs, client's rights to receive language assistance.
- b. Contractor forum for discussing relevant and appropriate cultural competence-related issues (such as a cultural competence committee, grievance, or conflict resolution committee).
- c. Ongoing collection of client cultural demographic information, including race, ethnicity, primary language, gender and sexual orientation in health records to improve service provision and help in planning and implementing CLAS standards.
- d. Staffing objectives that reflect the cultural and linguistic diversity of the clients. (Contractor will recruit, hire and retain clinical staff members who can provide services in a culturally and linguistically appropriate manner.)

- e. Contractor will ensure that all program staff receive at least 8 hours of external training per year (i.e. sponsored by BHRS or other agencies) on how to provide culturally and linguistically appropriate services including the CLAS and use of interpreters.
2. Contractor will actively participate in at least one cultural competence effort within BHRS and/or to send a representative to attend the Cultural Competence Council (CCC) for the term of the Agreement. Participation in the CCC allows for the dissemination of CLAS as well as ongoing collaborations with diverse stakeholders. Contractor shall submit to BHRS Office of Diversity and Equity (ODE) by March 31st, a list of staff who have participated in these efforts. For more information about the CCC, and other cultural competence efforts within BHRS, contact HEIM.
3. Contractor will establish the appropriate infrastructure to provide services in County identified threshold languages. Currently the threshold languages are: Spanish, Tagalog and Chinese (Mandarin and Cantonese). If Contractor is unable to provide services in those languages, Contractor is expected to contact Access Call Center or their BHRS Analyst/Program Manager for consultation. If additional language resources are needed, please contact HEIM.
4. Contractor will translate relevant and appropriate behavioral health-related materials (such as forms, signage, etc.) in County identified threshold languages in a culturally and linguistically appropriate manner. BHRS strongly encourages its contractors to use BHRS-sponsored forms in an effort to create uniformity within the system of care. Contractor shall submit to HEIM by March 31st, copies of Contractor's health-related materials in English and as translated.
5. Should Contractor be unable to comply with the cultural competence requirements, Contractor will meet with the BHRS Analyst/Program Manager and HEIM at ode@smcgov.org to plan for appropriate technical assistance.

III. GOALS AND OBJECTIVES

Contractor shall ensure that the following outcome objectives are pursued throughout the term of this Agreement:

Prevention Education and Collaboration

Goal: Increase training attendees knowledge of alcohol and other drug health impacts.

Objective: Eighty-four percent (84%) of training evaluations will show an increase in knowledge on the health impacts of alcohol, tobacco, and other drugs.

*** END OF EXHIBIT A2 ***

EXHIBIT B2 – RATES AND PAYMENTS
SEQUOIA UNION HIGH SCHOOL DISTRICT
FY 2018 – 2021

In full consideration of the services provided by Contractor under this Agreement and subject to the provisions of Paragraph 3 of this Agreement, County shall pay Contractor in the manner described below:

I. PAYMENTS

A. Maximum Obligation

The maximum amount that County shall be obligated to pay for all services provided under this Agreement shall not exceed the amount stated in Paragraph 3 of this Agreement. Furthermore, County shall not pay or be obligated to pay more than the amounts listed below for each component of service required under this Agreement.

In any event, the maximum amount County shall be obligated to pay for all services rendered under this contract shall not exceed THREE HUNDRED SEVENTY-FOUR THOUSAND EIGHT HUNDRED FIFTY-NINE DOLLARS (\$374,859).

B. Prevention Education and Collaboration

Contractor shall be paid a total of THREE HUNDRED SEVENTY-FOUR THOUSAND EIGHT HUNDRED FIFTY-NINE DOLLARS (\$374,859). Contractor shall be reimbursed based upon completion of activities as described in Attachment B2 – Deliverables Payment.

1. Performance Requirements

Contractor will invoice for completed activities based on Price per Event costs outlined in Attachment B2 – Deliverables Payment. Adequate supporting documents will be submitted as stipulated in the Documents column of Attachment A2 – Deliverable Options. County and Contractor agree, in the event that Contractor fails to complete the deliverables as described in Attachment B2 – Deliverables Payment to the satisfaction of the County, Contractor shall invoice monthly for deliverables completed during the previous month.

