



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 8.1a

**Meeting Date:** March 6, 2025

**Subject:** Approval/Ratification of Grants, Entitlements, and Other Income Agreements  
Approval/Ratification of Other Agreements  
Approval of Bid Awards  
Approval of Declared Surplus Materials and Equipment  
Change Notices  
Notices of Completion

- Information Item Only
- Approval on Consent Agenda
- Conference (for discussion only)
- Conference/First Reading (Action Anticipated: \_\_\_\_\_)
- Conference/Action
- Action
- Public Hearing

**Division:** Business Services

**Recommendation:** Recommend approval of items submitted.

**Background/Rationale:**

**Financial Considerations:** See attached.

**LCAP Goal(s):** Goal 1 – Graduation Outcomes; Goal 2 – Academic Outcomes; Goal 3 – Welcoming and Safety Outcomes

**Documents Attached:**

1. Grants, Entitlements, and Other Income Agreements
2. Recommended Bid Awards – Technology Project
3. Change Notices – Facilities Projects
4. Notices of Completion – Facilities Projects

**Estimated Time of Presentation:** N/A

**Submitted by:** Janea Marking, Chief Business and Operations Officer

Tina Alvarez Bevens, Contract Analyst

**Approved by:** Lisa Allen, Superintendent

## GRANTS, ENTITLEMENTS AND OTHER INCOME AGREEMENTS – REVENUE

<u>Contractor</u>	<u>New Grant</u>	<u>Amount</u>
<b><u>DEPARTMENT</u></b>		
County of Sacramento Dept of Health Services A24-00270	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$0 No Match
Period: 7/1/25 – 6/30/26 Description: Renewal package for FY 2025-2026 County of Sacramento, Department of Health Services, Division of Behavioral Health. Services include: proficient mental health services; prevention and early intervention, outpatient services, case management services, crisis intervention and stabilization services, and inpatient psychiatric hospitalizations.		

## RECOMMENDED BID AWARDS – TECHNOLOGY DEPARTMENT

Bid No.                                25-030625 eRate Wireless Cisco Licenses  
 Bids Received:                        February 12, 2025  
 Recommendation:                      Award to AMS.net  
 Amount/Funding:                      eRate and General Funds

<b>BIDDER</b>	<b>BIDDER LOCATION</b>	<b>AMOUNT</b>
AMS.Net	Livermore, CA	\$131,043
CDWG	Vernon Hills, IL	\$146,657
Converge One	Bloomington, MN	\$163,793
GigaKOM	San Diego, CA	\$187,316
KDC	Valencia, CA	\$390,133 (3 yr term)
NTT Data	New York, NY	\$168,588
Optimus	Orlando, FL	\$199,391
Coquina Technology	New York, NY	\$293,129

## **CHANGE NOTICES – FACILITIES PROJECTS**

The following change notice is submitted for approval.

**Project:** C.K. McClatchy HVAC and Kitchen Modernization

**Recommendation:** CORE West, Inc. was awarded preconstruction services at the December 14, 2023 Board of Education meeting for the C.K. McClatchy HVAC and Kitchen Modernization project. This project consists of replacement of two (2) chillers on the existing support platforms, three (3) mechanical units, to be located on the existing curbs and 65 unit ventilators located in the existing classroom suspended acoustic ceiling to be replaced in-kind. The kitchen will receive an update to the student service interface including new service lines and service equipment to provide increased options for food choice and increase school meal counts.

Original Contract Amount: \$8,000; Measure Q Funds

Approve Amendment No. 1 \$6,821,619; HVAC is Measure Q Funds and Kitchen is Kitchen Infrastructure Funds

New Total Contract Amount: \$6,829,619; HVAC is Measure Q Funds and Kitchen is Kitchen Infrastructure Funds

Approve Change Order No. 2: <\$293,882>; Measure Q Funds for Owners Unused Allowance on the HVAC project.

New Total Contract Amount: \$6,535,737; Measure Q Funds

## **NOTICES OF COMPLETION – FACILITIES PROJECTS**

Contract work is complete and Notices of Completion may be executed.

<b>Contractor</b>	<b>Project</b>	<b>Completion Date</b>
Bothman Construction	C.K. McClatchy New Softball/Baseball Field Improvements	1/30/25

# Fiscal Year 2025/2026 Contract Renewal Checklist

Please review your current scope of service, budget, quarterly reports and data. Your contract monitor will be working with you on possible changes or updates.

**Please complete and return the following items along with this checklist by the due date noted in the original email.**

- Contractor Information Letter – *Fillable form*
- Letter, on agency letterhead, stating you have five (5) or more full time employees (FTE's)
  - *Use your agency's letterhead for this statement*
- Good Neighbor Site Information *Fillable form*
- Service Delivery Address
  - *Fillable form listing each site of service*
- Certification of Compliance
  - *Review, sign, and date*
- Assurance of Cultural Competence Compliance
  - *Review, sign, and date*
- Medi-Cal Provider Disclosure Statement
  - *Review, sign, and date*
- Current organization chart and a list of Board of Directors members with contact information
- DocuSign Agreement - Instructions and Fillable Opt-In/Opt-Out Form

Thank you,

BHS Contract Administration  
[DHSMHProviderInv@saccounty.gov](mailto:DHSMHProviderInv@saccounty.gov)



**Department of Health Services**

Timothy W. Lutz  
Director

**Divisions**

Administration  
Behavioral Health  
Primary Health  
Public Health

**County of Sacramento**

January 16, 2025

RE: Funding Availability Contingent Upon County Budget Approval

Dear Contractor:

The County of Sacramento Board of Supervisors approves initial and renewal resolutions for contracting authority every year for the Department of Health Services. These resolutions authorize the Director of the Department of Health Services to execute agreements with the contractors listed in the resolutions.

