

**INTERAGENCY AGREEMENT BETWEEN
FIRST 5 SAN MATEO COUNTY
AND
SAN MATEO COUNTY HEALTH SERVICES AGENCY, DIVISION OF PUBLIC HEALTH
(Prenatal to Three Initiative)**

THIS AGREEMENT is entered into this 1st day of July 2003, by and between First 5 San Mateo County, hereinafter called "Commission," and San Mateo County Health Services Agency, Division of Public Health (Prenatal to Three Initiative), hereinafter called "Contractor."

W I T N E S S E T H :

WHEREAS, pursuant to Health & Safety Code Section 130100 et seq., Commission may contract with independent contractors for the furnishing of such services to or for the Commission; and

WHEREAS, the Exhibit A, Project Services, Exhibit B, Payments, and Exhibit C, Intellectual Property Protocol, are attached hereto and incorporated by reference herein;

WHEREFORE, the Commission and Contractor agree as follows:

1. Services to be Performed

In consideration of the payments hereinafter set forth in Exhibit B, attached hereto and incorporated by reference herein, Contractor under the general direction of the Executive Director of the Commission, or his/her authorized representative, with respect to the product or result of Contractor's services, shall perform services as described in Exhibit A, attached hereto and incorporated by reference herein, which includes: screening by telephone 450 Medi-Cal and non Medi-Cal families, providing home based assessments to 100 families; providing home visiting beyond assessment to 165 families; providing intensive case management and mental health services to 100 families; providing parenting classes and infant therapy groups to 198 families; providing social support and empowerment classes to 20 African American women; providing psychiatric assessment and treatment to 40 parents; providing access to quality childcare to 24 children. Contractor shall ensure compliance with all state, federal and local laws or rules applicable to performance of the work required under this contract.

Exhibits A and B and their attachments reflect the scope of work and budget for the term of the contract July 1, 2003 to June 30, 2006.

2. Contract Term

The term of this Agreement shall be from July 1, 2003 to June 30, 2006, subject to the termination provisions noted in paragraph 7, and subject further to the agreement provided for in paragraphs 3.C and 11, that there are reports due followed by final payment and evaluation required which occur after June 30, 2006. Contractor further agrees that the requirements of this Agreement pertaining to records in paragraph 8, and intellectual property in paragraph 9, including Exhibit C, shall survive the termination of this Agreement.

3. Payments

A. **Maximum Amount.** In full consideration of Contractor's performance of the services described in Exhibit A, the amount that the Commission shall be obligated to pay for services rendered under this Agreement shall not exceed THREE MILLION DOLLARS (\$3,000,000) for the term July 1, 2003– June 30, 2006.

B. **Rate of Payment.** The rate of payment shall be as specified in Exhibit B. Each payment shall be conditioned on the performance of the services described in Exhibit A to the full satisfaction of the Executive Director, on behalf of the Commission. In the event that the Commission makes any advance payments, Contractor agrees to refund any amounts in excess of the amount owed by the Commission at the time of contract termination.

C. **Time Limit for Submitting.** Contractor shall submit semi-annual progress reports within 31 days of completion of the 6th and 12th month under this Agreement for services to the Commission for payment in accordance with the provisions of Exhibit B. The first report, therefore, shall be due January 31, 2004. Guidelines for progress reports will be provided by the Commission staff and shall include a descriptive narrative, tracking of the approved timeline and work plan, and a detailed financial accounting of all grant

funds spent in comparison with the approved budget. The Commission must approve any substantial changes to the approved work plan and/or timeline. The Commission Staff will provide guidelines for such changes.

- D. **Availability of Funds.** Payment for all services provided pursuant to this Agreement is contingent upon the availability of funds under Proposition 10. In the event such funds are not provided or not available to First 5 San Mateo County, the Commission shall not be liable for any payment whatsoever; including, but not limited to, payments that are based on Commission funds. The Commission may terminate the agreement for unavailability of State funds. In this event, the Commission shall, through its Executive Director, inform Contractor of such unavailability as soon as it is known, and to the extent legally possible pay all outstanding amounts due.
- E. **Supplantation.** Funds pursuant to this Agreement are provided pursuant to Proposition 10 and are intended to supplement, expand upon, and enhance activities funded from existing sources. Contractor shall not use funds under this Agreement to supplant existing resources or services.

