

Board Office Use: Legislative File Info.	
File ID Number	20-0747
Introduction Date	10/28/20
Enactment Number	
Enactment Date	



**OAKLAND UNIFIED  
SCHOOL DISTRICT**  
Community Schools, Thriving Students

# Memo

**To** Board of Education

**From** Kyla Johnson-Trammell, Superintendent  
Mara Larsen-Fleming, Director, Health and Wellness

**Board Meeting Date** October 28, 2020

**Subject** Memorandum of Understanding and COVID Amendment with Asian Health Services to Operate School Based Health Center

**Action Requested and Recommendation** Approval of Memorandum of Understanding with Asian Health Services to Operate School Based Health Center.

## Background

*(Why do we need these services? Why have you selected this vendor?)*

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

## Discussion

Approval by the Board of Education of a Memorandum of Understanding between District and Asian Health Services, Oakland, CA, for the latter to operate the school based health center, Shop 55 Wellness Center, serving Oakland High School, as delineated in the Scope of Work, incorporated herein by reference as though fully set forth, for the term July 1, 2019 to June 30, 2023, at no cost to the District.

**Fiscal Impact** No Fiscal Impact

**Attachments** Memorandum of Understanding

**MEMORANDUM OF UNDERSTANDING BETWEEN OAKLAND UNIFIED  
SCHOOL DISTRICT AND ASIAN HEALTH SERVICES**

**I. PURPOSE**

The purpose of this Memorandum of Understanding (MOU) is to establish a relationship between **Oakland Unified School District ("OUSD") and Asian Health Services.**

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) C-Schools) selected in Section II of the MOU.

**II. SCOPE OF SERVICES**

Through the Shop 55 Wellness Center, Asian Health Services partners with identified Oakland High to help meet the medical health, dental health, health education and youth development needs of the students. Asian Health Services will partner with other service providers on these campuses to provide a holistic set of wrap-around services that remove barriers to learning and ensure increased access to care.

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

- Physical exams/sports physical
- Diagnosis and treatment of minor illness, injury and medical conditions
- STD screening and treatment
- Dental screening and treatment (contingent upon hire of qualified dental staff)
- Health education for students
- Youth development programs
- Outreach to youth and their families
- Community-wide health promotion events and activities
- 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:

**Oakland High School: 1023 MacArthur Blvd., Oakland, CA 94610**

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 (contingent upon hire of qualified behavioral health staff)
- Improve student's physical health
- Improve student's dental health (contingent upon hire of qualified dental staff)
- 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 (FERPA)** - 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**- CONTRACTOR shall provide evidence of comprehensive general liability insurance with limits of at least one million dollars (\$1,000,000) per occurrence including coverage for claims of sexual abuse and molestation, sexual misconduct, harassment, bodily injury and property damage. The coverage shall name OUSD as an additional insured and CONTRACTOR shall 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, or without the consent of the student, and/or eligible student and/or guardian, as provided for under HIPAA, FERPA and other applicable privacy regulations. 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. **Maintenance**—Provide necessary services to maintain this space, in accordance with OSHA and OSHA 3 standards, including janitorial services, maintenance, utilities, and technology support, in a manner satisfactory to the CONTRACTOR. Clean facility, including restrooms, exam rooms and common areas daily when the clinic is open at the level of service required by OSHA and provided to the OUSD's public schools at no expense to CONTRACTOR.
- 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). CONTRACTOR shall only use student data that is provided consistent with FERPA and state privacy law by OUSD whenever applicable, appropriate and approved by OUSD.

#### V. DURATION

The term of this MOU is from 07/01/2019 to 06/30/2023.

#### 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 HARMLESS/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: 11/22/19

Dong Suh, Chief Deputy of Administration

Print Name, Title

#### OAKLAND UNIFIED SCHOOL DISTRICT

Kyla Johnson-Trammell, Superintendent

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


Iodv London, Board of Education President

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

Sponsoring Department of Site Principal

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

Approved as to form:

  
\_\_\_\_\_  
Andrea Epps, Office of the General Counsel

Date: 9/30/19

VendorID: \_\_\_\_\_

Vendor Name: Asian Health Services

### COVID Amendment

This Amendment modifies the attached Agreement, incorporated herein by reference, between the Oakland Unified School District ("OUSD") and Asian Health Services ("CONTRACTOR", together with OUSD, "PARTIES").

