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Enactment Number	16-1263
Enactment Date	6/29/16



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

Memo

To Board of Education

From Sondra Aguilera, Deputy Chief Student Services

Board Meeting Date June 22, 2016

Subject **MOU with LifeLong Medical Care to Operate Health Center**

Action Requested **Approval of MOU with LifeLong Medical Care to Operate Health Center**

Background and Discussion LifeLong Medical Care will operate the school based health center at Alliance Middle School and West Oakland Middle School for the period from July 1, 2015 to June 30, 2019 at no cost to the District.

Recommendation Approval of MOU with LifeLong Medical Care to Operate Health Center

Fiscal Impact Funding resource: No cost to the District

Attachment

- Memorandum of Understanding



CONTRACT JUSTIFICATION FORM

This Form Shall Be Submitted to the Board Office
With Every Consent Agenda Contract.

Legislative File ID No. 16-1626

Department: Student Services

Vendor Name: Life Long Medical Care

Contract Term: Start Date: 7/1/2015 End Date: 6/30/2019

Annual Cost: \$ 0

Approved by: Legal

Is Vendor a local Oakland business? Yes No

Why was this Vendor selected?

Implement school based health center program

Summarize the services this Vendor will be providing.

Health Services

Was this contract competitively bid? Yes No

If No, answer the following:

1) How did you determine the price is competitive?

No cost

2) Please check the competitive bid exception relied upon:

- Educational Materials**
- Special Services** contracts for financial, economic, accounting, legal or administrative services
- CUPCCAA exception** (Uniform Public Construction Cost Accounting Act)
- Professional Service Agreements** of less than \$87,800 (increases a small amount on January 1 of each year)
- Construction related Professional Services** such as Architects, DSA Inspectors, Environmental Consultants and Construction Managers (require a "fair, competitive selection process)
- Energy** conservation and alternative energy supply (e.g., solar, energy conservation, co-generation and alternate energy supply sources)
- Emergency** contracts [requires Board resolution declaring an emergency]
- Technology** contracts
 - electronic data-processing systems, supporting software and/or services (including copiers/printers) over the \$87,800 bid limit, must be competitively advertised, but any one of the three lowest responsible bidders may be selected
 - contracts for computers, software, telecommunications equipment, microwave equipment, and other related electronic equipment and apparatus, including E-Rate solicitations, may be procured through an RFP process instead of a competitive, lowest price bid process
 - Western States Contracting Alliance Contracts (WSCA)
 - California Multiple Award Schedule Contracts (CMAS) [contracts are often used for the purchase of information technology and software]
- "Piggyback" Contracts** with other governmental entities
- Perishable Food**
- Sole Source**
- Change Order for Material and Supplies** if the cost agreed upon in writing does not exceed ten percent of the original contract price
- Other, please provide specific exception**

**MEMORANDUM OF UNDERSTANDING BETWEEN OAKLAND UNIFIED SCHOOL DISTRICT AND
LifeLong Medical Care**

I. PURPOSE

The purpose of this Memorandum of Understanding (“MOU”) is to establish a relationship between **Oakland Unified School District (“OUSD”)** and **LifeLong Medical Care**.

WHEREAS, the CONTRACTOR’s services or program described in this MOU will be provided at no cost to OUSD, the students, or the parents; and

BOTH PARTIES HEREBY enter into this MOU to enable CONTRACTOR to provide said services/program on school(s), site(s) (“Schools”) selected in Section II of the MOU.

II. SCOPE OF SERVICES

Through its school-based health center and dental van, **LifeLong Medical Care** partners with identified Oakland schools to help meet the medical health, dental health, mental health, health education and youth development needs of the students. **LifeLong Medical Care** will partner with other service providers on these campuses to provide a holistic set of wrap-around services that remove barriers to leaning and ensure increased access to care.

A. School-based health centers will provide the following services:

- Mental health counseling
- Physical exams/sports physical
- Diagnosis and treatment of minor illness, injury and medical conditions
- STD screening and treatment
- Dental screening and treatment
- Health education for students and families
- Youth development programs
- Professional development for school staff
- Outreach to youth and their families
- Community-wide health promotion events and activities
- Case management, including appropriate follow-up and referrals to health and social service providers on and off site.