As is customary and part of the initial or renewal contract process, the funding for these agreements is contingent upon the Board of Supervisors' approval of the Department's yearly Recommended and/or Adopted Budget. Most contractors are familiar with this annual process, realizing that the resolutions do not authorize billings or payments until the Budget is adopted and contracts are executed. Recognizing that many contractors may have new staff who are not familiar with these multiple steps, we are issuing this refresher/reminder about how the process works. This notice should not be construed as an indicator as to funding availability for any contractors.

The County of Sacramento appreciates your partnership in the provision of services to the Sacramento community. If you have any questions, please feel free to contact me.

Sincerely,

Maryann Luke

Deputy Director

Office of Finance, Contracts and Administration

7001A East Parkway, Suite 1000, Sacramento, CA 95823  
Office (916) 875-2002 | [DHS.SacCounty.gov](http://DHS.SacCounty.gov)

**Department of Health Services**  
Division of Behavioral Health

**Contractor Information Letter**

Date: 02/18/2025

**SUBJECT: Pending Agreement with the County of Sacramento, Department of Health Services, Behavioral Health Services**

You or your agency are being contracted to provide services to Sacramento County residents in Fiscal Year 2025-2026. The following information is required in order to process your contract accurately and timely.

1. **Contractor's Legal Business Name:** Sacramento City Unified School District

2. **Business Address:**

Address: 5735 47th Avenue

Address: \_\_\_\_\_

City, State, Zip: Sacramento CA 95824

3. **Name and Title of your Authorized Signer (person authorized to sign Contracts on behalf of your agency)**

**Name:** Janea Marking **Title:** Chief Business & Operations Officer

4. **Name and Title of your Authorized Signer (person authorized to sign Claims and Invoices on behalf of your agency)**

**Name:** Janea Marking **Title:** Chief Business & Operations Officer

5. **Service Delivery address, if different than above: Please complete form Service Delivery Address List.** Please include every site where services are delivered.

6. **Work Phone:** (916) 643-9055 **Other phone:** \_\_\_\_\_

7. **E-mail address:** janea-marking@scusd.edu

8. **You are contracting as (please check only one):**

Individual Provider

Business Owner

**Type of business:**

Corporation **In which state?** California

Sole Proprietorship

Partnership

Government agency/organization

**Is this a nonprofit organization?**  Yes  No

9. **How many full time employees work for your company?** 4,000

10. For the purposes of this contract, the County may or may not withhold taxes from the provider.

(**Please Note:** IRS rules may require the County to withhold taxes from some providers.)

**Would you prefer to have taxes withheld?**  Yes  No

11. **Contact person for this organization:** Yvonne Wright **Phone No.** (916) 643-9086

12. **Do you or your company own or lease vehicles to be used while performing services under this contract?**  Yes  No

13. **Employer Identification Number:** 94-6002491

14. **Unique Entity ID (UEI) number(s):** \_\_\_\_\_

15. **Your agency's fiscal year is:**  *January 1<sup>st</sup> - December 31<sup>st</sup>*  *July 1<sup>st</sup> - June 30<sup>th</sup>*  
*Other* \_\_\_\_\_ to \_\_\_\_\_  
(month) (day) (month) (day)

16. If contracting as a Corporation, **please attach a copy of the Resolution approved by your agency's Board of Directors** that authorizes your organization to enter into a contract with the County. The Resolution should also include the names and titles of each person authorized to execute the agreement and to submit claims for payment.

17. In order for your contract to be executed, you **must provide a certificate of insurance** for the appropriate types of insurance and amounts indicated in your Sacramento County contract. **Sacramento County must be named as Additional Insured** for General Commercial Liability coverage, and an **Additional Insured Endorsement page must be submitted.**

Sincerely,

Behavioral Health Contract Administration Team

[DHSMHProviderInv@SacCounty.gov](mailto:DHSMHProviderInv@SacCounty.gov)



**BUSINESS SERVICES**

5735 47<sup>TH</sup> Avenue • Sacramento, CA 95824  
(916) 643-9055

*Lisa Allen, Superintendent*  
*Janea Marking, Chief Business and Operations Officer*

**BOARD OF EDUCATION**

*Jasjit Singh*  
*President*  
*Trustee Area 2*

*Tara Jeane*  
*1<sup>st</sup> Vice President*  
*Trustee Area 1*

*Chinua Rhodes*  
*2<sup>nd</sup> Vice President*  
*Trustee Area 5*

*Jose M. Navarro*  
*Trustee Area 3*

*April K. Ybarra*  
*Trustee Area 4*

*Taylor Kayatta*  
*Trustee Area 6*

*Michael Benjamin*  
*Trustee Area 7*

*Justine Chueh-Griffith*  
*Student Board Member*

February 18, 2025

County of Sacramento  
Department of Health Services  
Attn: Yang Xiong  
7001 East Pkwy Ste 400  
Sacramento, CA 95823

To Whom It May Concern:

The Sacramento City Unified School District has approximately 4,000 full-time employees on payroll.