2. Funding is contingent upon availability of funds for AOD prevention and upon Contractor's satisfactory progress on the contracted service deliverables as described in the approved Work Plan.

- a. Contractor will provide the deliverables described in the approved Work Plan in the Major Activities column, and by the date listed in the Completion Date column.
 - b. Contractor will review the Major Activities/deliverables completed in the Work Plan with the BHRS AOD Analyst on a quarterly basis. Any incomplete Major Activities may result in a corrective action plan, or may result in the delay or withholding of future payments
 - c. If it is determined that the Contractor has not met the Major Activities deliverables by the required Completion Dates, County may issue a corrective action plan for unmet deliverables. Failure to adhere to the corrective action plan may result in the delay or withholding of future payments, or Contractor reimbursing the County for the contract value of any and all unmet Major Activity deliverables.
- C. Contractor will be responsible for all expenses incurred during the performance of services rendered under this Agreement.
- D. Modifications to the allocations in Paragraph A of this Exhibit B2 may be approved by the Chief of San Mateo County Health or designee, subject to the maximum amount set forth in Paragraph 3 of this Agreement.
- E. In the event that funds provided under this Agreement are expended prior to the end of the contract period, Contractor shall provide ongoing services under the terms of this Agreement through the end of the contract period without further payment from County.
- F. In the event this Agreement is terminated prior to June 30, 2021, Contractor shall be paid on a prorated basis for only that portion of the contract term during which Contractor provided services pursuant to this Agreement. Such billing shall be subject to the approval of the Chief of San Mateo County Health or designee.
- G. Monthly Invoice and Payment

Contractor shall invoice the County on or before the tenth (10th) working day of each month prior to the service month. Payment by County to Contractor shall be monthly. Invoices that are received after the tenth (10th) working day of the month are considered to be late submissions and may be subject to a delay in payment. County reserves the right to deny payment of invoices if Contractor does not meet contract deliverables including CalOMS Pv data submission requirements. Invoices and reports for Prevention Education and Collaboration shall be sent to:

County of San Mateo
Behavioral Health and Recovery Services
Attn: Stella Chau, BHRS Analyst
310 Harbor Boulevard, Building E
Belmont, CA 94002

H. County anticipates revenues from various sources to be used to fund services provided by Contractor through this Agreement. Should actual revenues be less than the amounts anticipated for any period of this Agreement, the maximum payment obligation and/or payment obligations for specific services may be reduced at the discretion of the Chief of San Mateo County Health or designee.

I. Contractor shall provide all pertinent documentation required for Medi-Cal, Medicare, and any other federal and state regulation applicable to reimbursement including assessment and service plans, and progress notes. The County may withhold payment for any and all services for which the required documentation is not provided, or if the documentation provided does not meet professional standards as determined by the Quality Improvement Manager of San Mateo County BHRS.

J. Inadequate Performance

If County or Contractor finds that performance is inadequate, at the County's discretion, a meeting may be called to discuss the causes for the performance problem, to review documentation, billing and/or other reports, and to take appropriate corrective action, as needed, to resolve any identified discrepancies. This Agreement may be renegotiated, allowed to continue to end of term, or terminated pursuant to Paragraph 5 of this Agreement. Any unspent monies due to performance failure may reduce the following year's agreement, if any.

K. Invoice Certification and Program Integrity

Anytime Contractor submits an invoice to the County for reimbursement for services provided under Exhibit A2 of this Agreement, Contractor shall certify by signature that the invoice is true and accurate by stating the invoice is submitted under the penalty of perjury under the laws of the State of California.

The invoice must include the following language and signature line at the bottom of the form(s) and/or cover letter used to report the invoice.

"Under the penalty of perjury under the laws of the State of California, I hereby certify that this invoice for services complies with all terms and conditions referenced in the Agreement with San Mateo County.