- A. **Recitals.** Both OUSD and CONTRACTOR agree to the following recitals:
- On Friday, March 13, 2020 at 6:00pm, OUSD ceased in-person instruction at all OUSD school sites. Subsequently, OUSD cancelled in-person instruction for the remainder of the school year.
  - The Alameda County Public Health Officer issued a number of shelter-in-place orders that prohibited non-essential work and travel. These effectively prohibited, among other things, non-essential work and travel as well as in-person instruction at all OUSD school sites.
  - The Governor issued a series of Executive Orders that directed "all individuals living in the State of California to stay home or at their place of residence." As with the orders by the Alameda County Public Health Officer, these Executive Orders also prohibited non-essential work and travel as well as in-person instruction at all OUSD school sites.
- B. **Term.** Unless the term of the Agreement ends on or after August 15, 2020, the Agreement is hereby modified to authorize OUSD, at its sole discretion, to extend the term to any date up to and including August 15, 2020; provided that OUSD may only extend the term if CONTRACTOR is unable to perform under the Agreement, as modified herein, for all or part of the time that in-person instruction is prohibited. OUSD may only extend the term for the length of time that CONTRACTOR was unable to perform due to the effective prohibition against in-person instruction.
- C. **Scope of Work.** The scope of work described in the Agreement is hereby modified to enable CONTRACTOR to provide the services described in the Agreement by any means that are consistent with COVID-19-related local, state, and federal orders (including, but limited to, those referenced above in the Recitals), provided that OUSD agrees, in writing, that doing so will provide a meaningful benefit to OUSD. Only a site administrator or central office OUSD employee may give such written permission.
- D. **Invoicing.** The Agreement is modified such that, for services performed on or after March 14, 2020 and that are permitted by Paragraph C above, CONTRACTOR must first receive written permission from OUSD to invoice OUSD for such services. Only a central office OUSD employee may give such written permission; an OUSD employee assigned to a school site may not give such written permission. Any invoice submitted pursuant to this paragraph must, at a minimum, include the following for each date (on or after March 14, 2020) on which an invoiced service was performed: the date and the length of time; a description of the service performed; a description of the individual(s) who performed the service; the medium by which the service was performed (e.g., virtually); and whom at OUSD received and benefited from the service. At its discretion, OUSD may require additional information included in an invoice.



E. **Electronic Signatures.** This Amendment and all future amendments and supplements to the Agreement may be executed in one or more counterparts, all of which shall constitute one and the same amendment. Any counterpart may be executed and delivered by facsimile or other electronic signature (including portable document format) by either of the parties and, notwithstanding any statute or regulations to the contrary (including, but not limited to, Government Code section 16.5 and the regulations promulgated therefrom), the counterpart shall legally bind the signing party and the receiving party may rely on the receipt of such document so executed and delivered electronically or by facsimile as if the original had been received. This section constitutes a waiver by each party of the requirements and constraints on electronic signatures found in statute and regulations including, but not limited to, Government Code section 16.5 and the regulations promulgated therefrom.

**OAKLAND UNIFIED SCHOOL DISTRICT**

DocuSigned by:  
Sondra Aguilera 8/24/2020  
Chief or Deputy Chief Date  
Sondra Aguilera CAO  
Print Name, Title

**CONTRACTOR**

Dong Suh 06/19/2020  
Contractor Signature Date  
Dong Suh, Chief Deputy of Administration  
Print Name, Title

Jody London \_\_\_\_\_  
President Date

Kyla Johnson-Trammell \_\_\_\_\_  
Secretary Date

*Previously approved as to form by OUSD General Counsel*





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2019

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> Arthur J. Gallagher & Co. Insurance Brokers of CA Inc. LIC #0726293 505 N Brand Blvd, Suite 600 Glendale CA 91203	<b>CONTACT</b> NAME: Lisa Figueroa PHONE (A/C, No, Ext): 818.539.8620 E-MAIL: lisa_figueroa@ajg.com ADDRESS: lisa_figueroa@ajg.com	<b>FAX</b> (A/C, No): 818.539.8720
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A: Nonprofits' Insurance Alliance of CA		
INSURER B: NORCAL Mutual Insurance Company		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

**INSURED**  
Asian Health Services  
101 8th Street, Suite 100  
Oakland, CA 94607

ASIAHEA-04

**COVERAGES****CERTIFICATE NUMBER:** 924698992**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	2019-25135-NPO	4/1/2019	4/1/2020	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 \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		2019-25135-NPO	4/1/2019	4/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		2019-25135-UMB-NPO	4/1/2019	4/1/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Professional Liability Errors & Omissions Retro Date: 7/1/86		610395	4/1/2019	4/1/2020	Per Claim Aggregate \$1,000,000 \$3,000,000

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

Policy: Directors & Officers Liability  
Policy#: PHSD1435002  
Carrier: Philadelphia Indemnity Insurance Company  
Policy Term: 4/1/2019 To 4/1/2020  
Per Claim: \$1,000,000 ,Aggregate: \$1,000,000 ,Retention: \$5,000

Policy: Improper Sexual Conduct  
Policy#: 2019-25135-NPO  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

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



**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Arthur J. Gallagher & Co.		NAMED INSURED Asian Health Services 101 8th Street, Suite 100 Oakland, CA 94607
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

Carrier: Nonprofits' Insurance Alliance of CA  
Policy Term: 4/1/2019 To 4/1/2020  
Each Claim: \$1,000,000 / Aggregate: \$1,000,000