Sincerely,

Signed by:

D2972921888C416...

Janea Marking  
Chief Business and Operations Officer



# GOOD NEIGHBOR POLICY SITE INFORMATION

Please complete the following questionnaire for each site. If additional space is necessary, please attach supplemental information on a separate sheet of paper.

- 1. Agency Name: Sacramento City Unified School District
- 2. Site Address: 5735 47th Avenue, Sacramento CA 95824
- 3. Contact Person: \_\_\_\_\_ 4. Phone Number: \_\_\_\_\_
- 5. What services are currently provided at this facility?

6. Please list all County departments with which you have contracts and for what services?

7. The facility is: owned  \_\_\_\_\_ or leased  \_\_\_\_\_

Contractor: Sacramento City Unified School District

Contract No.: \_\_\_\_\_

### Service DELIVERY Address LIST

Facility Name	Address	City/State/Zip	Area Code/Phone #

# COUNTY OF SACRAMENTO CONTRACTOR CERTIFICATION OF COMPLIANCE FORM

WHEREAS it is in the best interest of Sacramento County that those entities with whom the County does business demonstrate financial responsibility, integrity and lawfulness, it is inequitable for those entities with whom the County does business to receive County funds while failing to pay court-ordered child, family and spousal support which shifts the support of their dependents onto the public treasury.

Therefore, in order to assist the Sacramento County Department of Child Support Services in its efforts to collect unpaid court-ordered child, family and spousal support orders, the following certification must be provided by all entities with whom the County does business:

CONTRACTOR hereby certifies that either:

- (a) the CONTRACTOR is a government or non-profit entity (exempt), or
- (b) the CONTRACTOR has no Principal Owners (25% or more) (exempt), or
- (c) each Principal Owner (25% or more), does not have any existing child support orders, or
- (d) CONTRACTOR'S Principal Owners are currently in substantial compliance with any court-ordered child, family and spousal support order, including orders to provide current residence address, employment information, and whether dependent health insurance coverage is available. If not in compliance, Principal Owner has become current or has arranged a payment schedule with the Department of Child Support Services or the court.

New CONTRACTOR shall certify that each of the following statements is true:

- a. CONTRACTOR has fully complied with all applicable state and federal reporting requirements relating to employment reporting for its employees; and
- b. CONTRACTOR has fully complied with all lawfully served wage and earnings assignment orders and notices of assignment and will continue to maintain compliance.

**NOTE:** Failure to comply with state and federal reporting requirements regarding a contractor's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment constitutes a default under the contract; and failure to cure the default within 90 days of notice by the County shall be grounds for termination of the contract. Principal Owners can contact the Sacramento Department of Child Support Services at 1-866-901-3212, by writing to P.O. Box 269112, Sacramento, 95826-9112, or via the Customer Connect website at [www.childsupport.ca.gov](http://www.childsupport.ca.gov).

Sacramento City Unified School District

02/19/2025

**CONTRACTOR NAME**

**Date**

Janea Marking

**Printed Name of person authorized to sign**

*Janea Marking*

**Signature**



**DIVISION OF BEHAVIORAL HEALTH SERVICES  
ASSURANCE OF CULTURAL COMPETENCE COMPLIANCE AND THE ADVANCEMENT  
OF HEALTH EQUITY**

*This document assures compliance with various federal, state and local regulations, laws, statutes, and policies related to culturally and linguistically competent services for diverse populations as well as outlines steps towards advancing health equity as noted within the Sacramento County Division of Behavioral Health Services (BHS) Cultural Competence Plan Objectives, the National Culturally and Linguistically Appropriate Services (CLAS) Standards, and the Self-Assessment for Modification of Anti-Racism Tool (SMART).*

Each organization within a culturally and linguistically competent system focused on advancing health equity is responsible for demonstrating humility, respect for all, and responding to the individualized needs of community members. Services are provided within the appropriate cultural context and through a trauma-informed equity lens that are inclusive of intersectionality of race, ethnicity, national origin, income level, religion, gender identity, gender expression, sexual orientation, age, and/or physical disability. Cultural competence is a developmental and dynamic process – one that occurs over time and is never ending.

Culturally competent and responsive providers:

- Are aware of the impact of their own culture on their relationships with clients.
- Are knowledgeable and respectful of the intersectionality of one’s culture, ethnicity, race, gender identity and expression, sexual orientation, and socio-economic status.
- Adapt their skills to meet the values and customs of each individual served.
- Strive for behavioral health equity and exhibit accountability to the communities served.

**BHS Equity Vision Statement Goal (adopted 2021)**

Sacramento County Behavioral Health Services (BHS) envisions a community where all Sacramento County residents thrive and have equitable access to optimal behavioral and emotional wellness. By racial equity we mean closing the gaps so that race does not predict one's success, while also improving outcomes for all.