Executed at _____ California, on _____ 20 _____

Signed _____ Title _____

Agency _____ ”

*** END OF EXHIBIT B2 ***

ATTACHMENT A2 – DELIVERABLE DOCUMENTATION
SUHSD
FY 2018 – 2021

Community Education	Documentation Required
<p>1. Attend local, regional, state and national conferences/trainings to learn evidence-based best practices for ATOD community education. Trainings attended should be approved by contract monitor. Policy trainings cannot be claimed if included in ATOD-specific trainings claimed by contractor.</p> <p>Who should attend:</p> <ul style="list-style-type: none"> • Program coordinator • Program director • Someone who will be directly involved in program delivery • Maximum 2 attendees per training 	<p>Submit at least 2 of the following for each participant:</p> <ul style="list-style-type: none"> • Certificate(s) of completion • Training agenda • Training slides • Registration confirmation
<p>2. Work with community partners to update education curricula.</p>	<ul style="list-style-type: none"> • Copy of curricula submitted
<p>3. Conduct outreach to at least 30 organizations/groups including but not limited to PTAs, Board of Education, neighborhood associations, youth leadership groups, student body associations, Boys and Girls Club, churches, community-based organizations, and YMCA to conduct education presentation.</p>	<ul style="list-style-type: none"> • Outreach plan with list of organizations, dates, and outcomes of outreach
<p>4. Community presentations. At least 50% of the presentations will be completed by the end of December 2018. Thereafter, contractor must complete at least 25% of the presentations within each of the remaining 2 quarters. Any uncompleted presentations will not be allowed to be made up.</p>	<ul style="list-style-type: none"> • Sign in sheets that show date, location, topic, at least 12 participants in each presentation
Merchant Education	Documentation Required
<p>5. Develop or adapt existing alcohol sting survey protocol to assess youth access rates to alcohol.</p>	<ul style="list-style-type: none"> • Sting survey protocol
<p>6. Partner with law enforcement agencies to conduct youth access sting surveys.</p>	<ul style="list-style-type: none"> • Results of sting survey • Press release about sting survey
Media Education	Documentation Required

7. Post two social media messages per month or respond to at least two social media posts per month.	<ul style="list-style-type: none"> • Copy of social media post, including platform used and date posted
8. Monthly school newsletter article for parents & youth with messaging on substance abuse prevention regarding prescription drugs/opioids, alcohol, or cannabis (ie: locking up and/or safe disposal of prescription drugs in the home, locking up alcohol or cannabis, or health affects of these three substances on youth)	<ul style="list-style-type: none"> • Copy of article, with date it was distributed, and date of newspaper.
9. Bi- Annual Health Newsletter (staff & community organizations)- distributing information on substance abuse prevention regarding prescription drugs/opioids, alcohol, or cannabis. (ie: CDC information, messaging from CADCA/SAMHSA/CDPH on health affects of substance use for youth)	<ul style="list-style-type: none"> • Copy of article, with date it was distributed, and date of newspaper.
10. Disseminate flyers to advertise Med-Project prescription take back locations and/or advertisement for the phone number to call for mail back prescription envelopes (100 flyers/ \$200)	<ul style="list-style-type: none"> • Tracking sheet with information on what event flyers were disseminated at, the number of flyers distributed, and any short comment on engagement of those taking flyers
11. Forward a message to a list serv of at least 50 people about the prescription drug take back kiosks in your location region	<ul style="list-style-type: none"> • Email with message sent and date
12. Local newsletter or newspaper article advertising prescription drug take back kiosks in your local region (include messaging on why using kiosks is important)	<ul style="list-style-type: none"> • Copy of article, with date it was distributed, and date of newspaper.
Policy Advocacy	Documentation Required
13. Research policy advocacy initiatives implemented in states and local jurisdictions to minimize the impact of AOD.	<ul style="list-style-type: none"> • Copies of researched policies
14. Develop an AOD prevention policy template (alcohol)	<ul style="list-style-type: none"> • Copy of policy template
15. Meet with at least 1 local policymakers to educate about the impacts of marijuana or alcohol and to gauge interest in considering policy options.	<ul style="list-style-type: none"> • List of policymakers with dates and outcomes of meetings Meeting notes
16. Provide information and technical assistance as needed on AOD policy issues.	<ul style="list-style-type: none"> • List of policymakers receiving technical assistance, dates and topics covered • Notes from TA session as applicable
17. Provide training to coalition members about policy advocacy strategies to minimize the impact of AOD.	<ul style="list-style-type: none"> • Training agenda with date, subject, and topics addressed • Sign in sheet