B. Unless otherwise agreed to in writing by the parties, the School(s) served by this agreement is/are the following:

SCHOOL-BASED HEALTH CENTER	ADDRESS	SCHOOLS SERVED & ADDRESS
ECP/Alliance Health Center	1800 98 th Ave., Oakland, CA 94603	- Alliance Academy Middle School: 1800 98 th Ave., Oakland, CA 94603 - Elmhurst Community Prep Academy: 1800 98 th Ave., Oakland, CA 94603
West Oakland Middle School Health Center	991 14 th St., Oakland, CA 84607	- West Oakland Middle School: 991 14 th St., Oakland, CA 84607 - KIPP Bridge Academy Charter School: 991 14 th St., Oakland, CA 84607

Additionally, the dental van provides services at:

- **New Highland Academy** - 8521 A Street, Oakland, CA 94621
- **Rise Community School** - 8521 A Street, Oakland, CA 94621

C. For the term of this MOU, the expectations or goals that are in agreement with the program’s services are:

- Develop student’s social health/skills
- Improve student’s emotional health
- Improve student’s physical health
- Help ensure, create, and/or sustain safe, healthy and supportive schools

- Create accountability for quality
- Help create full service community schools in OUSD

III. CONTRACTOR RESPONSIBILITIES

- A. **Policies**—Ensure that all CONTRACTOR personnel, including subcontractors, will comply with any policy and systems in place at OUSD and School(s). This includes, but is not limited to the following:
1. **Drug and Smoke Free**—No drugs, alcohol, and/or smoking are allowed at any time in any buildings and/or grounds on OUSD property. No students, staff, visitors, CONTRACTORS, or subcontractors are to use drugs at these School(s).
 2. **Anti-Discrimination**—It is the policy of OUSD that in connection with CONTRACTOR's services in this MOU there shall be no discrimination against any employee engaged in the work because of race, color, ancestry, national origin, religious creed, physical disability, medical condition, marital status, sexual orientation, gender, or age. Therefore, the CONTRACTOR agrees to comply with applicable Federal and California laws.
 3. **Conflict of Interest**—CONTRACTOR shall abide by and be subject to all applicable OUSD policies, regulations, statutes or other laws regarding conflict of interest. CONTRACTOR shall not hire any OUSD employee to perform the services in this MOU, and affirms that to the best of its knowledge no such conflict presently exists. CONTRACTOR agrees to alert OUSD in writing if and when a potential conflict does arise.
 4. **Family Education Rights and Privacy Act**—CONTRACTOR shall observe District policies and regulations, and state and federal laws, including the Family Education Rights and Privacy Act of 1974, commonly known as FERPA, related to the confidentiality of pupil and personnel records.
 5. **Field Trip Policy: Field Trips, Off Site Events and Off Site Activities** – CONTRACTOR shall complete the OUSD field trip application for any field trips and/ or off site events and/or off site activities that take place during the school day. CONTRACTOR shall provide each Site Administrator with a schedule of all field trips and/ or off site events and/or off site activities that take place outside of the school day (i.e., after school, weekends, summer).
- B. **Required Documents**—Ensure that all CONTRACTOR personnel who will be on OUSD premises have been: (a) fingerprinted; (b) submitted to a criminal background check via Livescan or a similar service as required by the Education Code; and (c) taken a tuberculosis test.
- C. **Insurance**—Provide evidence of general liability insurance that names OUSD as an additional insured, for operation students, volunteers, and personnel at location where CONTRACTOR provides programs/services with at least \$1M in coverage, and furnish certificate of said insurance to OUSD.
- D. **Communication**—Communicate with School(s) and OUSD staff, both formally and informally, to ensure, to the best of the program's ability, that the CONTRACTOR'S services are aligned with the School(s) and OUSD's mission and objectives and are adequately meeting student's needs. At the request of School(s) or OUSD staff, and to the extent allowed by HIPAA and state privacy laws, provide data about student participation in the CONTRACTOR's program.
- E. **Confidentiality**—CONTRACTOR shall maintain strict confidentiality of all information about individual students received under this MOU and will not disseminate such information without the express written consent of OUSD. CONTRACTOR will comply with FERPA, and will be allowed to use the data received to solicit funding to continue to expand its services/program, so long as there is no information from which the identity of any student in the CONTRACTOR's program as a participant could be made.
- F. **Site-Based Agreements**—CONTRACTOR shall complete an annual site-based agreement with each school where services are provided to outline program vision, description of services, staffing, schedule, shared goals and objectives, and mutual expectations.

