

**AGREEMENT BETWEEN
FIRST 5 SAN MATEO COUNTY
AND
SAN MATEO COUNTY HEALTH DEPARTMENT
(Children's Health Initiative)**

THIS AGREEMENT is entered into this July 1, 2007, by and between First 5 San Mateo County, hereinafter called "Commission," and San Mateo County Health Department (Children's Health 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, Exhibit C, Non Discrimination declaration, and Exhibit D, 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: providing administration/oversight for the Children's Health Initiative (CHI); contracting with Health Plan of San Mateo (HPSM) to administer the Healthy Kids program for members ages 0-5; managing and coordinating the Children's Health Initiative Coalition and all subcommittees, and conducting and monitoring outreach, enrollment, navigation, and retention activities. 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 contract term July 1, 2007 to June 30, 2008.

2. Contract Term

The term of this Agreement shall be from July 1, 2007 to June 30, 2008, subject to the termination provisions noted in paragraph 9, and subject further to the agreement provided for in paragraphs 3.C and 13, that there are reports due followed by final payment and evaluation required which occurs after June 30, 2008. Contractor further agrees that the requirements of this Agreement pertaining to records in paragraph 10, and intellectual property in paragraph 11, including Exhibit D, 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 ONE MILLION EIGHT HUNDRED THOUSAND DOLLARS (\$1,800,000) for the term July 1, 2007 – June 30, 2008.
- B. **Rate of Payment.** The rate of payment shall be as specified in Exhibit B. The Commission reserves the right to withhold payment if the Commission determines that the quantity or quality of the work performed as described in Exhibit A is unacceptable. 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 quarterly line-item invoices of actual expenses within 31 days of completion of the 3rd, 6th, 9th and 12th calendar month of each funded year under this Agreement for services to the Commission in accordance with the provisions of Exhibit B. The first invoice, therefore, shall be due October 31, 2007. Guidelines for quarterly invoices will be provided by the Commission staff and shall include a detailed financial accounting of all grant funds spent in comparison with the approved budget.

- 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 the 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. **Relationship of Parties**

Contractor agrees and understands that the work/services performed under this Agreement are performed as an Independent Contractor and not as an employee of the Commission or the County of San Mateo and that Contractor acquires none of the rights, privileges, powers or advantages of Commission or County employees.

5. **Non-Discrimination**

Contractor shall comply with the non-discrimination requirements described below:

A. **Section 504 of the Rehabilitation Act of 1973**

1. Pursuant to Section 504 (Public Law 93-112), the Contractor agrees that no otherwise qualified disabled individual shall, solely by reason of a disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in the performance of this Agreement.
2. Compliance of Section 504 of the Rehabilitation Act of 1973, as amended, requires that all benefits, aids and services are made available to disabled persons on an equivalent basis with those received by non-disabled persons. Contractor shall agree to be in compliance with Section 504 requirements by (1) signing the Letter of Assurance, attached and incorporated herein as Exhibit C, or (2) by developing a plan for compliance to be submitted to the Section 504 Coordinator, Department of Health Services, as soon as possible, but not later than by the end of the current Fiscal Year.

- B. **Non-Discrimination - General.** No person shall, on the grounds of age (over 40), ancestry, creed, color, disability, marital status, medical conditions, national origin, political or religious affiliation, race, sex, sexual orientation or any non-job-related criteria be excluded from participation in, be denied the benefits, or be subjected to discrimination under this Agreement.

Violation of the non-discrimination provisions of this Agreement shall be considered a breach of this Agreement and subject the Contractor to penalties, to be determined by the Executive Director after consultation with the Chair of the Commission, including but not limited to: i) termination of this Agreement; ii) disqualification of the Contractor from bidding on or being awarded a Commission or County of San Mateo contract for a period of up to 3 years; iii) liquidated damages of \$2,500 per violation; iv) imposition of other appropriate contractual and civil remedies and sanctions, as determined by the Executive Director, on behalf of the Commission.

To effectuate the provisions of this paragraph, the Executive Director shall have the authority to: i) examine Contractor's employment records with respect to compliance with this paragraph; ii) set off all or any portion of the amount described in this paragraph against amounts due to Contractor under the Contract or any other Contract between Contractor and the Commission or the County of San Mateo. Contractor shall report to the Executive Director the filing by any person in any court of any complaint of discrimination or the filing by any person of any and all charges with the Equal Employment Opportunity Commission, the Fair Employment and Housing Commission or any other entity charged with the investigation of allegations within 30 days of such filing, provided that within such 30 days such entity has not notified Contractor that such charges are dismissed or otherwise unfounded. Such notification shall include the name of the complainant, a copy of such complaint and a description of the circumstance. Contractor shall provide the Commission with a copy of its response to the Complaint when filed.

- C. **Non-Discrimination - Employment.** Contractor shall ensure equal employment opportunity based on objective standards of recruitment, selection, promotion, classification, compensation, performance evaluations, and management relations, for all employees under this Agreement. Contractor's equal employment opportunity policies shall be made available to the Commission upon request.
- D. **Equal Benefits.** With respect to the provision of employee benefits, Contractor shall comply with the County

Ordinance which prohibits contractors from discriminating in the provision of employee benefits between an employee with a domestic partner and an employee with a spouse.

6. **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 Section 11166(a) but who will be alone with children and/or who have supervisory or disciplinary control over children, gain knowledge of, or reasonably suspect that a child has been a victim of abuse or neglect.
- C. Establishing procedures to ensure fingerprinting, at the Contractor's sole expense, for all employees, subcontractors, assignees, volunteers, and any other persons who provide services under this contract who will have supervisory or disciplinary power over a minor or any person under his or her care (Penal Code Section 11105.3) 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.

7. **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.

8. **Assignments and Subcontracts**

- 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.

9. **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, with or without cause upon 30 days written notice specifying the effective date of such termination. 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. 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. Such payment shall be that portion of the full payment, which is determined by comparing the work/services completed satisfactorily to the work/services required by the Agreement.

10. **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.

11. 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 product, 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 product, 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 D.

12. 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.

13. 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 attached pursuant to this Agreement. 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 cooperate with any Evaluator hired by the Commission to aid in the evaluation process. 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 and year-end progress report of each funded year which shall include a Membership and Premiums Expense Report that summarizes quarterly membership and premiums paid for the Healthy Kids Program.
2. Submission of required First 5 California indicators by September 1st of each funded year.
3. A comprehensive evaluation report of each funded year.