18. Coordinate community input into local policy processes related to AOD issues.	<ul style="list-style-type: none"> Documentation of coordination activities (meeting/training notes, meeting outlines, pictures from events)
19. Identify potential kiosk locations (such as pharmacies and police departments) for drug disposal program	<ul style="list-style-type: none"> List of feasible names and addresses of potential medication takeback kiosks, not to include locations with existing program
20. Conduct one-on-one educational meetings with potential prescription drug kiosk locations to gauge interest in hosting a kiosk for drug disposal program	<ul style="list-style-type: none"> Meeting(s) notes to include name, address, contact person, and outcome of meeting(s)
21. Connect interested locations with Environmental Health to discuss next steps for prescription drug take back kiosk installation (\$2,000 per kiosk installed)	<ul style="list-style-type: none"> Documented communication with EHS Documentation of installation of kiosks (new releases, pictures)
Innovations	Documentation Required
22. Recruit colleagues from the state and other jurisdictions as appropriate to form a workgroup to explore the opportunities to limit youth access to cannabis through innovative platforms.	<ul style="list-style-type: none"> List of participating colleagues Agendas and outcomes of meetings
Overarching	Documentation Required
23. Each parent in the parent engagement program will engage in an AOD-prevention-related activity to demonstrate the knowledge and skills they gained from the program. Activities can include presentations, PSAs, letters to the editor, presentations at city council meeting, school board advocacy, etc)	<ul style="list-style-type: none"> Copies of outcomes of activities, one for each participant billed for
24. Conduct at least monthly meetings with youth program participants to provide them with the knowledge and skills to address alcohol and other drugs and implement AOD prevention program planning.	<p>Submit all:</p> <ul style="list-style-type: none"> Meeting agenda with dates, topics and meeting outcomes Evaluation tool(s) used Evaluation report
25. Youth in the program will engage in an AOD-prevention-related activity to demonstrate the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc.	<ul style="list-style-type: none"> Documentation of activity conducted by program participants
Social Determinants of Health	Documentation Required
26. Develop a report to justify addressing at least one SDOH in your community.	<ul style="list-style-type: none"> Copy of report

27. Attend community meetings to build your organization's capacity to address the SDOH.	<ul style="list-style-type: none"> • Meeting agenda, notes, outcomes
28. Advocate for community and/or policy makers to address the SDOH in order to minimize AOD in your community.	<ul style="list-style-type: none"> • Documentation of advocacy (picture of meeting with policymaker, meeting notes & outcomes, etc)
Administrative Activities	Documentation Required
29. Attend monthly countywide meetings to coordinate AOD prevention strategies.	<ul style="list-style-type: none"> • Meeting agenda
30. Entry of PPSDS data into system by the 5th of the month. Data should be detailed, clear, specific, relevant	<ul style="list-style-type: none"> • Submission confirmation-with screen shot or document (dated)
31. Partnership staff check-in with County Contract Monitor	<ul style="list-style-type: none"> • Notes from meeting, agenda
32. Administrative functions which will be measured through the annual site visit: Option 1: Completion of site visit requirements with no corrective action plans (CAP) will pay full \$5,000; Option 2: If CAPs are needed, CAPs will be submitted within 30 days of receipt of site visit outcomes (pays \$2,500); AND completion of CAP activities within 60 days (or within timeline negotiated with contract monitor) pays \$2,500.	<ul style="list-style-type: none"> • Copy of completed site visit report • Evidence of completion of CAPs, if appropriate
33. Collection of evaluation surveys for community education presentations	<ul style="list-style-type: none"> • Surveys collected
34. Communication & TA partnering with county evaluator	<ul style="list-style-type: none"> • List of meeting date(s) and duration of meeting
35. Submission of updated Cultural Humility Plan - Deadline of Sept 30th, 2019	<ul style="list-style-type: none"> • Copy of plan
36. Submission of end of year report - Deadline of July 30, 2020	<ul style="list-style-type: none"> • Copy of report
37. Build participant in AOD Prevention Coalition by bringing community members or other partners to the AOD Coalition meeting	<p>Submit all:</p> <ul style="list-style-type: none"> • List of community members recruited for prevention collaborative. • Agenda for meetings conducted/attended