**How To Get To Goal**

- BHS seeks to be an organization where staff and clients feel welcome and have a sense of belonging, that includes all cultural/ethnic identities.
- We seek to create an organizational culture that is client/family driven and reflects community diversity at all agency levels.
- As a member of the wider Sacramento community, and through mutual collaboration and partnerships, BHS prioritizes strategies that consider harmful impacts, advance unbiased results, and takes accountable action so that cultural/ethnic identity no longer predict behavioral health wellness.

**Equity Core Values**

- Client and family driven
- Mutual collaboration and partnership
- An environment of belonging, emotional safety, and promotion of expressions of diversity
- Staff reflective of community served
- Accountability, impact, results
- Innovation/fundamental change

## **Definitions**

**Cultural Competence** is a set of congruent practice skills, knowledge, behaviors, attitudes, and policies that come together in a system, agency, or among client-led providers, family members, and professionals that enables that system, agency, or those professionals and clients, and family member providers to work effectively in cross-cultural situations (adapted from Cross, et al., 1989).

**Cultural Humility** is the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]” (Hook, Davis, Owen, Worthington and Utsey, 2013). It includes “a lifelong commitment to self-evaluation and self-critique,” “a desire to fix power imbalances,” and “aspiring to develop partnerships with people and groups who advocate for others” (Tervalon & Murray-Garcia, 1998).

**Equity** “is achieved when the dimensions of our identity (e.g., sex, gender identity and expression, cultural identity, race/ethnicity, disability, national origin, age, language, family structure, religion/faith, immigration status, or sexual orientation) and other dimensions of difference defined by social, economic, demographic, and/or geographic characteristics are no longer predictive of unjust cycles of harm and oppression across generations is stopped” (Children and Youth Behavioral Health Initiative, 2023).

---

## **Cultural Competence Guiding Principles**

Cultural Competence is an ongoing process that is critical to eliminating cultural, racial, ethnic, gender identity and expression, and sexual orientation disparities in the delivery of quality and equitable mental health and substance use, prevention, and treatment services. Cultural Competence enhances the ability of the whole system to incorporate the languages, cultures, beliefs, and practices of its clients into the service, and should be incorporated into all aspects of policy-making, program design, administration, service delivery, data collection, and outcome measurement.

“While culturally competent service delivery systems will continue to have primary goals around ongoing elimination of inequities for specific racial, ethnic, and cultural communities, culturally competent systems must be sufficiently flexible in order to promote improved quality and effectiveness of services for all community members...” (County Behavioral Health Directors Association of California Framework for Advancing Cultural, Linguistic, Racial and Ethnic Behavioral Health Equity, Updated 2016, page 2).

**The County Behavioral Health Directors Association of California developed the following guiding principles and corresponding strategies for counties to use in operating a culturally and linguistically competent system of care to eliminate disparities. This is further complimented by Sacramento County’s commitment towards advancing equity, the National CLAS Standards, and SMART.**

### **Commitment to Cultural Competence and Health Equity**

- Address cultural competence and advancing equity at all levels of the system including policy, programs, operations, treatment, research and investigation, training, and quality improvement. (CLAS-Standard 1)
- Demonstrate commitment to cultural humility while improving safety and equity for staff and clients through all agency policy and practice documents, including the mission statement,

statement of values, strategic plans, and policy and procedural manuals. (CLAS-Standard 2, SMART-Workplace Culture, SMART-Clinical Care)

- Provide easy to understand print and multimedia materials and signage in languages commonly used by the population in the service area to inform them of the availability of language assistance services offered at no cost to them to address potential disparities with access to care and engagement. (CLAS-Standards 6 and 8, SMART-Clinical Care)

#### Identification of Disparities and Assessment of Needs and Assets

- Collect, compile, and analyze population statistics across language, ethnicity, age, gender, sexual orientation, socio-economic status markers and evaluate the impact of County Client Services Information data across same statistical areas. (CLAS-Standard 11)
- Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural, linguistic, ethnic, sexual orientation, and gender diversity of populations in the service area. This could include creating plans for assessing and addressing potential disparities for individuals within special populations (e.g., those who are unhoused, have legal/child protective service involvement, or are at risk for vulnerability due to their age) (CLAS-Standard 12, SMART-Community Advocacy)

#### Implementation of Strategies to Reduce Identified Disparities

- Develop, implement, and monitor strategies for the elimination of identified health and functional disparities (including upstream approaches that address the social determinants of health) and track impact of those strategies on eliminating such disparities. (CLAS-Standard 9, SMART Outcomes/Program Evaluation)
- Utilize a quality improvement framework with a racial equity lens to monitor and evaluate culturally responsive and community defined service delivery and disparity elimination activities. Incorporate data reflection in partnership with the community and share improvement targets/progress with stakeholders to maintain accountability. (CLAS-Standards 10 & 15, SMART-Outcomes/Program Evaluation)