14. Acknowledgement of First 5 San Mateo County (F5SMC) Funding

Contractor shall acknowledge being a recipient of F5SMC funding in statements or printed materials appropriate to the purpose of their grant. Contractor shall: 1) prominently display any appropriate acknowledgement provided by F5SMC and (2) place the F5SMC logo and/or the following phrase, "Funding provided by First 5 San Mateo County," in all public education and outreach materials and media communication regarding projects funded with Proposition 10 funding.

15. 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.

16. 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:
Tammy Moss, 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:
Charlene Silva, Director
San Mateo County Health Department, Children's Health Initiative
225 37th Ave, Suite 400
San Mateo, CA 94403
Phone (650) 573-3595
Fax (650) 616-8581

Unless First 5 San Mateo County is informed in writing, of any change as to the name and address for notices.

B. Controlling Law

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.

**SAN MATEO COUNTY HEALTH DEPARTMENT,
CHILDREN'S HEALTH INITIATIVE (CHI)**

FIRST 5 SAN MATEO COUNTY

Print Name and Title

Chair

Signature

Date

19540-6263

Date

Budget Unit

Contractor's Tax ID Number

EXHIBIT A

San Mateo County Health Department, (Children's Health Initiative)

PROJECT SERVICES

Pursuant to the Agreement for Services between First 5 San Mateo County and San Mateo County Health Department (Children's Health Initiative), entered into on July 1, 2007, 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, 2007 to June 30, 2008.

Exhibit A and its attachments reflect the scope of work for the contract term July 1, 2007 to June 30, 2008.

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

1. Provide administration/oversight for the Children's Health Initiative (CHI) ensuring that all its goals and objectives are being achieved.
2. Manage and coordinate the Children's Health Initiative Coalition and all the subcommittees participating in the on-going effort to provide universal coverage to all children ages 0-5.
3. Manage and monitor the various funding sources for the CHI making sure funders pay their appropriate share of overall costs.
4. Conduct outreach to families with uninsured children ages 0-5 and enroll them in publicly funded health care programs: Healthy Families, Medi-Cal and Healthy Kids.
5. Require all Community Based Organization (CBO) grantees and Health Department outreach staff to conduct health navigation, utilization and reenrollment services that target Medi-Cal, Healthy Families, and Healthy Kids.
6. Hold monthly coalition meetings with CBOs, Human Service Agency, and Health Department staff to monitor CHI outreach, enrollment, health navigation and retention activities; provide a forum for community feedback on CHI activities; disseminate any changes to the enrollment process to all Certified Application Assistors; and continue to develop new strategies for outreach and enrollment.
7. Conduct a special public charge informational campaign to the Asian/Chinese community by developing and disseminating educational materials specifically to immigration lawyers, paralegals and community agencies working with this targeted population.
8. Contract with Health Plan of San Mateo (HPSM) to administer the Healthy Kids program for members ages 0-5, and require that HPSM:
 - a. Makes payment to providers for health care services for members according to the benefit guidelines and policies and procedures established by the HPSM.
 - b. Ensures that the Healthy Kids program provides comprehensive medical, dental, vision and mental health benefits for children ages 0-5.
 - c. Connects all new Healthy Kids members to a primary care provider.
 - d. Guarantees that 80% of revenue surplus from lower than expected Healthy Kids utilization be returned to funders.

EXHIBIT B

PAYMENTS

Pursuant to the Agreement for Services between First 5 San Mateo County and San Mateo County Health Department (Children's Health Initiative) entered into on July 1, 2007, 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, 2007 to June 30, 2008.

Exhibit B and its attachments reflect the budget for the contract term July 1, 2007 to June 30, 2008.

1. Commission shall pay Contractor 25% of the Maximum Annual Amount for Year 1 upon approval and execution of the contract. Thereafter, the Commission shall reimburse Contractor for services provided whereby the Contractor shall submit quarterly invoices to the Commission. After review and approval of the Contractor's quarterly invoice, Contractor shall be reimbursed for services provided.

At the end of the contract term, the Commission will conduct a 'contract closeout' which includes a reconciliation of all Commission payments and contractor expenditures. Any balance due to the Contractor will be paid by the Commission upon completion of the contract closeout process. In the event the reconciliation reveals that the Contractor was paid an amount in excess of the amount owed by the Commission, the Contractor will refund this amount upon notification from the Commission.

Under no circumstances, shall total payments from the Commission to the Contractor exceed the Maximum Amount of the Agreement.

Guidelines for progress reports, program expenditure reporting, and reimbursement for services 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. The Commission reserves the right to withhold payment if the Commission determines that the quantity or quality of the work performed as described in Exhibit A is unacceptable. 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.
3. The amount that the Commission shall be obligated to pay for services rendered under this Agreement shall not exceed ONE MILLION EIGHT HUNDRED THOUSAND DOLLARS (\$1,800,000) for the contract term, July 1, 2007 – June 30, 2008.
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.

Year 1
Maximum Annual Award: \$1,800,000
Funding Schedule
25% of year 1 budget - \$450,000 - paid upon execution of contract Quarterly reimbursements paid upon receipt and approval of quarterly invoices.

EXHIBIT C

**ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE
REHABILITATION ACT OF 1973, AS AMENDED**

The undersigned (hereafter called the "Contractor") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS Regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor gives this assurance in consideration of and for the purpose of obtaining contracts after the date of this assurance. The Contractor recognizes and agrees that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor.

The Contractor: (Check a or b)

- a. () employs fewer than 15 persons
- b. () employs 15 or more persons and, pursuant to Section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a)), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Name of 504 Person – Type or Print

Name of Contractor – Type or Print

Address

City

State

Zip Code

I certify that the above information is complete and correct to the best of my knowledge.

Date

Signature and Title of Authorized Official

*Exception: DHHS Regulations state that:

"If a recipient with fewer than 15 employees finds that, after consultation with a handicapped person seeking its services, there is no method of complying with (the facility accessibility regulations)...other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

EXHIBIT D

INTELLECTUAL PROPERTY PROTOCOL

The protocol provided below addresses how and when a person must gain permission to disseminate data, findings or products emerging from F5SMC-funded projects or their evaluations.

1. Categories of Materials

The following tiers represent the general types or categories of dissemination and the F5SMC'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 F5SMC 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 F5SMC encourages them. However, prior to any publication of F5SMC-funded and produced materials, such material shall be submitted to the F5SMC for prior approval for input and to ensure inclusion of appropriate F5SMC 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 F5SMC 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 F5SMC funded support, without the express prior approval of the F5SMC. When presented with a request by a person for prior approval, the F5SMC 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, F5SMC contracts state that F5SMC owns any products from F5SMC-funded projects. The protocol provided below addresses how/when a person must gain permission to disseminate data, findings or products emerging from F5SMC-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 F5SMC-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 F5SMC 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 F5SMC support for the intervention or evaluation effort; and (2) be submitted to F5SMC 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 F5SMC 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 F5SMC 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 F5SMC 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 F5SMC-supported product for sale or for profit must submit a request to F5SMC 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 F5SMC 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 F5SMC for comment and/or approval.