4. **Child Abuse Prevention and Reporting.**

Contractor agrees to ensure that all known or suspected instances of child abuse or neglect are reported to a child protective agency as defined in Penal Code Section 11165.9. This responsibility shall include:

- A. A requirement that all employees, consultants, or agents performing services under this contract who are required by Penal Code Section 11166(a), to report child abuse or neglect, sign a statement that he or she knows of the reporting requirement and will comply with it.
- B. Establishing procedures to ensure reporting even when employees, consultants, or agents who are not required to report child abuse under Penal Code 11166(a), gain knowledge of, or reasonably suspect that a child has been a victim of abuse or neglect.
- C. Contractor agrees that its employees, subcontractors, assignees, volunteers, and any other persons who provide services under this contract and who will have supervisory or disciplinary power over a minor or any person under his or her care (Penal 11105.3) will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of children with whom Contractor's employees, subcontractors, assignees or volunteers have contact. All fingerprinting services will be at the Commission's sole discretion and Contractor's sole expense.

5. **Smoke Free Premises:**

The Contractor shall prohibit smoking on its premises. "Premises" shall include all property owned, leased, or occupied by Contractor, including its offices and day care centers, if applicable. In addition, all Contractors shall include or incorporate by reference in all subcontracts the requirements of this provision; failure to do so shall constitute a material breach of this Agreement.

6. **Assignment of Agreement**

- A. Without the written consent of the Executive Director of the Commission or his/her designee, this Agreement is not assignable in whole or in part with the exception of subcontractors already approved as part of this Agreement. Any assignment by Contractor without the written consent of the Executive Director of the Commission or his/her designee violates this Agreement and shall automatically terminate this Agreement.
- B. All assignees, subcontractors, or consultants approved in writing by the Executive Director of the Commission or his/her designee shall be subject to the same terms and conditions applicable to Contractor under this Agreement, and Contractor shall be liable for the assignee's, subcontractor's or consultant's acts and/or omissions.

7. **Termination of Agreement**

The Executive Director, after consultation with the Chair of the Commission, may at any time from execution of Agreement, terminate this Agreement, in whole or in part, for the convenience of the Commission, by giving written notice specifying the effective date and scope of such termination. Termination shall be effective on a date not less than thirty days from notice. In the event of termination, all finished or unfinished documents, data, studies, maps, photographs, reports, and materials (hereafter referred to as materials) prepared by Contractor under this Agreement shall become the property of the Commission and shall be promptly delivered to the Commission. In the event of termination, Contractor shall be paid for all work satisfactorily performed until termination, except where the contracting department determines the quality or quantity of the work performed is unacceptable. Such payment shall be that portion of the full payment, which is determined by comparing the work/services completed to the work/services required by the Agreement.

8. Records

- A. Contractor agrees to provide to the Commission, to any Federal or State department having monitoring or reviewing authority, to Commission's authorized representatives and/or their appropriate audit agencies upon reasonable notice, access to and the right to examine and audit all records and documents necessary to determine compliance with relevant Federal, State, and local statutes, rules and regulations, and this Agreement, and to evaluate the quality, appropriateness and timeliness of services performed.
- B. Contractor shall maintain and preserve all records relating to this Agreement in its possession of any third party performing work related to this Agreement for a period of three (3) years from the termination date of this Agreement, or until audit findings are resolved, whichever is greater.
- C. Contractor shall notify Commission staff of all instances and/or requests for data disclosure.

9. Intellectual Property

All products and concepts, however recorded, prepared or generated by the Contractor in the performance of this Agreement shall be the exclusive property of the Commission. The term "product" as used in the Agreement shall include, but will not be limited to, documentation, findings, design, report, form, evaluation, method of analysis, system, software developed, design documents and concepts related to the work under this Agreement. This Agreement shall preclude Contractor from using or marketing products developed or originated for the Commission hereunder unless and until the parties execute a marketing agreement. All products, inventions, discoveries and improvements developed in the performance of this Agreement while using Commission facilities, including hardware and software shall be the property of the Commission. It shall be presumed that any product, invention, discovery or improvement was developed using Commission facilities unless Contractor is able to show by documented proof that such invention, discovery or improvement was developed solely with Contractor's facilities. If such product, invention, discovery or improvement shall be determined to be the property of Contractor, Commission shall be granted a nonexclusive, irrevocable, royalty free license to use said invention, discovery or improvement.

The Contractor agrees to abide by the Commission policy and procedures relating to intellectual property. Such policy is incorporated by reference and attached hereto as Exhibit C.

10. Compliance with Applicable Laws

All services to be performed by Contractor pursuant to this Agreement shall be performed in accordance with all applicable Federal, State, County and Municipal laws, ordinances, regulations, including but not limited to appropriate licensure, certification regulations, confidentiality requirements and applicable quality assurance regulations.