	<ul style="list-style-type: none"> • Sign-in sheets for meetings conducted/attended <p>Supporting community member</p> <ul style="list-style-type: none"> • Driving log/tracking sheet • Date(s) of meetings with community member and brief description of meeting
Negotiable Activities	Documentation Required
38. Negotiable deliverables (ie: extra presentations, development of flyers, meetings with community members for a specific goal)	<ul style="list-style-type: none"> • As agreed upon with contract monitor <u>prior</u> to completing the deliverable

**ATTACHMENT B2 - DELIVERABLES PAYMENT
SEQUOIA UNION HIGH SCHOOL DISTRICT
FY 2018 - 2021**

ACTIVITY	NUMBER FY 18/19	PRICE PER EVENT FY 18/19	TOTAL FY 18/19	NUMBER FY 19/20	PRICE PER EVENT FY 19/20	TOTAL FY 19/20	NUMBER FY 20/21	PRICE PER EVENT FY 20/21	TOTAL FY 20/21	TOTAL
COMMUNITY EDUCATION										
1. Attend national, state, and local conferences/trainings to learn evidence-based best practices for ATOD education (\$500 to attend, \$2,000 to present)	13 attend, 3 present	\$500 attend \$2,000 present	\$12,500	6 attend, 2 present	\$520 attend \$2,080 present	\$7,280	6 attend, 2 present	\$541 attend \$2,163 present	\$7,572	\$ 27,352
2. Work with community partners to update education curricula (2 cannabis, 1 alcohol, opioids)	9	\$500	\$4,500	5	\$520	\$2,600	5	\$541	\$2,704	\$ 9,804
3. Conduct outreach to at least 30 organizations/groups including but not limited to PTAs, Board of Education, neighborhood associations, youth leadership groups, student body associations, Boys and Girls Clubs, churches, community-based organizations, and YMCAs to conduct ATOD education presentations	1	\$2,000	\$2,000	1	\$2,080	\$2,080	1	\$2,163	\$2,163	\$ 6,243
4. Conduct community presentations. (8 cannabis, 4 alcohol, 8 opioids)	24	\$500	\$12,000	20	\$520	\$10,400	20	\$541	\$10,816	\$ 33,216
MERCHANT EDUCATION - ALCOHOL	NUMBER FY 18/19	PRICE PER EVENT FY 18/19	TOTAL FY 18/19	NUMBER FY 19/20	PRICE PER EVENT FY 19/20	TOTAL FY 19/20	NUMBER FY 20/21	PRICE PER EVENT FY 20/21	TOTAL FY 20/21	TOTAL
5. Develop or adapt existing cannabis sting survey protocol to assess youth access rates to alcohol.	2	\$500	\$1,000	0	\$520	\$0	0	\$541	\$0	\$ 1,000
6. Partner with law enforcement agencies to conduct youth access sting surveys. (RC, MP, SC, PV/W)	4	\$3,000	\$12,000	0	\$3,120	\$0	0	\$3,245	\$0	\$ 12,000
MEDIA EDUCATION	NUMBER FY 18/19	PRICE PER EVENT FY 18/19	TOTAL FY 18/19	NUMBER FY 19/20	PRICE PER EVENT FY 19/20	TOTAL FY 19/20	NUMBER FY 20/21	PRICE PER EVENT FY 20/21	TOTAL FY 20/21	TOTAL

7. Implement social media education campaign to compliment community education messages	24	\$200 social media \$1,000 other media	\$4,800	24	\$208 social media \$1,040 other media	\$4,992	24	\$216 social media \$1,040 other media	\$5,184	\$ 14,976
8. Monthly school newsletter article for parents & youth with messaging on substance abuse prevention regarding prescription drugs/opioids, alcohol, or cannabis (ie: locking up and/or safe disposal of prescription drugs in the home, locking up alcohol or cannabis, or health affects of these three substances on youth)	0	\$300	\$0	12	\$300	\$3,600	12	\$312	\$3,744	\$ 7,344
9. Bi- Annual Health Newsletter (staff & community organizations)- distributing information on on substance abuse prevention regarding prescription drugs/opioids, alcohol, or cannabis. (ie: CDC information, messaging from CADCA/SAMHSA/CDPH on health affects of substance use for youth)	0	\$300	\$0	2	\$300	\$600	2	\$312	\$624	\$ 1,224
10. Disseminate flyers at schools or school events to advertise Med-Project prescription take back locations and/or advertise the phone number receiving envelopes (100 flyers/ \$200)	0	\$200	\$0	5	\$200	\$1,000	5	\$208	\$1,040	\$ 2,040
11. Forward a message to a list serv of at least 50 people about the prescription drug take back kiosks in your region	0	\$200	\$0	5	\$200	\$1,000	5	\$208	\$1,040	\$ 2,040
12. Local newsletter or newspaper article advertising prescription drug take back kiosks in your local region (include messaging on why using kiosks is important)	0	\$300	\$0	4	\$300	\$1,200	4	\$312	\$1,248	\$ 2,448
POLICY ADVOCACY	NUMBER FY 18/19	PRICE PER EVENT FY 18/19	TOTAL FY 18/19	NUMBER FY 19/20	PRICE PER EVENT FY 19/20	TOTAL FY 19/20	NUMBER FY 20/21	PRICE PER EVENT FY 20/21	TOTAL FY 20/21	TOTAL