2007-2008 CHILDREN'S HEALTH INITIATIVE SCOPE OF WORK FOR THE FIRST 5 COMMISSION

Objective #1: Manage and coordinate the Children's Health Initiative Coalition and all the subcommittees participating in the on-going effort to provide universal coverage to all children ages 0-5.

Total Unduplicated Clients Served under this objective:

Children 0-5: _____
Describe:

Families of 0-5s: _____
Describe:

Providers of 0-5s: _____
Describe:

Other: _____
Describe:

Major Activities	Staff or Agency Responsible	Documentation/Process Measures	Expected measurable outcomes/results:
1. Provide administration/oversight for the Children's Health Initiative (CHI) ensuring that all its goals and objectives are being achieved (ongoing).	HPSM	<ul style="list-style-type: none"> Meeting minutes Progress reports First 5 check-in calls 	<ul style="list-style-type: none"> Documented evidence that the CHI leads to improved health outcomes, health access, and cost savings for children ages 0-5.
2. Oversee Coalition oversight meetings, keeping the seven partner organizations up-to date on initiative activities (ongoing).	HPSM		<ul style="list-style-type: none"> Increased countywide collaboration on initiatives that expands health insurance coverage.
3. Convene Coalition oversight group to approve policy and administrative decisions related to Healthy Kids (HK), outreach, enrollment, health navigation, and retention, evaluation, provider participation and CHI funding (ongoing).	HPSM	<ul style="list-style-type: none"> Schedule of meetings List of participants Meeting minutes 	<ul style="list-style-type: none"> Long-term sustainability of the CHI
4. Coordinate and oversee five sub-committees focusing on Evaluation; HK Policies and Operations; HK Retention Workgroup; CHI CBO outreach and enrollment; and First 5 health access expansion activities (ongoing).	HPSM	<ul style="list-style-type: none"> Budget reports 	<ul style="list-style-type: none"> Increased number of California counties offering HK programs
5. Manage and monitor the various funding sources for the CHI making sure funders pay their appropriate share of overall costs (ongoing).	HPSM		
6. Work with partners to sustain the initiative by writing grants, and developing and implementing a fundraising strategic plan (ongoing).	HPSM	<ul style="list-style-type: none"> Fundraising meeting minutes Fundraising strategy document 	
7. Promote state initiative to insure all children in California by working closely with the California Children's Health Initiative workgroup, Covering Kids and Families Coalition and other state organizations	HPSM	<ul style="list-style-type: none"> Participation notes List of meetings 	
8. Work with other county commissions on ways to develop a statewide movement for universal insurance (ongoing).	HPSM, First 5	<ul style="list-style-type: none"> List of meetings Minutes List of Participating Counties 	
9. Present on CHI to other First 5 commissions, providing, on a very limited basis, technical assistance (ongoing)	HPSM First 5		

Abbreviation Definitions: Benefit Analyst (BA); Certified Application Assistor (CAA); Children's Health Initiative (CHI); Community Based Organizations (CBOs); Health Services Agency (Health) Healthy Kids (HK); Healthy Families (HF); Health Plan of San Mateo (HPSM); Human Services Agency (HSA); Medi-Cal (MC)

2007-2008 CHILDREN'S HEALTH INITIATIVE SCOPE OF WORK FOR THE FIRST 5 COMMISSION

Objective #2: Develop and conduct outreach, enrollment, health navigation and retention activities for MC, HF and HK raising awareness of health issues and the need for health coverage and leading to increased enrollment of 1750 previously uninsured children ages 0-5 per year

Total Unduplicated Clients Served under this objective:

Children 0-5: 1,750

Families of 0-5s:

Providers of 0-5s:

Other: _____

Describe:

Describe:

Major Activities	Staff or Agency Responsible	Documentation/Process Measures	Expected measurable outcomes/results:
1. Train new Certified Application Assistors (CAAs) on assisting with the MC, HF and HK eligibility and application process and in using the One-e-App system to conduct enrollment /re-enrollment assistance for HF and HK. (Ongoing).	Health	<ul style="list-style-type: none"> Attendance log at training sessions 	<ul style="list-style-type: none"> 1,750 previously uninsured children ages 0-5 are enrolled into MC, HF, and HK (per year)
2. Continue to integrate HK into Human Service Agency's (HSA) MC Benefit Analysts' (BAs) workload and train Human Service Agency BAs on assisting with Healthy Kids and Healthy Families applications (ongoing).	HSA Medi-Cal Program Specialist	<ul style="list-style-type: none"> # Of new staff trained 	<ul style="list-style-type: none"> 500 children ages 0-5 enrolled in HK 450 children ages 0-5 enrolled in MC 800 children ages 0-5 enrolled in HF
3. Update the Healthy Kids training manual based on changes to policies and procedures and disseminates changes to CAAs (ongoing).	Health	<ul style="list-style-type: none"> Updated training manual E-mail correspondence/web postings 	
4. Provide monthly refresher trainings on MC, HF, HK and One-e-App to CAAs (ongoing).	Health	<ul style="list-style-type: none"> Training attendance logs 	

Abbreviation Definitions: Benefit Analyst (BA); Certified Application Assistor (CAA); Children's Health Initiative (CHI); Community Based Organizations (CBOs); Health Services Agency (Health) Healthy Kids (HK); Healthy Families (HF); Health Plan of San Mateo (HPSM); Human Services Agency (HSA); Medi-Cal (MC)

2007-2008 CHILDREN'S HEALTH INITIATIVE SCOPE OF WORK FOR THE FIRST 5 COMMISSION

<p>5. Require all CBO grantees and Health Department outreach staff to conduct health navigation, utilization and reenrollment services that target MC, HF, and HK. Activities will include:</p> <ul style="list-style-type: none"> • Contacting families throughout enrollment year to inform them of their different benefits and encourage them to appropriately utilize their preventive health care benefits. Follow-up contacts will occur at 30-day, 60-day and 90-day after enrollment assistance date (ongoing) • Conduct phone based member orientations during non-traditional hours of operation (ongoing) • Contact families who are due for re-enrollment and provide re-enrollment application assistance (ongoing) • Work with HPSM Navigation and Retention Specialist and other staff to educate families on the various HK member benefits (ongoing) • Conduct activities such as individual and group member orientations, informational tables/bulletin boards and marketing campaign that promote retention at clinics and schools with a high number of HK/HF members (ongoing) • Conduct monthly parent orientations at each region of the county targeting MC, HF and HK beneficiaries and educating them on how to navigate and utilize their benefits (ongoing) 	<p>Health, HPSM, CBOs</p> <ul style="list-style-type: none"> • 100% of HK families with children 0-5 contacted three times during the year for health navigation and reenrollment. • 245 MC and HF families with children 0-5 contacted three times during the year for health navigation and reenrollment.
<p>6. Hold monthly coalition meetings of 20-25 community based organizations (CBOs) and HSA and Health Department staff to monitor CHI outreach enrollment, health navigation and retention activities; provide a forum for community feedback on CHI activities; disseminate any changes to the enrollment process to all CAAs; and continue to develop new strategies for outreach and enrollment (ongoing).</p>	<p>Health</p> <ul style="list-style-type: none"> • Minutes of coalition meetings