11. Program Monitoring and Evaluation

Contractor shall track achievement of program objectives and the process and outcome measures for this project as they are described in the scope of work, as amended pursuant to this Agreement. Contractor shall cooperate with any Evaluator hired by the Commission to aid in the evaluation process. Contractor shall collect client level data for each funded year and shall participate in a countywide and statewide evaluation of the effectiveness of Proposition 10 efforts, whether it occurs during or after the term of this contract. Contractor shall submit reports as requested by the Executive Director or the Evaluator, and comply with reports as required in the Program Handbook, which include the following:

- 1. A semi-annual progress report of each funded year.
- 2. A draft evaluation plan within 31 days of the effective date of this contract, thereby being due July 31, 2003, or as agreed upon by the Executive Director, after consultation with the Chair of the Commission.
- 3. A year-end evaluation report of each funded year.

12. Alteration of Agreement

This Agreement is entire and contains all the terms and conditions agreed upon by the parties. No alteration or variation shall be valid unless made in writing and signed by the parties hereto, or as permitted by the terms of this Agreement, and no oral understanding or agreement shall be binding on the parties hereto.

13. **Notices**

A. Any notice, request, demand or other communication required or permitted hereunder shall be deemed to be properly given when deposited in the United States mail, postage prepaid, addressed:

- 1) In the case of Commission, to:
Kris Perry, Executive Director
First 5 San Mateo County
1700 S. El Camino Real, Suite 405
San Mateo, CA 94402
Phone: (650) 372-9500

- 2) In the case of Contractor, to:
Mary Hansell, BSN, Cr. PH - Director
San Mateo County Health Services Agency
225 W. 37th Avenue
San Mateo, CA 94403
Phone (650) 573-2316

B.

The validity of this Agreement and of its terms or provisions, as well as the rights and duties of the parties hereunder, the interpretation and performance of this Agreement shall be governed by the laws of the State of California.

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

COUNTY OF SAN MATEO

FIRST 5 SAN MATEO COUNTY

Print Name and Title

Patricia Bresse

Chair

Signature

4/28/03

Date

Date

Budget Unit

Contractor's Tax ID Number

EXHIBIT A

PROJECT SERVICES

Pursuant to the Agreement for Services between First 5 San Mateo County and San Mateo County Health Services Agency, Division of Public Health (Prenatal to Three Initiative), entered onto on July 1, 2003, Contractor shall provide the following services as described more fully in Attachment A, attached hereto and incorporated by reference herein, over the term of this contract from July 1, 2003 to June 30, 2006.

Exhibit A and its attachments reflect the scope of work for the term of the contract July 1, 2003 to June 30, 2006.

Under this grant, Contractor will use service delivery improvement and systems change strategies to:

1. Increase early identification of children's health and developmental problems including:
 - Public Health Nurses (PHNs) screen four hundred and fifty (450) families by telephone;
 - PHNs provide home based assessments to one hundred (100) at-risk families (minimum 3 visits);

2. Build parental knowledge and capacity to support early brain development of their children:
 - PHNs and Community Workers provide home visiting beyond assessment to 165 parents
 - Community Workers provide treatment readiness services to 40 parents
 - Black Infant Health outreach worker provide outreach and case management to 25 African American families in North County
 - Psychiatric Social Worker provide home based mental health therapy to 35 families
 - Offer five 10-session parent/infant therapy groups to 30 high risk families
 - Facilitate four 12-session parenting classes for 48 parents using Strengthening Multicultural Families curriculum
 - Facilitate six Touchpoints sessions for 120 parents
 - Conduct social support/empowerment classes for 10 African American women in North County
 - Provide psychiatric medication assessments to 40 clients
 - Provide enhanced child care referrals and short term subsidized child care for 24 children
 - Give out library applications to 400 parents
 - Offer Raising a Reader Book rotation program to 60 parents

ATTACHMENT 1

AGENCY NAME: Prenatal to Three Initiative

Scope of Work
First 5 San Mateo County Strategic Initiative on Early Brain Development

GOAL #1: Increase early identification of children's health and developmental problems