#### Community Driven Care

- Develop formal and informal relationships with community members, community organizations, and other partners to maximize accountability in the delivery of effective culturally, ethnically, linguistically, sexual orientation and gender affirming appropriate care and monitor the outcomes of these partnerships. (CLAS-Standard 13, SMART-Community Engagement/Co-Production)
  - Ensure diverse representation of clients on advisory/governance bodies/committees (a recommended minimum of 50%) to develop service delivery and evaluation. Diverse representation may include:
    - Individuals with lived mental health/behavioral health experience
    - Family members of a client
    - Transition Age Youth (TAY)
    - Parent/caregivers of youth with serious emotional disturbance
    - Representatives from unserved/under-served/inappropriately served communities including Limited English Proficient (LEP) individuals
- Establish and implement a transparent and inclusive process for obtaining client, community, and staff input related to culturally responsive and community defined service delivery planning, implementation, monitoring, and evaluation. Create and utilize culturally and

linguistically appropriate conflict grievance resolution processes. (CLAS-Standard 14, SMART-Community Engagement/Co-Production)

### Workforce Development

- Establish workforce recruitment/hiring strategies that ensure adequate levels of peer specialists (persons with lived experience), community (navigators, community health workers), administrative, support, and professional staff, reflective of the diversity of the populations served. Emphasize professional development opportunities (e.g., mentorship); creating a “safe space” to identify and discuss topics of racism, its effects, and ways to improve safety and equity; self-care strategies to address stress and micro-aggressions; and other retention efforts (e.g., examining current promotion practices). Develop corrective measures to address severe shortages impacting ability to serve county populations. This may include creating formal processes to address incidents of racial disparities or discrimination in the workplace (WIC 4341; CLAS-Standard 3; SMART-Workplace Culture; SMART-Hiring, Recruitment, Retention, and Promotion).
- Provide ongoing cultural competence and quality improvement training to peer (persons with lived experience), community (navigators, community health workers), administrative, support and professional personnel (trained behavioral health interpreters, bilingual staff) to effectively address the needs of cultural, racial, ethnic (including linguistic capability), sexual orientation or gender diverse populations. This may include engaging in trauma-informed conversations about experiences of racism and microaggressions as well as identifying ways to address these issues. (CCR Title 9 Section 1810.410, CLAS-Standards 4 and 7, SMART-Workplace Culture)

### Provision of Culturally and Linguistically Appropriate Services

- Ensure access to culturally/linguistically appropriate as well as sexual orientation and gender affirming services (treatment interventions, engagement strategies, outreach services, assessment approaches, community defined practices). Offer language assistance at no cost to them, for all diverse unserved, underserved, and inappropriately served populations by making them available, accessible, acceptable, accommodating, and sensitive to historical, cultural (including healing practices and ceremonies), spiritual and/or religious experiences and values of diverse populations, inclusive of gender roles, sexual orientation, generational differences, etc. (CLAS-Standards 1 and 5, SMART-Clinical Care)
- Make available behavioral health services that are responsive to the numerous stressors and social determinants of health experienced by cultural, racial, ethnic, sexual orientation or gender diverse populations which have a negative impact on the emotional and psychological state of individuals and make every attempt to provide greater access to services to address potential barriers or disparities impacting access to care and/or engagement (e.g. providing services during evenings/weekend hours and/or in less stigmatizing settings such as in primary care locations, at faith-based organizations, at community organizations, etc.) (CLAS-Standard 12, SMART-Clinical Care)

---

**CONTRACTOR hereby agrees to comply with the principles and guidelines set forth as outlined above, and shall:**

1. Promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with clients and each other in a culturally diverse work environment by:

- Supporting evidence-based, community-defined, promising, and emerging practices that are affirming of one's sexual orientation/gender identity/gender expression and congruent with ethnic/racial/linguistic/cultural group belief systems, cultural values, traditional healing practices, and help-seeking behaviors.
  - Supporting the County's goal to reduce disparities to care and promote behavioral health equity by increasing access, decreasing barriers, and improving services for unserved, underserved, and inappropriately served communities.
  - Providing an emotional environment that ensures people of all cultures, ages, sexual orientation, gender identity, and gender expression feel welcomed and cared for. This shall include:
    - Respect for individual preferences for cultural healing practices including spiritual and/or holistic approaches to health
    - Reception staff that are proficient in the different languages spoken by clients
    - Bilingual and/or bicultural clinical staff that are knowledgeable of cultural and ethnic differences, needs, culturally accepted social interactions and healthy behaviors within the client's family constellation or other natural support system, and who are able and willing to respond to clients and their natural support system in an appropriate and respectful manner.
    - Staff identifying their own pronouns and asking about the client's pronouns
2. Create/implement a comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, outcomes, evaluation, policies, procedures, and designated staff responsible for implementation.
    - As outlined in the Sacramento County BHS Cultural Competence Plan Objectives: Ensure progress in the delivery of culturally competent services through the biennial completion and analysis of a system-wide Agency Self-Assessment of Cultural Competence.
  3. Develop and implement a strategy to recruit, retain and promote qualified, diverse culturally and linguistically competent administrative, clinical, and support staff, reflective of the community, that are trained and qualified to address the needs of the racial and ethnic communities being served.
    - As outlined in the Sacramento County BHS Cultural Competence Plan Objectives: Increase the percentage of direct service staff by 5% annually to reflect the racial, cultural, and linguistic makeup of the county until the makeup of direct services staff is proportionate to the makeup of Medi-Cal beneficiaries plus 200% of poverty population.
  4. Require and arrange for ongoing education and training for administrative, clinical, and support staff in culturally and linguistically competent service delivery. In addition to ensuring that staff members participate in required cultural competence trainings offered by Sacramento County Division of Behavioral Health Services, CONTRACTOR shall provide cultural competence training to all employees.
    - As stated in the Sacramento County BHS PP-BHS-CCES-02-01\_Implementation of Cultural Competence: All BHS-funded program staff who provide direct behavioral health services and their supervisors/managers/administrators must complete a minimum of six (6) hours annually of BHS-approved cultural competence/behavioral health equity training(s) as part of their contract agreement with the County.
  5. Provide oral and written notices, including translated signage at key points of contact, to clients in their primary language informing them of their right to receive no cost interpreter services and