2007-2008 CHILDREN'S HEALTH INITIATIVE SCOPE OF WORK FOR THE FIRST 5 COMMISSION

Objective #2 (continued): Develop and conduct outreach, enrollment, health navigation and retention activities for MC, HF and HK raising awareness of health issues and the need for health coverage and leading to increased enrollment of 1750 previously uninsured children ages 0-5 per year

Major Activities	Staff or Agency Responsible	Documentation/Process Measures	Expected measurable outcomes/results:
7. Use contracted CBOs and Health Services CHAs to distribute flyers and make presentations regarding health coverage needs (ongoing).	Health, CBOs	<ul style="list-style-type: none"> Promotional Materials Distributed New Member Packet and Important Reminder Magnet distribution logs 	<ul style="list-style-type: none"> 1750 previously uninsured children ages 0-5 are enrolled into MC/HF/HK (per year)
8. Review and distribute New Member Packet to all families applying for MC, HF, and HK coverage. (ongoing)	Health, CBOs	<ul style="list-style-type: none"> List of participating schools 	<ul style="list-style-type: none"> 500 children ages 0-5 enrolled in Healthy Kids
9. Review and distribute Important Reminder/Phone Number magnets to all families renewing their MC, HF, and HK coverage. (ongoing)	Health, HSA, CBOs	<ul style="list-style-type: none"> Educational materials 	<ul style="list-style-type: none"> 450 children ages 0-5 enrolled in Medi-Cal
10. Work closely with at least 11 school districts and conduct on-site outreach, enrollment, health navigation and re-enrollment assistance for MC, HF, and HK to families of uninsured school age children (ongoing).	Health, CBOs	<ul style="list-style-type: none"> Educational materials List of immigration lawyers, paralegals and community agencies reached 	<ul style="list-style-type: none"> 800 children ages 0-5 enrolled in Healthy Families
11. Disseminate user-friendly materials on public charge and incorporate into the array of services that CAAs/BAs provide to families seeking health coverage assistance (ongoing)	Health, CBOs	<ul style="list-style-type: none"> List of childcare providers 	<ul style="list-style-type: none"> 100 percent of new HK members ages 0-5 will have initial health assessments with their Primary Care Provider within the first 120 days of coverage
12. Conduct a special public charge informational campaign to the Asian/Chinese community by developing and disseminating educational materials specifically to immigration lawyers, paralegals and community agencies working with this targeted population. (ongoing)	Health, CBOs	<ul style="list-style-type: none"> List of Coordinating SM Health-Related Organizations List of CBOs 	<ul style="list-style-type: none"> 100 percent of HK members 0-5 will have up-to-date contact information 100 percent retention of HK members ages 0-5 for CY 05
13. Work closely with 12 childcare providers to conduct outreach, enrollment, health navigation and re-enrollment assistance to their employees' and clients' uninsured children for MC, HF, and HK (ongoing).	Health HPSM	<ul style="list-style-type: none"> Phone Call Logs New Member Packet distribution lists 	
14. Coordinate with other San Mateo County Health Department programs and HSA family resource centers as well as HPSM Health Navigation and Utilization Specialist on outreach, enrollment, health navigation, and retention activities through health fairs, clinic sites, and schools (ongoing).	Health HPSM		
15. Work closely with HPSM Specialist on extensive health navigation education effort including distribution of New Member Packet, multiple follow-ups with families and reenrollment reminders. (ongoing)	Health HPSM		

Abbreviation Definitions: Benefit Analyst (BA); Certified Application Assistor (CAA); Children's Health Initiative (CHI); Community Based Organizations (CBOs); Health Services Agency (Health) Healthy Kids (HK); Healthy Families (HF); Health Plan of San Mateo (HPSM); Human Services Agency (HSA); Medi-Cal (MC)

2007-2008 CHILDREN'S HEALTH INITIATIVE SCOPE OF WORK FOR THE FIRST 5 COMMISSION

16. Coordinate with HPSM Specialist to identify families underutilizing services and conduct outreach activities to increase utilization. (ongoing)	Health HPSM	<ul style="list-style-type: none"> Utilization rates 	
17. Work with HPSM Specialist to train CBOs on retention activities and health navigation tools. (ongoing)	Health HPSM	<ul style="list-style-type: none"> CBO training documents/agendas 	
18. Collaborate with HPSM Specialist on special retention projects for low utilization families. (ongoing)	Health HPSM	<ul style="list-style-type: none"> Retention project outlines 	
19. Conduct phone-based enrollment and re-enrollment assistance with MC, HF and HK members via the One-e-App system. (ongoing)	Health, CBOs	<ul style="list-style-type: none"> Log of "phone-based enrollment assistance" 	
20. Conduct at least one mass enrollment event per quarter. (ongoing)	Health, CBOs	<ul style="list-style-type: none"> List of number of clients assisted Enrollment flyers List of Participating organizations Meeting notes 	
21. Explore potential integration of CHI activities with the First 5 Special Needs Project.	Health	<ul style="list-style-type: none"> Meeting notes List of clients assisted 	
22. Explore outstationing of CHI staff at school districts who will be primarily dedicated in assisting school nurses with navigation and utilization of health coverage benefits with students enrolled in MC, HF and HK	Health, CBOs		
23. Promote dental utilization message of "First Birthday, First Dental Check-up" to all 0-5 members by disseminating dental education brochures provided by the Delta Dental and First 5	Health, HPSM	<ul style="list-style-type: none"> List of HK members who received dental brochure 	

2007-2008 CHILDREN'S HEALTH INITIATIVE SCOPE OF WORK FOR THE FIRST 5 COMMISSION

Objective #3: Administer the HK program, a comprehensive insurance product, for children ineligible for the existing MC and HF programs.