Program Objectives	Major Activities (list for each objective)	Activities Timeline (beginning date- end date)	Unduplicated Clients Served	Process Measures	Outcome Indicators
1.a) Increase referrals by informing pediatric and obstetric providers in San Mateo County of new PTT eligibility criteria	<p>Revise provider brochure showing new eligibility guidelines</p> <p>Distribute provider brochures and inform obstetric and pediatric providers who take Medi-Cal</p>	7/1/03 – 6/30/04 “	1500 families and children aged 0-1 years (400 served with F5SMC funding)	<p>New provider brochure developed and printed</p> <p>90% of pediatric and obstetric providers informed of new eligibility requirements</p>	Increase referrals from 2002/2003 referral rate of approximately 65% of Medi-Cal deliveries (from 1,500 to 1,800 referrals)
1.b) By two weeks post-partum, screen all Medi-Cal eligible families to identify risk for child health and developmental problems	<p>Develop telephone screening tool and train PIINs in its use</p> <p>Screen by telephone all Medi-Cal families referred by obstetric and pediatric providers (not including approx 350 families immediately referred to AFLP and BHI)</p> <p>Public health nurses (PHNs) provide home based assessment for environmental, physical, psychological, and social risk factors, including parenting skills (minimum 3 visits)</p>	“ “	<p>1350 families and children aged 0-1 years (400 served with F5SMC funding)</p> <p>425 parents having first child (primiporous) or identified as at-risk (110 served with F5SMC funding)</p>	<p>Attempt to reach 100% of referred families by telephone</p> <p>90% of families referred are screened by telephone (remaining 10% are unable to be reached due to relocation or refuse offer of services)</p> <p>95% of screened families having first child will receive home based assessment.</p>	

			285 parents having second or more child (multiparous) and identified as at-risk by referrant or through screening (70 served with F5SMC funding)	95% of families with more than one child identified as at risk will receive home based assessment	
1.c) Within two weeks of referral screen all families with children 0-5 on Medi-Cal (but not born on Medi-Cal) in SM County to identify risk for child health and developmental problems (uninsured children will also be assessed for need)	<p>PHNs link families to necessary resources, both internal to PTT and external.</p> <p>PHNs screen by telephone all new Medi-Cal families referred</p> <p>PHNs provide home based assessment for environmental, physical, psychological, and social risk factors, including parenting skills (minimum 3 visits) for at-risk families not eligible for other home based services</p> <p>Collect data for outcome measures</p>		<p>Approximately 200-300 families (accurate data will be available at the end of year 1) (50 served with F5SMC funding)</p> <p>100 -150 primiparous and multiparous having second or more child identified as at-risk by referrant or through screening (30 served with F5SMC funding)</p>		

GOAL #2: Build parental knowledge and capacity to support early brain development of their children

Program Objectives	Major Activities <i>(list for each objective)</i>	Activities Timeline	Unduplicated Clients Served	Process Measures	Outcome Indicators
<p>2.a) Increase rates of developmentally appropriate interactions with children and strengthen parenting knowledge and skills through anticipatory guidance, parent education and support conducted in home visits, (more than 3 visits) by multidisciplinary team</p>	<p>Four PHNs and five Community Workers (CWs) provide home visiting beyond assessment to support positive parenting using Touchpoints principles</p> <p>Four PHNs and five CWs assist in making linkages to necessary resources, including substance abuse treatment, domestic violence services, housing support and mental health.</p> <p>Two Community Workers provide treatment readiness services to parents with untreated substance abuse.</p> <p>BIII outreach worker provide outreach and case management to African American families in North County</p> <p>Psychiatric Social Worker provides home-based mental health therapy</p> <p>PHNs, PSW and Community Workers assess child development using Ages and Stages Questionnaire (ASQ)</p>	<p>7/1/03 – 6/30/04</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p>	<p>660 parents with children 0-5 (165 parents served with FSSMC funds)</p> <ul style="list-style-type: none"> • 140 children aged 0-3 years • 75 children aged 4-5 years per year <p>40 parents</p> <ul style="list-style-type: none"> • 40 children aged 0-3 years • 10 children aged 4-5 years <p>25 African American families in North County</p> <p>Continuing caseload of 35 families</p>	<p>90% of primiparous or high-risk multiparous parents will be served</p> <p>100% of children aged 4 months – 5 years assessed for development using ASQ</p>	<p>Maintain breastfeeding initiation rate of 90% (2002 outcome)</p> <p>Increase rates that parents report placing their babies on their backs or sides from 82% (2002 outcome) to 85%</p> <p>Untreated parents newly or re-enrolled in substance abuse treatment programs</p> <p>70% of children assessed demonstrate appropriate child development outcomes measured by the ASQ</p> <p>Increase parent functioning measured by pre/post test using representative sample of participants</p> <p>Increase parent interaction with child measured by pre/post test using representative sample of participants</p>