13. Research policy advocacy initiatives implemented in states and local jurisdictions to minimize the impact of AOD.	1	\$5,000	\$5,000	0	\$5,200	\$0	0	\$5,408	\$0	\$ 5,000
14. Develop an AOD prevention policy template. (1 alcohol)	1	\$1,000	\$1,000	0	\$1,040		0	\$1,082	\$0	\$ 1,000
15. Meet with at least 1 local policymaker to educate about the impacts of cannabis and gauge interest in policy options.	2	\$500	\$1,000	1	\$520	\$520	1	\$541	\$541	\$ 2,061
16. Provide information and technical assistance to policy makers as needed. *	2	\$500	\$2,000	2	\$520	\$1,040	2	\$541	\$1,082	\$ 4,122
17. Provide training to coalition members about policy advocacy strategies to minimize the impact of AOD.	1	\$5,000	\$5,000	1	\$2,080	\$2,080	1	\$2,163	\$2,163	\$ 9,243
18. Coordinate community input into local policy processes	2	\$5,000	\$10,000	1	\$5,200	\$5,200	1	\$5,408	\$5,408	\$ 20,608
19. Identify potential kiosk locations (such as pharmacies and police departments) for drug disposal program.	4	\$1,000	\$4,000	0	\$1,040	\$0	0	\$1,082	\$0	\$ 4,000
20. Conduct one-on-one educational meetings with potential kiosk locations to gauge interest in hosting a kiosk for drug disposal program.	5	\$2,000	\$10,000	0	\$2,080	\$0	0	\$2,163	\$0	\$ 10,000
21. Connect interested locations with Environmental Health to discuss next steps for kiosk installation (\$2,000 per kiosk installed)	2	\$2,000	\$4,000	0	\$2,080	\$0	0	\$2,163	\$0	\$ 4,000
INNOVATIONS	NUMBER FY 18/19	PRICE PER EVENT FY 18/19	TOTAL FY 18/19	NUMBER FY 19/20	PRICE PER EVENT FY 19/20	TOTAL FY 19/20	NUMBER FY 20/21	PRICE PER EVENT FY 20/21	TOTAL FY 20/21	TOTAL