offer all clients who speak a primary language other than English access to a bilingual staff or interpreter.

6. Translate signage and commonly-used written educational/informing materials into the predominant language(s) spoken by the communities located within the service area and make these readily available to clients/families.
7. Create a physical environment and “safe space” that ensures individuals of all cultures, races/ethnicities, ages, sexual orientation, gender identity, and gender expression feel welcomed and cared for in the setting. This shall include:
  - Decorating the waiting and treatment areas with artwork/images that are gender affirming and reflect the diverse cultures of Sacramento County
  - Providing reading materials, resources, and magazines in multiple languages that are at appropriate reading levels and are suitable for different age groups, including children and youth
  - Considering cultural differences and preferences when offering refreshments
  - Ensuring that any pictures, symbols, or materials on display are not unintentionally disrespectful to another culture
  - Including gender affirming restroom space and signage
  - Using gender affirming language in forms and documents
  - Asking about and using client’s pronouns
8. Ensure that interpreters and bilingual staff demonstrate bilingual proficiency; receive training which includes the skills and ethics of interpreting; and possess knowledge of the terms and concepts relevant to clinical or non-clinical encounters in both languages.
  - As outlined in the Sacramento County BHS Cultural Competence Plan Objectives: Maintain the standard that 98% of staff identified as interpreters complete the approved mental health/behavioral health interpreter training and receive certification. Include system partners in training to expand pool of trained interpreters in emerging language populations.
9. Ensure that the clients' primary spoken language and self-identified race/ethnicity/sexual orientation/gender identity and pronouns are included in the provider's management information system as well as within any client records used by provider staff.
10. Promote equity in behavioral health service utilization by actively engaging and sustaining meaningful participation of representatives from unserved, underserved, and inappropriately served communities at every step of program planning, implementation, outcome measurement, and evaluation processes.
11. Collaborate with cultural, racial, ethnic, sexual orientation, or gender diverse communities and emerging refugee communities to learn more about how these communities define and view culturally and linguistically competent outreach, engagement, and behavioral health wellness and recovery services.

**Dissemination of these Provisions: CONTRACTOR shall inform all its officers, employees, agents, and subcontractors providing services hereunder of these provisions.**

*By my signature below, as the authorized representative of the CONTRACTOR named below, I certify acceptance and understanding for myself and the CONTRACTOR of the above provisions.*

Sacramento City Unified School District  
Contractor (Organization Name)

Signed by:  
  
D2972921888C416...  
Signature of Authorized Representative

Janea Marking  
Name of Authorized Representative (Printed)

02/18/2025  
Date

Chief Business and Operations Officer  
Title of Authorized Representative

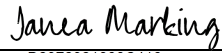
**SACRAMENTO COUNTY MENTAL HEALTH PLAN  
MEDI-CAL PROVIDER DISCLOSURE STATEMENT OF SIGNIFICANT BENEFICIAL INTERESTS**

Entity Name	<a href="#">Sacramento City Unified School District</a>		
Entity Address	<a href="#">5735 47th Avenue, Sacramento CA 95824</a>		
Taxpayer ID	<b>94-6002491</b>	Telephone Number	<b>(916) 643-9086</b>

1. Do you or anyone else own 5% or more of this Contractor/ Entity? (Sole Proprietors answer yes)      Yes  No
2. If so, is dependent health insurance available to/or through Contractor/Company?      Yes  No
- If YES to question #1, please complete the following as to each of these individuals:**

Name of Provider in Which Interest is Held	Type of Provider	Address	Name of Relative(s) Who Holds The Interest	Relation	Type of Interest	Percentage and/or Dollar Amount of the Interest

*I hereby certify under penalty of perjury that all the above statements are true and correct to the best of my knowledge.*

Signed by:  Signature <span style="font-size: small;">D2972921888C416...</span>		02/19/2025 Date
--	--	--------------------

**INSTRUCTIONS**

Pursuant to 42 C.F.R. Section 455.104 and Section 14022 of the Welfare and Institutions Code provides that no payment shall be made to a Medi-Cal provider or to any facility or organization in which he or his immediate family has a “significant beneficial interest” unless the provider has a statement on file disclosing his or the interest his immediate family has in other Medi-Cal providers to which they refer beneficiaries. The applicable section under Medi-Cal program regulations is Section 51466, Article 6, Chapter 3, subdivision 1 of Division 3 of Title 22 of the California Administrative Code. This regulation is shown below.