	<p>Offer five 10-session parent/infant therapy groups in first year to high risk families, i.e., parents with mental illness or dual diagnosis (mental illness and substance abuse) that teach and support interactions that foster positive brain development</p>	<p>7/1/03 – 6/30/04</p> <p>“</p>	<p>30 parent participants</p> <ul style="list-style-type: none"> • children aged 0-3 years • 5 children aged 4-5 years 	<p>Completed curriculum, protocols, referral guidelines and life-skills strategy guide.</p> <p>75% of parents and infants attend at least 3 group sessions</p> <p>100 % of families attending at least 5 group sessions assessed using ASQ</p> <p>Children referred for suspected developmental delays</p>	
<p>2.b) Increase parent knowledge through parent groups and parenting classes</p>	<p>Facilitate four 12-session parenting classes using the Strengthening Multicultural Families and Communities curriculum.</p> <p>Lead six Touchpoints groups around the county (hour-long groups are offered weekly on an ongoing basis)</p>	<p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p>	<p>48 parent participants</p> <ul style="list-style-type: none"> • 24 children aged 0-3 years • 24 children aged 4-5 years <p>120 parents</p>	<p>Curriculum, group protocols, post group questionnaire, referral guidelines and procedures, and data base developed</p> <p>Life-skill building intervention strategies designed and operationalized</p> <p>Incentive program developed, including ordering procedures.</p> <p>120 parents enroll in Touchpoints group (50% will attend 6 or more sessions)</p>	<p>75% of parents graduating from classes report having more knowledge and skills to care for and discipline their children and intent to utilize those skills</p>

<p>2.c) Increase the self-esteem of 20 African American women through attendance of social support and empowerment classes.</p>	<p>Continue work of organizing social support/empowerment class in North Co.</p> <p>Identify potential participants</p> <p>Conduct outreach to these women</p>		<p>10 women per year</p>	<p>10 families complete course</p> <p>Pre and post test all participants using self esteem measurement instrument</p>	<p>Increase self esteem measured by pre/post test</p>
<p>2.d) Offer state of the art assessment and treatment with psychiatric medicine to pregnant and post-partum women.</p>	<p>Provide psychiatric medication assessments.</p> <p>Stabilize on psychiatric medication regime.</p> <p>Transfer clients to community providers for continuing medication services.</p> <p>Offer continuing consultation and education to community providers, psychiatric residents and staff psychiatrists.</p>		<p>Continuing caseload of 40 clients</p>	<p>Number of community providers, psychiatric residents and staff psychiatrists receiving consultation and education</p> <p>Number of clients who receive specialty psychiatric medication assessment and treatment services.</p>	<p>Maintain treatment of 100% of referred clients</p>
<p>2.e) Increase access to and use of licensed, quality child care by PTT clients.</p>	<p>Develop protocol for enhanced childcare referrals.</p> <p>Provide enhanced child care referral for PTT families-</p> <p>PTT children in high risk families receive short-term subsidized child care</p>		<p>24 children</p>	<p>Completed protocol</p> <p>Number of families who receive enhanced referrals and counseling on choosing child care</p> <p>Number of children in licensed quality child care arrangements.</p> <p>Number of 3 and 4 year olds enrolled in HeadStart or State Pre-school.</p>	

Program Objectives	Major Activities <i>(list for each objective)</i>	Activities Timeline <i>(beginning date-end date)</i>	Unduplicated Clients Served	Process Measures	Outcome Indicators
<p>2.f) Increase early literacy by building family capacity and community connection.</p>	<p>PTT staff and community partners facilitate 6 Touchpoints groups each year in 4 regions of the county with an emphasis on early literacy in group activities. Offer these drop-in groups on ongoing basis, with 2-6 week breaks as needed by facilitators every 3-4 months.</p> <p>PTT staff give out applications for library cards</p> <p>PTT staff offer the Raising a Reader book rotation program to families through home visiting and parent/infant therapy groups.</p>	<p>7/1/03 – 6/30/04 7/1/04-6/30/05 7/1/05 – 6/30/06</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p>	<p>120 parents and 120 child participants per year</p> <p>400 parents</p> <p>60 parents 60 children aged 0-5 years</p>	<p>120 parents and children attend Touchpoints groups that promote early literacy</p> <p>400 library applications given out</p>	<p>Among parents attending 6 or more Touchpoints sessions increase percent who report frequent reading to their child (measured by pre and post test)</p>

EXHIBIT B

PAYMENTS

Pursuant to the Agreement for Services between First 5 San Mateo County and San Mateo County Health Services Agency, Division of Public Health (Prenatal to Three Initiative) entered into on July 1, 2003, the Commission shall pay Contractor, as described more fully in Attachment B, attached hereto and incorporated by reference herein over the term of this contract from July 1, 2003 to June 30, 2006.

Exhibit B and its attachments reflect the budget for the term of the contract July 1, 2003 to July 30, 2006. It is understood that contractor may earn money from funds received under this contract. Any monies earned from investments or otherwise shall be expended on services provided under this contract. Provision for expenditure of this money shall be included in the budgets for year two.