Policy: Crime Coverage  
Policy#: PAC 0479108 07  
Policy Term: 4/1/2019 To 4/1/2020  
Carrier: Great American Insurance Company  
Employee Theft, Limit:\$1,000,000, Deductible \$10,000  
Forgery or Alteration, Limit:\$1,000,000, Deductible \$10,000  
Computer & Funds Transfer Fraud, Limit:\$1,000,000, Deductible \$10,000

Certificate holder is named additional insured with respect to the operations of the named insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – MANAGERS OR  
LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Designation Of Premises (Part Leased To You):</b>	
<b>Name Of Person(s) Or Organization(s) (Additional Insured):</b>  Any person or organization acting as a manager or lessor of a premises that you are required to name as an additional insured on this policy, under a written contract, lease or agreement currently in effect, or becoming effective during the term of this policy.	
<b>Additional Premium:</b>	<b>Included</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you, and only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury", caused, in whole or in part, by your acts or omissions, or the acts or omissions of those acting on your behalf, subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Any offense which constitutes "personal and advertising injury" which is committed after you cease to be a tenant in that premises; or
3. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insured, the following is added to Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

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





# ASIAN HEALTH SERVICES

ADMINISTRATIVE OFFICES

101 8<sup>th</sup> Street, Suite 100 | Oakland, CA 94607 | 510-735-3100

November 25, 2019

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 Asian Health Services Employees

Ms. Larsen-Fleming,

This letter is provided to verify that Asian Health Services completes TB and fingerprint background clearance for all staff and subcontractors working at OUSD schools.

Sincerely,

Sherry Hirota  
Chief Executive Officer



## **Statement of Qualifications - Asian Health Services**

### **Overview**

Asian Health Services (AHS) is a comprehensive community health center that has provided medical care, health education, insurance counseling, and client advocacy to the underserved Asian and Pacific Islander (API) population in Alameda County since 1974. AHS services and advocates for the medically underserved, equal parts clinical services and patient empowerment and advocacy. The mission of AHS is to serve and advocate for the medically underserved, including the immigrant and refugee Asian community, and to ensure equal access to health care services regardless of income, insurance status, language, or culture.

### **Services**

As an important part of this mission, AHS provides services in English and the following 14 Asian languages: Cantonese, Vietnamese, Mandarin, Khmer, Korean, Tagalog, Mien, Lao, Mongolian, Karen, Karen, Arabic, ASL, and Burmese.

Our full-scope primary care clinics offer services and programs for the full life cycle, from perinatal, pediatrics, adolescent, adult, to geriatric care. Services and programs include:

- Primary care
- Well-child visits
- Reproductive health and family planning
- Behavioral health services
- Case management
- Chronic illness management
- Childhood Obesity Program
- Nutrition/diet counseling
- Individual and group preventive health education counseling
- Youth program and teen clinic

### **Behavioral Health Services at Oakland High School include\***

- Mild to moderate individual therapy and counseling

### **Medical Services at Oakland High School include\***

- Confidential reproductive health and family planning health including pregnancy testing, contraceptives, and STD/STI testing, counseling and treatment
- Sexual exploitation screening
- Sports physical exams
- Primary care (Medi-cal)
- Health education/outreach
- Nutrition/diet counseling
- Health insurance enrollment (Medi-cal and Covered CA plans)

### **Dental Services at Oakland High School include:**

- Preventive dental care, screenings, x-rays, examination, cleaning, oral hygiene instructions, emergency treatment, including local anesthesia

\*We provide referrals for needed treatment outside of the Oakland High School clinic's scope of services.

### **Contact**

For more information about Asian Health Services or its services, please contact:

Angela Harris, GEMBA  
Director of Clinic Operations  
Ph: (510) 735-3122  
Email: [AHarris@ahschc.org](mailto:AHarris@ahschc.org)  
[www.asianhealthservices.org](http://www.asianhealthservices.org)  
101 8<sup>th</sup> St|Suite 100|Oakland, CA 94607



**SAM Search Results**  
**List of records matching your search for :**

**Search Term : asian health services\***  
**Record Status: Active**

<b>ENTITY</b>	ASIAN HEALTH SERVICES	Status: Active
DUNS: 113742720	+4:	CAGE Code: 30LP2 DoDAAC:
Expiration Date: 01/05/2021	Has Active Exclusion?: No	Debt Subject to Offset?: No
Address: 101 8TH ST City: OAKLAND ZIP Code: 94607-4707	State/Province: CALIFORNIA Country: UNITED STATES	

<b>ENTITY</b>	ASIAN HUMAN SERVICES FAMILY HEALTH CENTER	Status: Active
DUNS: 135942774	+4:	CAGE Code: 4F0L6 DoDAAC:
Expiration Date: 10/29/2020	Has Active Exclusion?: No	Debt Subject to Offset?: No
Address: 2424 W PETERSON AVE STE 1 City: CHICAGO ZIP Code: 60659-3803	State/Province: ILLINOIS Country: UNITED STATES	