



# REPORT TO COUNCIL City of Sacramento

12

915 I Street, Sacramento, CA 95814-2604  
www. CityofSacramento.org

**Consent**  
**July 27, 2010**

Honorable Mayor and  
Members of the City Council

**Title: Grant/Agreement: Cover the Kids Program: First 5 Sacramento Commission**

**Location/Council District: All**

**Recommendation:** Adopt a **Resolution:** 1) accepting a grant for a total amount not to exceed \$6,007,000 from First 5 Sacramento Commission for the City's Cover the Kids (CTK) Program; and 2) authorizing the City Manager, or a designated representative, to execute all agreements and any extensions, amendments, re-applications or other documents related thereto with the First 5 Sacramento Commission as necessary for the City to accept a three-year First 5 grant with two, one-year renewal options for the purpose of providing the City's CTK program with approximately \$1,221,400 in each fiscal year (FY) for FY2010/11, FY2011/12, FY2012/13, FY2013/14, and FY2014/15.

**Contact:** David Mitchell, Operations Manager, 808-6076;  
Jennifer Kwan, Program Manager, 808-3800

**Presenters:** Not applicable

**Department:** Parks and Recreation

**Division:** Children's Health Initiative

**Organization No:** 19001751

## **Description/Analysis**

**Issue:** CTK, a program administered by the City of Sacramento, has been awarded a grant by the County's First 5 Sacramento Commission for an amount not to exceed \$6,007,000. This program provides outreach, enrollment, retention, and utilization services associated with healthcare to children up to age six.

**Policy Considerations:** CTK is consistent with the City's strategic plan to achieve sustainability and livability and its mission to protect, preserve and enhance the quality of life for present and future generations.

**Environmental Considerations:**

**California Environmental Quality Act (CEQA):** This report concerns

administrative activities that will not have any significant effect on the environment and that do not constitute a "project," as defined by CEQA Guidelines sections 15061(b)(3), 15378(b)(2).

**Sustainability Considerations:** Not applicable.

**Commission/Committee Action:** Not applicable.

**Rationale for Recommendation:** Approval of this grant is consistent with the City's existing programming efforts and offers opportunity for additional and extensive outreach and enrollment to families whose children are uninsured.

**Financial Considerations:** The three-year grant has two, one-year renewal options. The total over the five years not to exceed \$6,007,000 and it will supplement the operating budget of CTK that includes funding from the four area hospital systems and the County of Sacramento. There is no General Fund support required for this program.

**Emerging Small Business Development (ESBD):** There are no ESBD considerations with this report.

Respectfully Submitted by:   
David Mitchell  
Operations Manager

Approved by:   
James L. Combs  
Director of Parks and Recreation

Recommendation Approved:

  
Gus Vina  
Interim City Manager

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## **BACKGROUND**

Cover the Kids (CTK) is a broad-based collaborative partnership housed in the City of Sacramento, Department of Parks and Recreation representing both public and private entities that has been coordinating health insurance coverage outreach, enrollment (application assistance), retention and utilization services since late 1998. CTK expanded its efforts in 2003 and has developed a comprehensive plan to provide medical, dental and vision coverage to the uninsured children in Sacramento County. CTK's charter focuses on two areas: 1) enrolling eligible children in existing health programs and 2) creating an additional insurance product, Healthy Kids, for those kids that are ineligible for Medi-Cal and Healthy Families coverage.

Since its inception, CTK has assisted to enroll over 34,200 children in Sacramento County into comprehensive health insurance programs such as Medi-Cal, Healthy Families, Kaiser Permanente's Child Health Plan, and Healthy Kids. CTK is ranked the 15th highest Enrollment Entity (of approximately 2,117) in the state of California, due to the number of children CTK enrolls into the Healthy Families Program. Since 2000 Sacramento County has increased enrollment into the Healthy Families Program by 303%. According to the 2007 California Health Interview Survey (CHIS) data released in January 2009, the number of uninsured children ages 0-18 has decreased to 16,000 in Sacramento County, a reduction of 10,000 children from the 2005 CHIS data.

CTK coordinates efforts with public agencies, community and faith based organizations and school partners through their Children's Health Insurance Coordinating Committee (CHICC) to increase children's access to healthcare, including early health and development screenings. CTK also supports increased efficiency of community, neighborhood, and direct service programs engaged in outreach, enrollment and retention efforts by reducing duplication, gaps and disparities in health insurance enrollment assistance services. Intensive follow-up services are provided to ensure retention in the programs and education to families about the importance of utilization, such as preventative well-baby and well-child exams and immunizations. No other program in the county coordinates such an extensive and comprehensive Outreach, Enrollment, Retention and Utilization (OERU) campaign.