1. The Commission shall pay Contractor based on a 60/40 formula whereby in the first year, 60% of the Maximum Amount of the annual award shall be released to the Contractor upon approval and execution of the contract. After a review of the Contractor's Semi-Annual Progress Report, 40% of the Maximum Amount of the annual award shall be released. In the second year of the contract, 60% of the Maximum Amount of the annual award shall be released after a review of the Contractor's first year Year-End Progress Report. In the third year of the contract, 60% of the Maximum Amount of the annual award shall be released after a review of the Contractor's second year Year-End Progress Report.

Guidelines for the progress reports will be provided by the Commission staff and shall include a descriptive narrative, tracking of the approved timeline and work plan (scope of work), and a detailed financial accounting of all grant funds spent in comparison with the approved budget.

2. Payment shall be conditioned on the performance of the services described in Exhibit A to the full satisfaction of the Executive Director, on behalf of First 5 San Mateo County.
3. The amount that the Commission shall be obligated to pay for services rendered under this Agreement shall not exceed \$3,000,000 for the contract term, July 1, 2003 – June 30, 2006.
4. Payment is contingent upon satisfactory performance, appropriate grant management, and timely reporting.
5. Contractor shall expend funds received, in accordance with the budget as described in Attachment B, attached hereto and incorporated by reference herein, or as approved later by the Executive Director, after consultation with the Chair of the Commission.

San Mateo County Health Services Agency, Division of Public Health (Prenatal to Three Initiative)

Year 1	Year 2	
Maximum Amount:	Maximum Amount:	Maximum Amount:
\$1,000,000	\$1,000,000	\$1,000,000
Funding: 60/40		
Year 1	Year 2	Year 3
60% - \$600,000	60% - \$600,000	60% - \$600,000
40% - \$400,000	40% - \$400,000	40% - \$400,000

Budget Request Form

Complete this form to show the budget for the **entire** project. If there are subcontractor or collaborative agency budget involved, please complete an additional form for each and identify the subcontractor.

Agency Name: San Mateo County Health Services Agency, Pre-to-Three

Amount of Request: \$1,000,082

Budget period: July 1, 2003 - June 30, 2004

** List in this column all other agency funds available to support the project, excluding the amount being requested from the Commission. Place an "NS" next to any amounts that are not yet secured.

I. PERSONNEL			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
Position Title	Salary Range	# FTEs			
A. Public Health Nurses	\$59,000	2.2	\$187,000	\$153,000	\$340,000
B. Psychiatric Social Workers	\$67,600	2.4	\$131,820	\$70,980	\$202,800
C. Case Manager (BIH)	\$59,000	0.55	\$32,450	\$26,550	\$59,000
D. Parent Education Coordinator	\$59,000	0.65	\$41,300	\$17,700	\$59,000
E. Grant/Evaluation Coordinator	\$68,000	0.55	\$37,400	\$30,600	\$68,000
F. Medical Office Assistant	\$40,000	0.65	\$26,000	\$14,000	\$40,000
Benefits @ %33			\$150,470	\$103,234	\$253,704
Subtotal - Personnel			\$606,440	\$416,064	\$1,022,504

II. OPERATING EXPENSES			A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
A. Rent and Utilities			\$40,838	\$18,563	\$59,401
B. Office Supplies and Materials			\$11,700	\$6,300	\$18,000
C. Telephone/Communications			\$16,500	\$13,500	\$30,000
D. Postage/Mailing			\$0	\$0	\$0
E. Printing/Copying			\$0	\$0	\$0
F. Equipment			\$7,800	\$4,200	\$12,000
G. Travel			\$11,138	\$0	\$11,138
H. Training/Conference			\$4,125	\$0	\$4,125
I. Consultants			\$0	\$0	\$0
J. Subcontractors			\$213,813	\$162,938	\$376,751
K. Other (please specify)			\$0	\$0	\$0
Client Taxi and Bus Vouchers			\$12,000	\$0	\$12,000
Incentives for clients			\$13,148	\$0	\$13,148
Child care vouchers for classes/groups			\$8,000	\$0	\$8,000

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Subtotal - Operating Expenses	\$339,062	\$205,501	\$544,563

	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
III. CAPITAL EXPENDITURES			
Itemize and describe items requested. Competitive bids may be requested by the Commission prior to contract. This section can be left blank if no capital requests are being made.			
B.	\$0	\$0	\$0
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Subtotal - Capital Expenditures	\$0	\$0	\$0

	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
IV. INDIRECT COSTS			
Personnel costs @ 10 %	\$54,580	\$37,446	\$92,026
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Subtotal - Indirect Costs	\$54,580	\$37,446	\$92,026

	A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
V. TOTAL PROGRAM COSTS			
Total of sections I - IV	\$1,000,082	\$659,011	\$1,659,093

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (examples: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project.