IV. OUSD RESPONSIBILITIES

- A. **Space**—Provide suitable space at the participating School(s), to be agreed upon by School(s), OUSD Staff, and the CONTRACTOR.

- B. **Janitorial Service**—Provide necessary services to maintain this space, including janitorial services, maintenance, utilities, and technology support.
- C. **Data**—Ensure that CONTRACTOR has reasonable access, to the extent allowable by FERPA and state privacy laws, to provide its services consistent with the CONTRACTOR's program, support the educational success and goals of students, and to evaluate the impact of its program on students at School(s).

V. DURATION

The term of this MOU is from 07/01/2015 to 06/30/2019.

VI. TERMINATION


Either party may terminate this MOU at any time, without cause, with 30 day written notice to the other party. This agreement may be amended by mutual consent of the parties. All amendments must be in writing and signed by both parties.

VII. HOLD HARMELSS/INDEMNITY

Each party to this MOU agrees to indemnify and hold harmless the other for and from any claims, causes of action, or any other proceeding of any type or kind that is made against the other where such claim, cause of action or other proceeding arises from the conduct, act, omission, or commission by the other party.

IN WITNESS THEREOF, the parties to this agreement have duly executed it on the day, month and year set forth below.

CONTRACTOR



 Contractor Signature

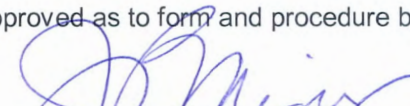
Date: 5/18/16

Marty Lynch, CEO

 Print Name, Title

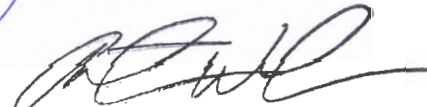
OAKLAND UNIFIED SCHOOL DISTRICT

Approved as to form and procedure by:



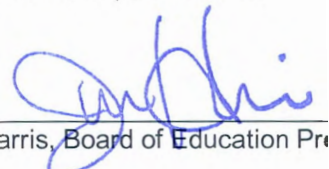
 Jacqueline Minor, General Counsel

Date: 6/24/16



 Antwan Wilson, Superintendent

Date: 6/30/16



 James Harris, Board of Education President



CERTIFICATE OF LIABILITY INSURANCE

LIFE-1 OP ID: NI

DATE (MM/DD/YYYY)
10/01/2015

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 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).

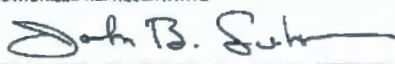
PRODUCER Suhr Risk Services 5300 Stevens Creek Blvd. San Jose, CA 95129 John B. Suhr, MS, CPCU, CRM, C	CONTACT NAME: John B. Suhr, MS, CPCU, CRM, C	
	PHONE (A/C, No, Ext): 408-510-5440	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Nonprofits Ins. Alliance of CA		
INSURER B: Zurich American Insurance Co.		16535
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	201528735NPO	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		201528735NPO	10/01/2015	10/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
X	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		201528735UMB NPO	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC008640100	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: All California Operations of the Named Insured.
 Oakland Unified School District is named as additional insured per the attached endorsement CG2026.

CERTIFICATE HOLDER OAKLAND Oakland Unified School District 1025 2nd Avenue Oakland, CA 94606	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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LifeLong Medical Care



Health Services For All Ages

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
06/03/16	\$0.00	49172
SHOW AMOUNT PAID HERE		\$

STATEMENT

ADDRESSEE:

|||
Rene Sosa
 3326 Rheem Ave
 Richmond, CA 94804
 USA

REMIT TO:

|||
LifeLong Medical Care
 PO Box 11247
 Berkeley, CA 94712

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Please Make Checks Payable To LMC

DATE	DESCRIPTION OF SERVICE	AMOUNT	INSUR BALANCE	PATIENT BALANCE	BALANCE	
12/09/13	ENCOUNTER 811226 FOR SOSA, RENE WITH GLINES MD, MELINDA					
12/09/13	99203 - OFFICE/OUTPATIENT VISIT, NEW	\$156.00				
04/15/14	ZApplied Encounter/Invoice Credit	-\$40.00				
07/25/14	Federal Sliding Fee Adjustment	-\$45.00				
12/05/14	Federal Sliding Fee Adjustment	-\$66.00				
12/09/15	Uncollectable 1 Year	-\$5.00				
ENCOUNTER TOTAL		\$0.00	\$0.00	\$0.00	\$0.00	
Billing: Please Call (510) 549-5420						
ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
49172	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

MESSAGE:

We are pleased to introduce LifeLong Connect, a new service that lets you pay your bills through the internet and much more. For details call 510 981 4100.