Total Unduplicated Clients Served under this objective:

Children 0-5: _____ Families of 0-5s: _____
Describe: _____

Providers of 0-5s: _____
Describe: _____

Other: _____
Describe: _____

Major Activities	Staff or Agency Responsible	Documentation/Process Measures	Expected measurable outcomes/results:
<p>Contract with Health Plan of San Mateo (HPSM) to administer the HK program for members ages 0-5, as per the direction of the CHI oversight committee and First 5 staff. The subcontract will be effective January 1, 2004 and will require that HPSM:</p> <ul style="list-style-type: none"> a. Makes payment to providers for health care services for members according to the benefit guidelines and policies and procedures established by the HPSM (ongoing). b. Ensures that the HK program provides comprehensive medical, dental, vision and mental health benefits for children ages 0-5 (ongoing). c. Connects all new HK members to a primary care provider (ongoing). d. Guarantees 80% of revenue surplus from lower than expected HK utilization be returned to funders. (ongoing) 	Health, HPSM	<ul style="list-style-type: none"> • Membership data • Utilization data • PCP information 	<ul style="list-style-type: none"> • 100 percent of HK members have access to a Primary Care Provider • 60% of newly enrolled HK children will utilize one or more physician and/or dental services

2007-2008 CHILDREN'S HEALTH INITIATIVE SCOPE OF WORK FOR THE FIRST 5 COMMISSION

Objective #4: To implement and conduct eligibility determination process that leads to 100 percent of enrollment is completed in a timely and efficient manner.

Total Unduplicated Clients Served under this objective:			
Children 0-5: 887 existing children, 1,750 new	Families of 0-5s Describe:	Providers of 0-5s: Describe:	Other: _____
Describe:			
Major Activities	Staff or Agency Responsible	Documentation/Process Measures	Expected measurable outcomes/results:
1. Use the One-e-App system to determine eligibility and enroll 1750 children into MC, HF and HK (ongoing).	HSA	<ul style="list-style-type: none"> One-e-App log of number of users accessing system 	<ul style="list-style-type: none"> 100 percent of HK enrollment and re-enrollment completed within 2 weeks.
2. Manage the One-e-App Internet based enrollment system ensuring that eligibility logic and workload functions are operating smoothly so that MC, HF and HK enrollment is timely and smooth (ongoing).	HSA	<ul style="list-style-type: none"> Log of One-e-App system errors One-e-App satisfaction surveys 	
3. Process eligibility determination for 500 new HK members within 2 weeks. (ongoing).	HSA, HPSPM	<ul style="list-style-type: none"> Eligibility determination report logs 	
4. Process eligibility redetermination for existing HK members within 2 weeks. (ongoing).	HSA		
5. Collect initial and quarterly family contributions and report quarterly the amount of money collected (ongoing).	HPSPM	<ul style="list-style-type: none"> Family contribution report logs 	
6. Process all HK family contribution assistance requests from applicants.	HSA	<ul style="list-style-type: none"> One-e-App report 	
7. Convene the HK Policies and Operations Workgroup on a monthly basis to monitor HK eligibility policies; make recommended changes/revisions based on eligibility and outreach and enrollment staff feedback; and submit progress reports and revisions to the oversight committee (ongoing).	HSA, Health, HPSPM	<ul style="list-style-type: none"> Meeting notes 	

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2007-2008 CHILDREN'S HEALTH INITIATIVE SCOPE OF WORK FOR THE FIRST 5 COMMISSION

Objective #5 Increase parent's awareness of available health benefit options and appropriate utilization of the health care system in order to ensure that 60 percent of children ages 0-5 enrolled MC, HF and HK who are contacted for follow-up utilize one or more medical or dental service over the year.

Total Unduplicated Clients Served under this objective:				
Children 0-5: _____ Describe:	Families of 0-5s: 540 Describe:	Providers of 0-5s: _____ Describe:	Other: _____ Describe:	
Major Activities	Staff or Agency Responsible	Documentation/Process Measures	Expected measurable outcomes/results:	
1. Follow-up by phone with 80 percent of parents of newly enrolled children ages 0-5 within 60 days of enrollment in MC, HF and HK to determine whether they have utilized the program (ongoing).	HPSM, Health, HSA, CBOs	<ul style="list-style-type: none"> Contact/Assistance log HPSM administrative data 	<ul style="list-style-type: none"> At least 60 percent of newly enrolled MC, HF and HK children ages 0-5, who are contacted for follow-up utilize, one or more medical or dental service over the year. 	
2. Provide 40 percent of parents of newly enrolled children ages 0-5 with in-person assistance with navigating the health care provider system needed to make appointments for their children's annual exams (ongoing).	Health, HSA, CBOs	<ul style="list-style-type: none"> Contact/Assistance log HPSM administrative data 		
3. Disseminate flyers and posters to low-income families with children ages 0-5 to increase health insurance enrollment (ongoing)	Health, HSA, CBOs	<ul style="list-style-type: none"> Flyers, posters, enrollment forms 		
4. Disseminate collateral materials such as pens, stickers, umbrellas, etc. as incentives to sign-up families with children 0-5 (ongoing).	Health	<ul style="list-style-type: none"> Collateral materials 		
5. Outstation Community Health Advocates at a minimum of two provider sites with high enrollment of 0-5 MC, HF and HK members to assist with the navigation and utilization of benefits of MC, HF and HK members	Health, HSA, CBOs	<ul style="list-style-type: none"> Contact/Assistance log 		
6. Outstation Community Health Advocates at a minimum of two school districts with high enrollment of 0-5 MC, HF and HK members to assist the district school nurse with the navigation and utilization of benefits of MC, HF and HK members	Health, HPSM, CBOs	<ul style="list-style-type: none"> Contact/Assistance log 		
7. Conduct phone calls to 0-5 HK members who have not utilized preventive services during the first 120 days	HPSM	<ul style="list-style-type: none"> Contact/Assistance log 		
8. Develop a DVD promoting the health access, navigation and utilization information on the New Member Packet and show the DVD to applicants during enrollment and re-enrollment assistance	HPSM, Health	<ul style="list-style-type: none"> DVD 		
9. Create an incentive program for 0-5 HK members who have received their yearly preventive medical and dental check-up	HPSM, Health, CBOs	<ul style="list-style-type: none"> List of members given the incentive 		

Abbreviation Definitions: Benefit Analyst (BA); Certified Application Assistor (CAA); Children's Health Initiative (CHI); Community Based Organizations (CBOs); Health Services Agency (Health) Healthy Kids (HK); Healthy Families (HF); Health Plan of San Mateo (HPSM); Human Services Agency (HSA); Medi-Cal (MC)

2007-2008 CHILDREN'S HEALTH INITIATIVE SCOPE OF WORK FOR THE FIRST 5 COMMISSION

Objective #6: Utilize processes that ensure that approximately 65 percent of children ages 0-5 retain MC, HF and HK benefits beyond the initial year of enrollment.