All CTK staff are Certified Application Assistants (CAA's). They are a culturally diverse group that represents the population of Sacramento County. CAA's assist families to complete enrollment applications, troubleshoot to help families resolve health access and enrollment issues, and ensure that children are retained. More than 79% of the families CTK serve are non-English speakers. Languages spoken by staff include: Spanish, Hmong, Russian, Ukrainian, and English, which are the threshold languages in Sacramento County. Families who speak other languages are served through the Language Line, an over-the-phone interpreting service.

CTK is working to overcome the barriers that families face in accessing care by:

- School and community-based outreach (conducting 100% School Coverage Campaigns, coordinating with School Readiness and Healthy Start Programs) that is linguistically and culturally appropriate for the diverse Sacramento communities.
- Operation of a local toll-free information hotline to answer parents' questions about how to access health care for their children.
- Application assistance provided at school locations, career centers, family resource centers, WIC sites, clinics, and Department of Human Assistance offices in several languages throughout each participating County.
- Timely retention follow-up to ensure enrollment has occurred, coverage is maintained, and families are utilizing the health services.
- Education for families about how to utilize the health insurance program include: how to use and access their health plan, how to choose a doctor, and how to use preventative services.
- Media outreach (radio, print, and television) translated in various languages is used to create awareness about CTK services and health insurance programs available in Sacramento County.

In April of 2010, CTK submitted a grant application to the First 5 Sacramento Commission to provide OERU activities for children up the age of six in Sacramento County. CTK will coordinate a countywide OERU program using targeted strategies to reach, educate, and enroll more than 2,870 children ages 0-5 in programs such as Medi-Cal, Healthy Families, Kaiser Child Health Plan and Healthy Kids. The program proposes to retain 80% of the enrolled children in health coverage programs by continues follow-up with families at three, eight and 13 months to assist them when needed. CTK provides educational opportunities for parents to learn about their child's health benefits and how to utilize and maintain their coverage. It is anticipated that over 525 parents will receive educational assistance throughout the duration of the grant.

**RESOLUTION NO. 2010-**

Adopted by the Sacramento City Council

July 27, 2010

**ACCEPTING A GRANT/AGREEMENT FOR COVER THE KIDS PROGRAM: FIRST 5  
SACRAMENTO COMMISSION**

**BACKGROUND**

- A. The Department of Parks and Recreation has operated the City's Cover the Kids (CTK), Sacramento Children's Health Initiative since 1998 successfully assisting more than 34,000 children access affordable health care.
- B. In April of 2010, CTK submitted a proposal to the First 5 Sacramento Commission for a three-year grant to provide outreach, enrollment, retention, and utilization services to families with children up to age six.

**BASED ON THE FACTS SET FORTH IN THE BACKGROUND, THE CITY COUNCIL  
RESOLVES AS FOLLOWS:**

- Section 1. A three-year grant with two, one-year renewal options in an amount not to exceed \$6,007,000 over the five years, from the First 5 Sacramento Commission is accepted.
- Section 2. The City Manager, or a designated representative, is authorized to execute all agreements and any extensions, amendments, re-applications or other documents related thereto with the First 5 Sacramento Commission as necessary for the City to accept a three-year First 5 Sacramento Commission grant with two, one-year renewal options for the purpose of providing the City's CTK program with approximately \$1,221,400 in each fiscal year (FY) for FY2010/11, FY2011/12, FY2012/13, FY2013/14, and FY2014/15.
- Section 3. The agreement described in Section 2 is attached as Exhibit A and made a part of this Resolution.

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Exhibit A – Agreement with the First 5 Sacramento Commission