22. Recruit colleagues from the state and other jurisdictions as appropriate to form a workgroup to explore the opportunities to limit youth access to cannabis through innovative platforms	4	\$500	\$2,000	0	\$520	\$0	0	\$541	\$0	\$ 2,000
OVERARCHING ACTIVITIES	NUMBER FY 18/19	PRICE PER EVENT FY 18/19	TOTAL FY 18/19	NUMBER FY 19/20	PRICE PER EVENT FY 19/20	TOTAL FY 19/20	NUMBER FY 20/21	PRICE PER EVENT FY 20/21	TOTAL FY 20/21	TOTAL
23. Each parent in the parent engagement program will engage in an AOD-prevention-related activity to demonstrate the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentations at a city council meeting, school board advocacy, etc.)	20	\$500	\$10,000	20	\$520	\$10,400	20	\$541	\$10,816	\$ 31,216
24. Conduct at least monthly meetings with the youth program participants to provide them with the knowledge and skills to address ATOD and implement ATOD prevention program planning.	40	\$500	\$20,000	40	\$520	\$20,800	40	\$541	\$21,632	\$ 62,432
25. Youth in the program will engage in AOD-prevention related activity to demonstrate the knowledge and skills they gained from the program. Activities can include community presentations, PSAs, letters to the editor, presentation at a city council meeting, school board advocacy, etc.	10	\$500	\$5,000	10	\$520	\$5,200	10	\$541	\$5,408	\$ 15,608
SOCIAL DETERMINANTS OF HEALTH (SDOH)	NUMBER FY 18/19	PRICE PER EVENT FY 18/19	TOTAL FY 18/19	NUMBER FY 19/20	PRICE PER EVENT FY 19/20	TOTAL FY 19/20	NUMBER FY 20/21	PRICE PER EVENT FY 20/21	TOTAL FY 20/21	TOTAL
26. Develop a report to justify addressing at least 1 SDOH in your community.	3	\$2,000	\$6,000	3	\$2,080	\$6,240	3	\$2,163	\$6,490	\$ 18,730
27. Attend community meetings to build your organization's capacity to address the SDOH.	8	\$200	\$1,600	8	\$208	\$1,664	8	\$216	\$1,731	\$ 4,995
28. Advocate for community and/or policy makers to address the SDOH in order to minimize AOD in your community.	4	\$500	\$2,000	10	\$520	\$5,200	10	\$541	\$5,408	\$ 12,608

ADMINISTRATIVE ACTIVITIES	NUMBER FY 18/19	PRICE PER EVENT FY 18/19	TOTAL FY 18/19	NUMBER FY 19/20	PRICE PER EVENT FY 19/20	TOTAL FY 19/20	NUMBER FY 20/21	PRICE PER EVENT FY 20/21	TOTAL FY 20/21	TOTAL
29. Meeting Attendance- Attendance by lead partnership staff at All County Prevention Partnership Monthly Meeting	0	\$200	\$0	12	\$200	\$2,400	12	\$208	\$2,496	\$ 4,896
30. Entry of PPSDS data into system by the 5th of the month	12	\$200	\$2,400	12	\$208	\$2,496	12	\$216	\$2,596	\$ 7,492
31. Partnership staff check-in with County Contract Monitor	12	\$100	\$1,200	12	\$104	\$1,248	12	\$108	\$1,298	\$ 3,746
32. Administrative functions which will be measured through the annual site visit: <i>Option 1:</i> Completion of site visit requirements with no corrective action plans (CAP) will pay full \$5,000; <i>Option 2 :</i> If CAPs are needed, CAPs will be submitted within 30 days of receipt of site visit outcomes (\$2,000); AND completion of CAP activities within 60 days (\$2,000).	0	\$5,000	\$0	1	\$5,000	\$5,000	1	\$5,200	\$5,200	\$ 10,200
33. Collection of evaluation surveys for community education presentations	0	\$1,000	\$0	1	\$1,000	\$1,000	1	\$1,040	\$1,040	\$ 2,040
34. Communication & TA partnering with county evaluator	0	\$200	\$0	5	\$200	\$1,000	5	\$208	\$1,040	\$ 2,040
35. Submission of updated Cultural Humility Plan - Deadline of Sept 30th, 2019	0	\$500	\$0	1	\$500	\$500	1	\$520	\$520	\$ 1,020

36. Submission of end of year report - Deadline of July 30, 2020	0	\$500	\$0	1	\$500	\$500	1	\$520	\$520	\$ 1,020
37. Build participant in AOD Prevention Coalition by bringing community members or other partners to the AOD Coalition meeting	0	\$200	\$0	12	\$200	\$2,400	12	\$208	\$2,496	\$ 4,896
NEGOTIABLE ACTIVITIES	NUMBER FY 18/19	PRICE PER EVENT FY 18/19	TOTAL FY 18/19	NUMBER FY 19/20	PRICE PER EVENT FY 19/20	TOTAL FY 19/20	NUMBER FY 20/21	PRICE PER EVENT FY 20/21	TOTAL FY 20/21	TOTAL
38. Activity to be determined, but this item needs prior approval by Contract Monitor (examples include extra presentations, development of flyers, meetings with community members for a specific goal)	TBD	TBD	\$0	TBD	TBD	\$5,000	TBD	TBD	\$5,200	\$10,200
TOTAL			\$141,000			\$114,640			\$119,219	\$ 374,859