Total Unduplicated Clients Served under this objective:				
Children 0-5: _____ Describe:	Families of 0-5s: 400 Describe:	Providers of 0-5s: _____ Describe:	Other: _____ Describe:	
Major Activities	Staff or Agency Responsible	Documentation/Process Measures	Expected measurable outcomes/results:	
1. Continuously monitor addresses and phone numbers of families of children 0-5 by sending change-of-address reply cards to all HK members on a quarterly basis and distributing change-of-address cards to CAAs and HPSM providers. (ongoing).	HPSM	<ul style="list-style-type: none"> Phone logs The number of updated addresses 	<ul style="list-style-type: none"> Reenroll 80 percent (709 out of 887 members) of current Healthy Kids members ages 0-5 	
2. Use the One-e-App to develop reports and create workload updates for CAAs on MC, HF and HK children that are ready for reenrollment (ongoing).	HPSM, HSA, Health	<ul style="list-style-type: none"> One-e-App reports 	<ul style="list-style-type: none"> 80 percent of Medi-Cal members 0-5; and 80 percent of Healthy Families members ages 0-5 will retain their benefits beyond the initial year of enrollment 	
3. Three months prior to re-enrollment, contact parents of enrolled children ages 0-5 by phone to notify them it is time to re-enroll (ongoing).	Health, HSA, CBOs	<ul style="list-style-type: none"> Phone logs 		
4. Three months prior to re-enrollment provide in person or over the phone assistance to parents of enrolled children ages 0-5 to complete forms and any other steps needed to re-enroll in the program (ongoing).	Health, HSA, CBOs	<ul style="list-style-type: none"> Re-enrollment assistance logs 		
5. Conduct weekend renewal assistance events on a monthly basis to provide assistance to families renewing their child's HK coverage (ongoing)	Health, HSA, CBOs	<ul style="list-style-type: none"> Re-enrollment assistance reports in OeA 		

Abbreviation Definitions: Benefit Analyst (BA); Certified Application Assistor (CAA); Children's Health Initiative (CHI); Community Based Organizations (CBOs); Health Services Agency (Health) Healthy Kids (HK); Healthy Families (HF); Health Plan of San Mateo (HPSM); Human Services Agency (HSA); Medi-Cal (MC)

2007-2008 CHILDREN'S HEALTH INITIATIVE SCOPE OF WORK FOR THE FIRST 5 COMMISSION

Objective #7: Evaluate the CHI in order to document progress toward the broader goal of ensuring that all children, 0-5 in San Mateo County, below 400% of the Federal Poverty Level, have health insurance and access to regular medical care.

Total Unduplicated Clients Served under this objective: Children 0-5: _____ Families of 0-5s: _____ Describe: _____ Describe: _____ Providers of 0-5s: _____ Describe: _____ Other: _____ Describe: _____				
Major Activities	Staff or Agency Responsible	Documentation/Process Measures	Expected measurable outcomes/results:	
1. Coordinate and oversee an evaluation subcommittee comprised of stakeholders and consultants from Health Services, HSA, First 5, Peninsula Community Foundation, HPSM and the evaluation contractors-Urban Institute, Mathematica, and UCSF (ongoing).	Health	<ul style="list-style-type: none"> Evaluation meeting minutes 	<ul style="list-style-type: none"> Documented evidence that the CHI leads to improved health outcomes, health access, and cost savings for children ages 0-5. 	
2. Use the evaluation as a monitoring/feedback tool to make refinements/alterations to the initiative so that it can clearly achieve its goals (ongoing).	Health	<ul style="list-style-type: none"> Evaluation report recommendations/findings Oversight Coalition action steps (meeting notes) 		
3. Monitor progress and work of Urban Institute and its subcontractors on a five-year evaluation that will investigate: health outcomes; cost savings; coverage rates; and changes to the health delivery system (ongoing).	Health	<ul style="list-style-type: none"> Quarterly in person progress reports to CHI evaluation subcommittee Monthly phone check-in 		
4. Monitor year 5 evaluation activities which will include: site visits, focus groups with parents and providers, provider analysis, and analysis of health plan data (ongoing).	Health	<ul style="list-style-type: none"> Site visit notes Focus groups notes with parents and providers Provider analysis Analysis of plan data Annual Report 		
5. Coordinate and oversee evaluation of health navigation and utilization activities in order to determine effectiveness by using utilization analysis and focus groups with parents. (ongoing)	Health	<ul style="list-style-type: none"> Focus group notes Utilization data analysis Annual report 	<ul style="list-style-type: none"> Document evidence that health navigation and utilization activities lead to decreased disenrollment rates. 	

First 5 San Mateo County BUDGET REQUEST FORM

Complete this form to show the budget for the **entire** project for the fiscal year in question. 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: Children's Health Initiative

Contracted Budget Amount: \$1,800,000

Budget period: 7/1/07-06/30/08 (Year 5 of 10 year initiative)

Check the appropriate box:

☐ Planning Grant

☐ Implementation Grant

☒ Strategic Initiative

**** 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.**

			A. Amount Requested	B. Leveraged Amount Available**	C. Total Program Budget (A+B)
I. PERSONNEL					
Position Title	Salary Range	# FTEs			
A. Program Director	\$87,609- \$109,512	0.04	\$4,928		\$4,928
B. Program Services Manager	\$68,640- \$85,800	0.45	\$38,610		\$38,610
C. Community Program Specialist II	\$52,540- \$65,665	0.45	\$29,549		\$29,549
D. Community Health Advocate Staff	\$38,896- \$48,609	2.25	\$109,370		\$109,370
E. Community Health Advocate Lead	\$44,470- \$55,598	0.45	\$25,091		\$25,091
G. Accountant (HK premiums)	\$54,080- \$67,600	0.44	\$3,000		\$3,000
Sub-Total			\$210,548		\$210,548
Benefits @ 36%			\$75,797		\$75,797
Subtotal - Personnel			\$286,345	\$0	\$286,345
II. OPERATING EXPENSES					
			A. Amount Requested	B. Leverage Amount Available **	C. Total Program Budget (A+B)
A. Rent/Utilities			N/A		N/A
B. Office Supplies, Printing/Copying			\$1,500		\$1,500
(office supplies \$1K; Printing/Copying, \$1.5k)					
C. Telephone/Comm.			\$4,500		\$4,500
D. Postage/Mailing			NA		NA
E. Printing/Copying			N/A		N/A
F. Equipment Lease			N/A		NA
G. Travel			\$1,500		\$1,500
H. Training/Conference			\$2,250		\$2,250
I. Outreach and Health Navigation Expense			\$37,600		\$37,600