FIRST 5 SACRAMENTO COMMISSION

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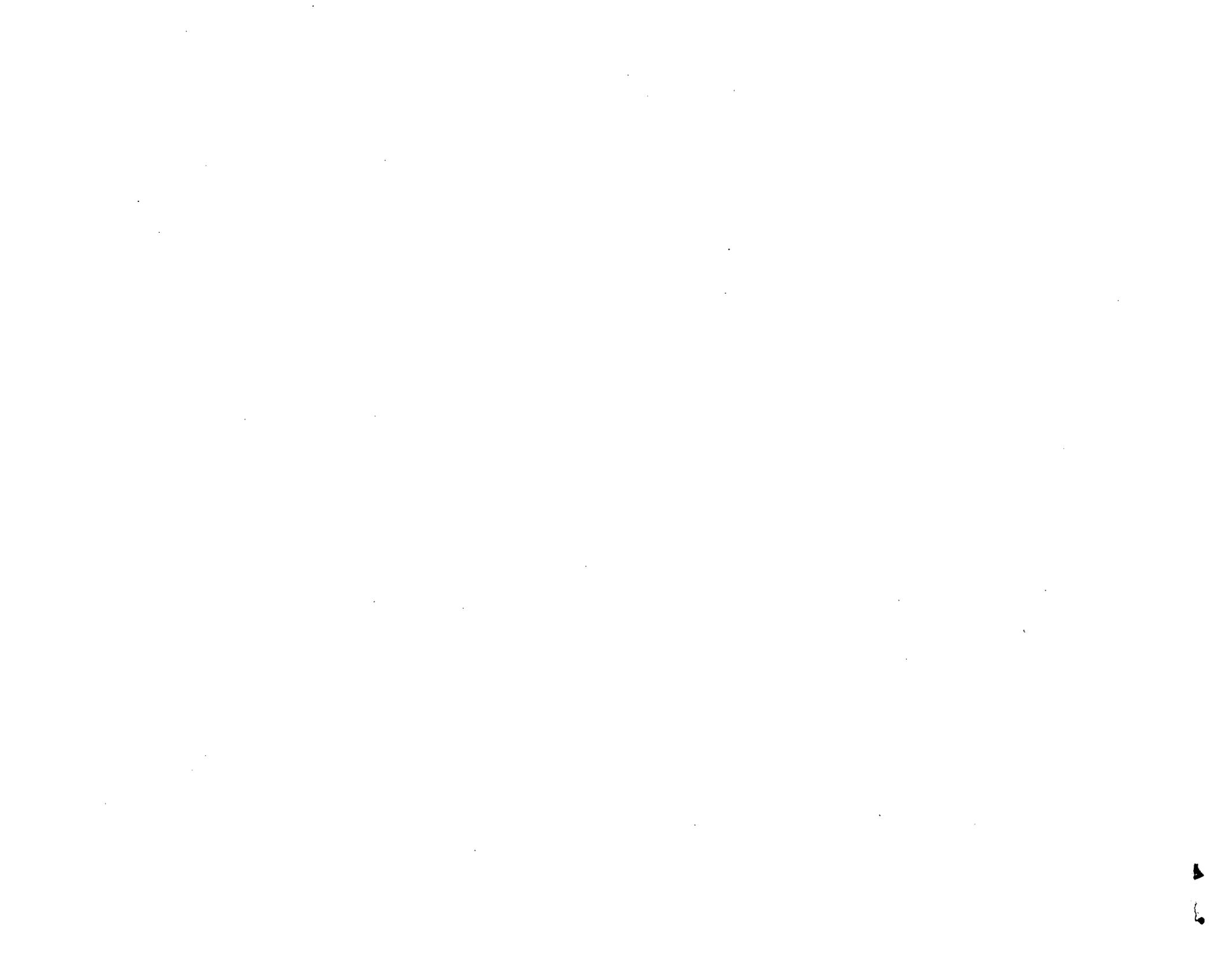
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Attachments:

- Exhibit A – Scope of Services
- Exhibit B – Insurance Requirements
- Exhibit C – Budget Requirements



## **AGREEMENT**

THIS AGREEMENT is made and entered into as of this 1st day of July 2010, by and between the FIRST 5 SACRAMENTO COMMISSION, hereinafter referred to as "COMMISSION," and City of Sacramento, a governmental entity, hereinafter referred to as "CONTRACTOR."

### **RECITALS**

WHEREAS, in November 1998 the voters of California passed Proposition 10, the "California Children and Families Act of 1998." Proposition 10 is designed to provide funding for community health care, quality child care and education programs for young children and families, customized to meet local needs;

WHEREAS, in April 1999 the Sacramento County Board of Supervisors established the Sacramento County Children and Families Commission whose mission is to support the healthy development of children prenatal to age five, the empowerment of families and the strengthening of communities. On January 14, 2003, the Sacramento County Board of Supervisors adopted Ordinance No. SCC-1236, that renamed the Children and Families Commission to the First Five Sacramento Commission. On February 28, 2006, the Sacramento County Board of Supervisors adopted Ordinance No. SCC-1321, that renames the First Five Sacramento Commission to First 5 Sacramento Commission;