Budget Narrative
Prenatal to Three – Early Brain Development Strategic Initiative – Year 1

I. PERSONNEL

A. 4 Public Health Nurses (2.2 FTE PHNs) will conduct outreach to prenatal care providers and delivery hospitals to identify Medi-Cal eligible families and enroll them in Pre-to-Three. The nurses will make assessments, refer families to specialty services and provide case management services.	\$187,000
B. 3 Psychiatric Social Workers (2.4 FTE PSWs) will provide mental health services. 1 PSW will serve at least 10 new Pre-to-Three families during the third project year and continue to work with families from the RFP Grant in Yrs. 1 and 2. Two new positions are requested to launch our new approach to working with parents served by the Mental Health Team, and will offer group treatment.	\$131,820
C. 1 Case Manager (.55 FTE CPS II) for Black Infant Health will case manage at least 25 families during the third year of the project. The Case Manager will also enroll at least 10 families into <i>Social Support and Empowerment</i> classes during Year 3.	\$32,450
D. 1 Parent Education Coordinator (.7 FTE CPS II). Will coordinate parent education Classes offered by Pre-to-Three using the Strengthening Multi-Cultural Families and Communities curriculum.	\$41,300
E. 1 First 5 Grant and Evaluation Coordinator (.55 FTE CPS II). Will manage the First 5 grant, including the evaluation requirements. Will pull together information required for reports and compile as needed by First 5. Will strengthen infrastructure of Pre-to-Three by serving as on-site supervisor of staff responsible for data collection.	\$37,400
F. 1 Medical Office Assistant (.65 FTE) will provide necessary clerical support to Pre-to-Three. This position provides part of the essential infrastructure for direct services of the PHNs. The Assistant will also assist with data entry for the evaluation.	\$26,000
Benefits. The County's fringe benefit rate for positions A-F above is 33% and includes the following: FICA (7.2%), health (8.5%), retirement (12.3%, dental (1.1%) and Unemployment/Worker's Comp (3.9%).	\$150,470
Subtotal Personnel	\$606,440

II. OPERATING EXPENSES

A. Rent and Utilities Part of the rent and utilities for the Pre-3 offices located in San Mateo and East Palo Alto. Approximately \$4,500 per cubicle per year. This amount will cover space for approximately 9 staff (includes First 5 funded staff and some staff supported by funds leveraged through First 5 SMC funds).	\$40,838
B. Office Supplies and Materials Part of the costs of office supplies for Pre-3.	\$11,700
C. Telephone/Communications Data System Support (County ISD charges) Includes standard telephone and data system charges for county Information Services. This amount covers 15% of total charges.	\$16,500

F. Equipment

Computers, printer, video player. \$7,800

G. Travel

\$11,138

Travel to and from home visits and other field work.

Part of the cost of mileage for staff. Almost all PTT staff travel in their own vehicles. They are reimbursed for mileage at a rate of approximately 31 cents per mile, part of which is used to pay for wear and tear on their vehicles. Field staff generally accumulate between \$120 and \$250 per month in travel expenses.

H. Training/Conference

\$4,125

Part of the cost of on-going staff training. These funds may be used to contract with Kathy Vandenberg, an expert on caring for fragile infants. It may also be used to send staff to outside trainings on child health and development issues.

J. SubcontractsSubcontract for community workers

Subcontracts with community based organizations for 5 community workers who will be assigned to do outreach and case management of families enrolled in PTT:

Child Care Coordinating Council, 2 FTE Community Workers	\$68,365
FACES, 3 FTE Community Workers	\$102,548

Subcontract, Mental Health Services

\$42,900

Mental health will contract with a psychiatrist to provide medical treatment for mentally ill clients.

K. Other ExpensesClient Taxi and Bus Vouchers

\$12,000

\$1,000 x 12 months for families who need transportation to get to classes and groups sessions.

Incentives for client

\$13,148

Incentive items for clients such as: food, books, Safeway vouchers, Target vouchers, and graduation plaques.

Child care vouchers for classes/groups

\$8,000

Child care vouchers for parents who need child care arrangements in order to attend classes and group sessions.