J. Subcontractors					
i. Financial Consultants			N/A		N/A
ii. CBO/Subcontractors for Outreach and Enrollment					
a. Child Care Coordinating Council			\$23,550		\$23,550
b. Ravenswood Family Health Center			\$46,200		\$46,200
c. Redwood City Family Center			\$26,700		\$26,700
f. North Peninsula Neighborhood Services			\$21,450		\$21,450
g. Cabrillo Unified School District			\$25,950		\$25,950
iii. Human Services Agency (HSA)			\$90,000		\$90,000
iv. One-e-App Application System (internet based)			\$50,000		\$50,000
v. Health Plan of San Mateo					
a. Premiums			\$1,006,540		\$1,006,540
b. Health Retention and Navigation Specialist (position and travel)			\$42,360		\$42,360
vi. Evaluation/Urban Institute			\$112,500		\$112,500
Subtotal - Operating Costs			\$1,492,600	\$0	\$1,492,600
III. CAPITAL EXPENDITURES			A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
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.					
Subtotal - Capital Expenditures			-----		-----
IV. INDIRECT COSTS			A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
Personnel costs @ 10% (not including benefits)			\$21,055		\$21,055
Subtotal - Indirect Costs			\$21,055		\$21,055
V. TOTAL PROGRAM COSTS			A. Amount Requested	B. Leveraged Amount Available **	C. Total Program Budget (A+B)
Total of sections I - IV			\$1,800,000	\$0	\$1,800,000

BUDGET NARRATIVE 2007-2008
(Year 5 of 10 year Strategic Initiative)

San Mateo County Health Department: CHILDREN'S HEALTH INITIATIVE (CHI)

I PERSONNEL	\$ 210,548
A. <u>Program Director 0.1 FTE</u>	\$4,928
The Program Director provides oversight for all aspects of the initiative, including: monitoring other collaborative partners' performance, administering community based contracts, supervising staff, facilitating coalition meetings, coordinating evaluation, and providing reports to the Commission. In addition to helping set the direction and policies for the initiative, the Director also works with other First 5 Commissions to assist in implementing the initiative statewide.	
B. <u>Program Services Manager .45 FTE</u>	\$38,610
The Program Services Manager oversees all outreach, enrollment and retention activities for Medi-Cal (MC), Healthy Families (HF) and Healthy Kids (HK) that take place as part of CHI. This includes training Certified Application Assistants, developing HK policies and procedures, managing community and clinic based use of the One-e-App, designing and implementing retention strategies, and promoting the program to community organizations. This position also has daily responsibility for all First 5 activities and reporting. She/he ensures that all activities are being completed according to plan including, the Health Plan of San Mateo contract for Healthy Kids, outreach, enrollment and retention, the One-e-App, immunization registry, public charge, and health education.	
C. <u>Community Program Specialist II 0.45 FTE</u>	\$29,549
The Community Program Specialist II provides a variety of administrative functions for the initiative, including: providing daily supervision of staff, coordinating evaluation, facilitating various CHI projects involving community and other county agencies, and providing reports to the Commission. The Community Program Specialist monitors other collaborative partners' performance, administers community-based contracts and facilitates coalition meetings.	
D. <u>Community Health Advocate (CHA) Staff 2.25 FTE</u>	\$109,370
CHAs are San Mateo County Health Services employees and act as health coverage specialists for MC, HF and HK, providing proactive outreach, promoting the programs, and encouraging potentially eligible children to apply. They work closely with Human Services Agency MC Benefit Analysts and will also work with schools, clinics, WIC, CHDP, other Health Services programs, faith based organizations, and CBOs. A total of 5 CHAs work on CHI activities and since approximately 45 percent of their time targets families with uninsured children under six, 2.25 FTE positions are covered by First 5 funds.	
E. <u>Community Health Advocate Lead 0.45 FTE</u>	\$25,091
Supervises the Community Health Advocates (CHAs) and provides proactive outreach, promoting MC, HF and HK, and encouraging potentially eligible children to apply. Since approximately 45 percent of her/his time targets families with uninsured children under six, .45 FTE is covered by First 5 funds.	
F. <u>Accountant</u>	\$3,000
Processes and administers the HK premium invoices ensuring that HPSM accurately charges First 5 for HK premiums.	
<u>Benefits @ 36%</u>	\$75,797
Benefit expenditures have increased across the county. These are based on actual benefits for the program.	

BUDGET NARRATIVE 2007-2008
(Year 5 of 10 year Strategic Initiative)

San Mateo County Health Department: CHILDREN'S HEALTH INITIATIVE (CHI)

II OPERATING EXPENSES	\$1,492,600
<u>A. Rent/Utilities</u>	\$N/A
<u>B. Office Supplies and Materials, Printing/Copying</u>	\$1,500
Papers, pens, desk supplies, internal copying of correspondence and copying of marketing/outreach materials.	
<u>C. Telephone/Communications</u>	\$4,500
<ul style="list-style-type: none"> Phones: this includes the multi-service phone that is used to staff the CHI Hotline. Fax: Two fax machines for use when submitting verifications for the programs. Computers: maintenance of enrollment laptops and licenses. 	
<u>D. Postage/Mailing</u>	\$N/A
<u>E. Printing/Copying</u>	\$N/A
<u>F. Equipment Lease</u>	\$N/A
<u>G. Travel</u>	\$1,500
Staff travels around the County for outreach and enrollment events. Mileage is reimbursed at .485/mile.	
<u>H. Training & Conference</u>	\$2,250
Materials and supplies to train and certify CBOs, Health Services Agency and Human Services Agency staff for MC, HF and HK enrollment and One-e-App use. Also includes materials for the program refresher trainings for assistors.	
<u>I. Outreach, Health Navigation and Retention</u>	\$37,600
<ul style="list-style-type: none"> Developing and disseminating materials that promote CHI, such as brochures, posters, flyers, and incentive items <ul style="list-style-type: none"> 7,200 printed items x 50¢/item \$3,600 Incentive items such as pencils, cups, lunch bags, renewal reminder magnets \$3,000 Gift cards to 0-5 HK members who have received their yearly medical and preventive check-up (900 \$15 gift cards- \$15,000) \$13,500 Conducting activities that improve immigrants' understanding about public charge and insurance coverage. Consultation with Legal Aid regarding reducing fears of public charge \$15,000 Development of a Health Navigation DVD and purchase of 15 portable DVD players \$2,500 <p>The DVD will promote health access, navigation and utilization information on the New Member Packet and will be shown to applicants during the enrollment and re-enrollment assistance</p>	
<u>J. Subcontractors</u>	
i. <u>Financial Consultants.</u>	\$0

BUDGET NARRATIVE 2007-2008
(Year 5 of 10 year Strategic Initiative)

San Mateo County Health Department: CHILDREN'S HEALTH INITIATIVE (CHI)

The CHI coalition has not needed a financial analysis of the per member per month costs of the HK Program. The amount has been eliminated.