1. Every provider must complete this form.
2. Disclosure must be made for each member of the provider’s immediate family - spouse, parents, spouse’s parents, children, and spouses of children.
3. “Significant beneficial interest” means any financial interest that represents either five percent of the total interest or a value of \$25,000 irrespective of the percentage ownership. How different types of interests are to be valued can be determined by referring to Section 51466.
4. If a provider has no “significant beneficial interest” in other providers, to which Medi-Cal recipients are referred, place “no interests” on the first line and sign the statement.

**51466. Disclosure of Significant Beneficial Interest.**

- A. A provider shall not bill or submit a claim for service involving the referral of a beneficiary to or from another provider unless each provider has disclosed any significant beneficial interest existing between the providers. Disclosures shall be accomplished by completing and submitting a Medi-Cal Personal Disclosure Statement of Significant Beneficial Interest form as provided by the Department.
- B. A provider that fails to comply with (a) or that submits a false or incorrect disclosure shall be subject to a suspension from participation or payment under the Medi-Cal program.
- C. For the purpose of this section:

- (1) "Significant beneficial interest" means any financial interest held by a provider, or a member of the provider's immediate family, in another provider that is equal to or greater than the lesser of the following:
  - (a) Five percent of the whole.
  - (b) \$25,000.00
- (2) "Immediate family" means spouse, son, daughter, father, mother, father-in-law, mother-in-law, son-in-law, or daughter-in-law.
- (3) Interests held by a provider and members of that provider's immediate family shall be combined and valued as a single interest.
- (4) The extent of financial interest shall be determined as follows:
  - (a) Full ownership shall be considered as 100 percent financial interest and control regardless of mortgages or other encumbrances.
  - (b) Interest in a partnership shall be determined on the basis of the percentage of ownership specified in either a written or verbal partnership agreement.
  - (c) Interest in a corporation shall be determined by computing the percentage of stock or bonds owned or the total outstanding shares or bonds of the corporation as of the last working day of the month preceding compliance with (a).
  - (d) All other financial arrangements shall require establishment of a fair and reasonable dollar value for both the interest and the whole. The percentage interest shall be computed as the percentage the dollar value of the interest represents of the whole.
- (5) The dollar value of the following types of interests shall be determined as follows:
  - (a) Bonds, over-the-counter stocks and stocks listed on the major stock exchanges shall be valued at the closing selling price on the last working day of the month preceding compliance with (a).
  - (b) Stocks in a closely held corporation shall be valued at the original purchase price, par value, or current market value, whichever is greater.
  - (c) Partnership interests shall be valued at the total dollar amount invested in organizing the partnership. A fair and reasonable dollar equivalent shall be determined if investment is not in form of monies.
  - (d) All other financial arrangements shall be valued at the actual dollar investment or a fair and reasonable dollar equivalent for investments not in the form of monies.

**County of Sacramento  
Department of Health Services  
Administration Division  
Contracts Unit**

**Electronic Signature Information for Contracts**

The County of Sacramento uses the DocuSign software for electronic signatures.

Please fill out the attached Contractor Opt In/Out form to indicate your preference. Signing agreements using the electronic signature method is optional.

If you choose to sign your agreement electronically using DocuSign, here is some basic information:

- There is no cost to the contractor.
- DocuSign will send an email with a link to click to access the agreement, please see the sample email on the next page.
- The contractor does not need a DocuSign account to sign the agreement.
- DocuSign will automatically send an email with a link to the next person to review or to sign the agreement.
- DocuSign will send a copy of the fully executed agreement to the signer and to any other contractor staff who have reviewed via DocuSign.

***Please contact your Contract Monitor if you find incorrect content in the agreement. Please do not sign or DocuSign the agreement if you do not agree with something in the agreement. Also, please do not 'Decline to Sign' in DocuSign. Contact your Contract Monitor, instead.***

Please be advised that these DocuSign emails will be coming from Jessica Means or Tamara Tripp.

If you have any questions, please feel free to email us at [DHSContractsUnit@SacCounty.gov](mailto:DHSContractsUnit@SacCounty.gov) or call Jessica Means at (916) 875-1988 or Tamara Tripp (916) 875-7243.

The next page shows an example of the email you will receive from DocuSign NA3 System.

**From:** DocuSign NA3 System <[dse\\_NA3@docusign.net](mailto:dse_NA3@docusign.net)>  
**Sent:** Wednesday, July 8, 2020 3:47 PM  
**To:** Sawhill, Cindy <[SawhillC@SacCounty.net](mailto:SawhillC@SacCounty.net)>  
**Subject:** Please DocuSign:\*RUSH\* Execute before 7/20/20 CDPH (7207500-21-376M)

**EXTERNAL EMAIL:** If unknown sender, do not click links/attachments.



Erica Sevigny sent you a document to review and sign.

[REVIEW DOCUMENTS](#)

**Erica Sevigny**  
[SevignyE@SacCounty.net](mailto:SevignyE@SacCounty.net)

Please sign off on this MOU with the State, and contact Sara Sawyer with any questions.

Powered by **DocuSign**

**Do Not Share This Email**

This email contains a secure link to DocuSign. Please do not share this email, link, or access code with others.