Subtotal Operating Expenses

\$339,062

III. CAPITAL EXPENDITURES**IV. INDIRECT COSTS**

These are requested at a 10% of personnel costs to cover non-specified indirect costs, such as a portion of the cost of managing the project, accounting, personnel work, etc. \$54,580

V. TOTAL YR. 1 PROGRAM COSTS

\$1,000,080

IN-KIND MATCH AND LEVERAGE

In all instances of requests for personnel (both by direct employment and subcontract), First 5 SMC funding is matched by Medi-Cal and, to a smaller extent, grant funding from other foundations. Grant funding allows PTT to leverage Medi-Cal when the activity offered is to a Medi-Cal eligible person and is a covered activity. In addition, Medi-Cal funds may be leveraged for most operating expenses, including rent, office supplies, and other expenses. Most of the work done by Pre-to-Three staff is Medi-Cal covered but important exceptions persist. This includes most of the time spent conducting Touchpoints groups and parenting classes. This also includes any service to an uninsured person. For the precise amount of funds being leveraged by each line item, please see Attachment B: Budget Request Form.

EXHIBIT C

INTELLECTUAL PROPERTY PROTOCOL

The protocol provided below addresses how and when a person must gain permission to disseminate data, findings or products emerging from CFFC-funded projects or their evaluations.

1. Categories of Materials

The following tiers represent the general types or categories of dissemination and the CFFC's policy for each category.

- Tier 1** acknowledges that cleaned and reviewed data, and summaries of cleaned/reviewed data are commonly shared among individuals and/or organizations (collectively "person"). The CFFC encourages this practice and does not expect any advance notice, pre-approval or involvement.
- Tier 2** recognizes that data sets are commonly analyzed and findings are broadly shared through publication, teaching and other methods of dissemination. These activities are viewed as beneficial to the community and therefore the CFFC encourages them. However, prior to any publication of CFFC-funded and produced materials, such material shall be submitted to the CFFC for prior approval for input and to ensure inclusion of appropriate CFFC acknowledgment.
- Tier 3** acknowledges that in some instances, persons will develop analyses, materials or products for distribution and/or sale (e.g. software programs, CD Roms, brochures, manuals, curricula and books). Persons need to acknowledge that in such instances, the CFFC owns the rights to such analyses, materials or products. Consequently, no person shall sell or otherwise appropriate, any analyses, materials or products which are made possible, in whole or in part, by CFFC funded support, without the express prior approval of the CFFC. When presented with a request by a person for prior approval, the CFFC shall decide whether, and to what extent, such analyses, materials or products may be appropriated or sold, the determination of which shall include consideration of such issues such as profit sharing, on a case by case basis.

2. Definitions and Process

At present, CFFC contracts state that CFFC owns any products from CFFC-funded projects. The protocol provided below addresses how/when a person must gain permission to disseminate data, findings or products emerging from CFFC-funded projects or their evaluations.

Tier 1- Cleaned/Reviewed Data and Summary of Findings

Definition:

This category generally includes data that are considered to be "in the public domain." This includes data from general surveys as well as specific surveys and other data collection methods utilized to identify the "results" of CFFC-funded efforts (e.g.: % of WIC clients who initiate breast feeding).

This data has been cleaned and reviewed for clarity and reasonable validity. This does not include "draft" data or draft summaries which have not been approved or finalized by the originator.

Criteria/Conditions for Release of Information:

In the spirit of cooperating/coordinating with all persons who are working to improve the health and well being of children and families in the County, these data may be released without specific CFFC review and approval provided that appropriate measures are taken to ensure client confidentiality AND provided that the methods used to collect the data are reasonably valid and are available for review upon request.

Tier 2- Analytic Reports for Public Dissemination, Publication and/or Teaching

Definition:

This category includes reports that analyze cleaned data and their significance, which are to be used for public dissemination, publication, or teaching.

Criteria/Conditions for Release of Information:

Reports for public dissemination, publication and/or teaching must (1) acknowledge CFFC support for the intervention or evaluation effort; and (2) be submitted to CFFC prior to distribution/publication for approval, feedback and comments. This includes reports which analyze the status of population (results) and/or those which assess the effectiveness of funded interventions.

Client confidentiality must be maintained and methods of data collection utilized must be included or available upon request. Requests for comments/feedback shall be submitted to CFFC offices. The Executive Director will conduct a review and forward the materials and comments to the evaluation oversight committee for review and additional comments. The request shall then go to the full CFFC for comment and/or approval.

Tier 3- Products with Sales or Profit-Producing Potential

Definition

This category includes any analyses, materials or products wholly or partially created or produced with CFFC support which may be sold or otherwise appropriated. This may include, but is not limited to: manuals, brochures, software programs, CD Roms, curricula, and books.

Process for Consideration and /or Approval of Product Sale:

Any person with a CFFC-supported product for sale or for profit must submit a request to CFFC for approval for sale specifying the use of profits prior to its sale. Terms of approval of such requests will be considered on a case by case basis.

Requests shall be submitted to CFFC offices. The Executive Director will conduct a review and forward the materials and comments to the evaluation oversight committee for review and additional comments. The request shall then go to the full CFFC for comment and/or approval.