PLEASE PAY THIS AMOUNT >>>>	\$0.00
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** PAYMENT DUE UPON RECEIPT * THANK YOU **
STATEMENT



CERTIFICATE OF LIABILITY INSURANCE

LIFEL-1

OP ID: NI

DATE (MM/DD/YYYY)
01/11/2016

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 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).

PRODUCER Suhr Risk Services 5300 Stevens Creek Blvd. San Jose, CA 95129 John B. Suhr, MS, CPCU, CRM, C	CONTACT NAME: John B. Suhr, MS, CPCU, CRM, C
	PHONE (A/C, No., Ext): 408-510-5440
	FAX (A/C, No.):
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	NAIC # 16535
INSURED LifeLong Medical Care 2344 Sixth Street Berkeley, CA 94710	INSURER A: Zurich American Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:****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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC008640101	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

RE: All California Operations of the Named Insured.
Confirmation of coverage.

CERTIFICATE HOLDER**CANCELLATION**

OAKLAND Oakland Unified School District 1025 2nd Avenue Oakland, CA 94606	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**LifeLong
Medical
Care**



Health Services For All Ages
a californiahalthi center

Leading the Way to a Healthier Community

LifeLong Over 60 Health Center • LifeLong Astby Health Center • LifeLong Downtown Oakland
LifeLong East Oakland • LifeLong West Berkeley • LifeLong Howard Daniel Clinic • LifeLong Dental Care
LifeLong Brookside Richmond • LifeLong Brookside San Pablo • LifeLong Brookside Dental Care
LifeLong Richmond Health Center • LifeLong Dr. William M. Jenkins Jr. Pediatric Center
LifeLong Urgent Care San Pablo • LifeLong Marin Adult Day Health Center
LifeLong School Based Health Services

May 9, 2016

Mara Larsen-Fleming, MPP/MPH
Director, Health & Wellness
Community Schools & Student Services
Oakland Unified School District
1000 Broadway, Suite 150
Oakland, CA 94607

RE: TB and Fingerprint Clearance for LifeLong Medical Care Employees

Ms. Larsen-Fleming,

This letter is provided to verify that LifeLong Medical Care completes TB and fingerprint background clearance for all staff and subcontractors working at OUSD schools.

Sincerely,

Marty Lynch
Chief Executive Officer



Statement of Qualifications – Lifelong Medical Care

Overview

LifeLong Medical Care is a nonprofit community organization that provides high-quality health and social services to the underserved people of all ages; creates models of care for the elderly, people with disabilities and families; and advocates for continuous improvements in the health of our communities. LifeLong, a Federally Qualified Health Center, opened its doors in 1976 with the belief that all people have the right to receive the healthcare and support they need. Some of our core values include respecting each person and celebrating the rich diversity of our communities, believing all people are entitled to quality health care that serves the whole person and committing to eliminating health disparities.

Services

LifeLong Medical Care gives people access to integrated services that promote wellness. Our health centers provide a wide range of services including primary health and dental care; pediatric, adult and geriatric care; and chronic disease and HIV/AIDS treatment. Our school-based health centers provide age-appropriate comprehensive medical, health education and youth development services to youth during and after school hours. These services include:

- Diagnosis & treatment of minor and acute illnesses
- First aid for minor injuries
- Assistance with chronic illnesses
- Physical examinations (general, sports, pre-employment)
- Laboratory Service
- Dental, vision and hearing screenings
- Immunizations
- Prescriptions and over-the-counter medications
- Diagnosis, treatment and prevention for contraction, and referral for prenatal care
- Nutrition assessment and counseling
- Individual and/or group counseling and health education

Contact

For more information about LifeLong Medical Care or its services, please contact:

Deborah Workman
Associate Planning Director
[510-981-4177](tel:510-981-4177)
[510-981-4191](tel:510-981-4191) (fax)

dworkman@lifelongmedical.org

www.lifelongmedical.org

LifeLong Medical Care

2344 Sixth Street

Berkeley, CA 94710

Timothy Zenor-Davis

School Based Services Director

510-874-7272x103

510-834-3586 (fax)

tzenordavis@lifelongmedical.org

Lifelong West Oakland Middle School

991 14th Street, Building H

Oakland, CA 94607