- ii. CBOs/Subcontractors for Outreach, Enrollment, Retention, and Health Navigation \$143,850
 Cost of all contracts accounts for 45 percent of CHI resources targeting families with uninsured children under age six and integration of retention and health navigation activities into all CBO grants based on a successful activities pilot in 2005. Retention and health navigation activities to be undertaken by all CBOs includes:
- Contact families throughout enrollment year to inform them of their different benefits and encourage appropriate use and preventive health care.
 - Conduct phone based member orientations during non-traditional hours of operation
 - Follow-up with families that have not utilized preventive health care services during the first 90 days
 - Contact families who are due for re-enrollment and provide re-enrollment application assistance
 - Work with HPSM staff to educate families on the various HK member benefits
 - Conduct activities such as individual and group member orientations, informational tables/bulletin boards and marketing campaign that promote retention at clinics and schools with a high number of HK/HF members.
- a. *Child Care Coordinating Council* \$23,550
 Average of 15.93 hours per week over a 52-week period of certified assistor staff time at \$18/hr for enrollment. One welcome, one health utilization and three retention calls per member. Printing of materials and expenses for CHI focused events. One AmeriCorps position. It integrates health insurance into all components of its organization, making health insurance screening a protocol for the intake process of every client and provider. The agency focuses on health navigation and utilization, retention and health education. They will reach out to families on subsidized childcare and receiving MC, HF and HK to ensure they understand how to use their health care benefits. The Ameri-Corp position will focus on outreach and enrollment activities targeted to the Filipino and Chinese communities in the county.
- b. *Ravenswood Family Health Center* \$46,200
 Average of 48.88 hours per week over a 52-week period of certified assistor staff time at \$18/hr for enrollment. One welcome, one health utilization and three retention calls per member. Printing of health navigation/retention materials and expenses for CHI focused events. It has a full-time CAA who assists clinic patients with enrollment into MC, HF and HK. In addition, the CAA is actively involved in all outreach activities in South County, conducting parent presentations at community sites, and running new member events for all south county members enrolling in MC, HF and HK.
- c. *Redwood City Family Center* \$26,700
 Average of 12.02 hours per week over a 52-week period of certified assistor staff time at \$18/hr for enrollment. One welcome, one health utilization and three retention calls per member. Printing of health navigation/retention materials and expenses for CHI focused events. It has 15 staff trained as Certified Application Assistors (CAAs) and a part-time Health Specialist Coordinator, enabling them to outreach and enroll

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into MC/HF/HK at its four family center sites and conduct intensive health navigation follow-up with families. It also facilitates the Redwood City School District healthy surveys ensuring that all students K-8 are screened for MC, HF, and HK eligibility.

d. *North Peninsula Neighborhood Services* \$21,450
 Average of 9.62 hours per week over a 52-week period of certified assistor staff time at \$18/hr for enrollment. One welcome, one health utilization and three retention calls per member. Printing of health navigation/retention materials and expenses for CHI focused events. North Peninsula Neighborhood Services (NPNS) provides outreach and enrollment activities at its community agency in South San Francisco. It also hosts two enrollment nights per week, serving as a convenient enrollment location for the SSF area.

e. *Cabrillo Unified School District School Linked Services* \$25,950
 Average of 12.02 hours per week over a 52-week period of certified assistor staff time at \$18/hr for enrollment. One welcome, one health utilization and three retention calls per member. Printing of health navigation/retention materials and expenses for CHI focused events. Cabrillo has one part-time bilingual staff member to specialize in outreach and enrollment activities. The CAA hosts evening enrollment hours and conducts outreach at several venues including nurseries, provider offices, and childcare sites.

iii. Human Services Agency \$90,000
 Human Services Agency staff (.66 FTE) determines final eligibility for the Healthy Kids and perform Medi-Cal, Healthy Families and Healthy Kids outreach and enrollment activities through the social services staff.

iv. One-e-App \$50,000

- Maintenance including One-e-App Program Office Help Desk Services (\$45,000)
- System enhancements including a case management component (\$5,000)

 The Health Department contracts with the One-e-App program office to maintain and enhance the One-e-App application system providing help desk services as well as enhancements that improve the eligibility and enrollment process. Should CHI be granted MAA (Medi-Cal Administrative Activities) claiming for 2006, this item will be decreased.

v. Health Plan of San Mateo (HPSM)

- Health Insurance Premiums (\$1,006,540)

HPSM administers the Healthy Kids program providing members with comprehensive medical, vision and dental health care services. The per member per month cost is \$91.45. HPSM has agreed to return any surpluses due to low utilization back to CHI so that they can be used for the future costs of premiums. HPSM is also expected to receive additional surplus due to the AB 495 Waiver approval which will cover children 0-5 with income between 250%-300% of the Federal Poverty Level.

- Health Navigation and Utilization Specialist Salary and Benefits \$42,360

HPSM has hired a Health Navigation and Utilization Specialist to develop and implement strategies for utilization and retention of enrolled families; lead HPSM's member outreach process; co-facilitate with Health Services staff on CHI's extensive health

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navigation and utilization pilot project with CBOs (including training CBO staff on HPSM benefits, using the New Member Packet, multiple follow-ups with families and reenrollment reminders, collaborating on special retention projects for low-utilization families)

vi. Evaluation/Urban Institute \$112,500

This represents 45 percent of the cost of the CHI evaluation, which include six evaluation components including: process evaluation, health plan administrative analysis, client and population based surveys, provider surveys and an analysis of crowd-out. It also includes specific components of the CHI evaluation activities which target HK member's ages 0-5. This includes additional focus groups of current and former members, additional utilization analyses, and an analysis of provider recruitment strategies as well as an over sample of the 0-5 population to ensure the evaluators can measure the impact of insurance on the well being of the youngest children.

III. CAPTIAL EXPENDITURES **\$N/A**

IV. INDIRECT COSTS **\$21,055**

10 % OF TOTAL personnel, not including benefits (\$210,548)
Includes administrative overheads, payroll and business services

V. TOTAL PROGRAM COSTS **\$1,800,000**