**Alternate Signing Method**

Visit [DocuSign.com](http://DocuSign.com), click 'Access Documents', and enter the security code:  
2003D1F5890F48B4BA91D6111F028A1C3

**About DocuSign**

Sign documents electronically in just minutes. It's safe, secure, and legally binding. Whether you're in an office, at home, on-the-go -- or even across the globe -- DocuSign provides a professional trusted solution for Digital Transaction Management™.


**Questions about the Document?**

If you need to modify the document or have questions about the details in the document, please reach out to the sender by emailing them directly.

**Stop receiving this email**

[Report this email](#) or read more about [Declining to sign](#) and [Managing notifications](#).

If you are having trouble signing the document, please visit the [Help with Signing](#) page on our [Support Center](#).

 [Download the DocuSign App](#)

This message was sent to you by Erica Sevigny who is using the DocuSign Electronic Signature Service. If you would rather not receive email from this sender you may contact the sender with your request.

**Department of Health Services, Contractor DocuSign OPT IN/OUT Form**

Please select an option below in regard to signing electronically via DocuSign for

Agreement #: \_\_\_\_\_ Contractor Name: [Sacramento City Unified School District](#)

I Do NOT wish to sign this Agreement with the Department of Health Services electronically via DocuSign. I prefer to have the Agreement mailed to me, sign the physical copies and return them via US mail.

I DO wish to sign this Agreement with the Department of Health Services electronically via DocuSign.

Fill in below with complete name and email address for the individual who has Authority to sign this Agreement. This field is **REQUIRED** in order for you to electronically sign. Then make a selection for who would like to receive a copy of the fully signed Agreement.

Name of Authorized Signer	Email Address
<a href="#">Janea Marking</a>	<a href="mailto:janea-marking@scusd.edu">janea-marking@scusd.edu</a>

Once the Agreement is fully signed by both parties, a copy will automatically be sent to the signer and any reviewers designated below.

[Tina Alvarez Bevens](#)  
Name of Person Completing Form

[02/18/2025](#)  
Date

**This field is OPTIONAL. Only fill out this field if you have individual(s) other than the signer, who also need to review the Agreement before it is signed:**

These individual(s) will not be signing the Agreement, but will be asked to electronically initial their approval on this form. Please list them in the order you would like them to receive the Agreement for review, before the signer.

Order	Name of Additional Reviewer(s)	Email Address
1.	<a href="#">Tina Alvarez Bevens</a>	<a href="mailto:tina-alvarez-bevens@scusd.edu">tina-alvarez-bevens@scusd.edu</a>
2.	<a href="#">Robert Aldama</a>	<a href="mailto:robert-aldama@scusd.edu">robert-aldama@scusd.edu</a>
3.		

**CHANGE ORDER FORM**

Sacramento City Unified School District  
5735 47<sup>th</sup> Avenue  
Sacramento, CA 95824

<b>CHANGE ORDER NO.:</b>
02

**CHANGE ORDER**

**Project:** C.K. McClatchy High School Servery Modernization  
**Project No.:** 0510-433

**Date:** January 27, 2024  
**DSA File No.:** 34-H7  
**DSA Appl. No.:** 02-121788

The following parties agree to the terms of this Change Order:

**Owner:** Sacramento City Unified School District  
  
5735 47<sup>th</sup> Avenue  
Sacramento, CA 95824

**Developer:** CORE Construction  
  
1410 Rocky Ridge Drive, #180  
Roseville, CA 95661

**Architect:** Lionakis  
  
2025 19<sup>th</sup> Street  
Sacramento, CA 95818

**Project Inspector:** KCB Investments  
  
3450 Hector Road  
Newcastle, CA 95658

Reference	Description	Cost	Days Ext.
CO #02 Requested by: Performed by: Reason:	Project Close-out of Unused Owner Contingency District CORE Construction Reconciliation of contract	\$(13,305.00)	0
CO #02 Requested by: Performed by: Reason:	Project Close-out of Unused Contractor Contingency District CORE Construction Reconciliation of contract	\$(56,402.00)	0
CO #02 Requested by: Performed by: Reason:	Project Close-out of Unused Piping Allowance District CORE Construction Reconciliation of contract	\$(151,455.00)	
CO #02 Requested by: Performed by: Reason:	Project Close-out of Unused Temp Facilities District CORE Construction Reconciliation of contract	\$(11,525.00)	
CO #02 Requested by: Performed by: Reason:	Project Close-out of Unused Hoisting District CORE Construction Reconciliation of contract	\$(9,460.00)	



CO #02 Requested by: Performed by: Reason:	Project Close-out of Unused Temp Utilities District CORE Construction Reconciliation of contract	\$(51,735.00)	
Contract time will be adjusted as follows:  Previous Completion Date: <u>8/28/2024</u>  _____0 Calendar Days Extension (zero unless otherwise indicated)  Current Completion Date: <u>8/28/2024</u>	Original Contract Amount:	\$4,497,307.00	
	Amount of Previously Approved Change Order(s):	\$0.00	
	Amount of this Change Order:	\$(293,882.00)	
	Current Contract Amount:	\$4,203,425.00	