WHEREAS, on July 13, 2009, the COMMISSION approved the Implementation Plan for FY 2010/11 to 2014/15;

WHEREAS, the Health Access Implementation Plan includes the following strategies:

- Strategy 1: Increase coverage options for uninsured children by providing the Healthy Kids health insurance product as a payer of last resort.
- Strategy 2: Increase outreach, enrollment, retention and utilization (OERU) in existing and new health insurance plans/programs and intensive case management for families that under-utilize their benefits.
- Strategy 3: Provide leadership and advocacy by continuing to support Cover the Kids (CTK), Children's Health Insurance Coordinating Council (CHICC) and Healthy Kids Healthy Future (KHKF)
- Strategy 4: Develop a "No Wrong Door" partnership with emergency rooms and other social service agencies
- Strategy 5: Require all First 5 Sacramento contractors to screen and, if indicated, refer children to Cover the Kids.

WHEREAS, COMMISSION has been contracting with CONTRACTOR'S, Cover the Kids program since July 1, 2005 to provide outreach, enrollment, utilization and retention (OERU) services for children ages zero to five and is the local OERU arm for Sacramento County;

WHEREAS, on April 5, 2010, COMMISSION authorized and directed its Executive Director through Resolution FFC-2010-0019 to negotiate and execute an agreement with CONTRACTOR in the amount not to exceed \$3,543,000. The parties may extend this Agreement twice, on substantially the same terms, with each extension being for a one year term. If so extended, the total Maximum Payment Amount for the first extension year shall not exceed \$1,206,000 and the Maximum Payment Amount of the second extension shall not

exceed \$1,258,000. The total Maximum Payment Amount for the three year term plus the two additional one-year extensions shall not exceed \$6,007,000;

WHEREAS, COMMISSION AND CONTRACTOR desire to enter into this Agreement on the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the mutual promises hereinafter set forth, COMMISSION and CONTRACTOR agree as follows:

1. **SCOPE OF SERVICES**

CONTRACTOR shall provide services in the amount, type and manner described in Exhibit A, *Scope of Services*, which is attached hereto and incorporated herein.

2. **TERM**

This Agreement shall be effective and commence as of July 1, 2010 and shall end on June 30, 2013.

The parties may extend this Agreement twice, on substantially the same terms, with each extension being for a one year term. If so extended, this Agreement may not extend beyond June 30, 2015.

3. **SUPLANTATION OF FUNDS**

Proposition 10 funds shall be used exclusively to develop new projects, expand existing programs and/or services or to enhance existing programs and services.

CONTRACTOR shall not utilize Proposition 10 funds to supplant state or local General Fund money for any purpose. If, upon receipt of Proposition 10 funds, CONTRACTOR uses such funds to replace state or federal categorical funds, CONTRACTOR shall demonstrate to the COMMISSION'S satisfaction that such state or federal categorical funds have increased the level of services provided to children 0-5 years of age.

CONTRACTOR shall execute a certification that it has complied with the anti-supplantation requirement stated in Section 30131.4 of the California Tax & Revenue Code. Such certification shall be executed prior to release of Proposition 10 funds and CONTRACTOR shall annually execute such certification as part of the fiscal audit requirement. If COMMISSION determines that supplantation has occurred, CONTRACTOR shall be required to reimburse COMMISSION for all Proposition 10 funds that were used in violation of this Section. Use of Proposition 10 funds in violation of this Section shall be grounds for termination of this Agreement.

4. **NOTICE**

Any notice, demand, request, consent, or approval that either party hereto may or is required to give the other pursuant to this Agreement shall be in writing and shall be

either personally delivered or sent by mail, addressed as follows:

First 5 Sacramento Commission	City of Sacramento
	Cover the Kids
Toni J. Moore, Executive Director	Jennifer Kwan, Executive Director
2750 Gateway Oaks Drive, Suite 330	1331 Garden Hwy
Sacramento, CA 95833	Sacramento, CA 95833

Either party may change the address to which subsequent notice and/or other communications can be sent by giving written notice designating a change of address to the other party, which shall be effective upon receipt.

**5. DIRECTOR**

As used in this Agreement, "DIRECTOR" shall mean the Executive Director of the First 5 Sacramento Commission or his/her designee.

**6. COMPLIANCE WITH LAWS**

CONTRACTOR shall observe and comply with all applicable Federal, State, and County laws, regulations and ordinances.

**7. GOVERNING LAWS AND JURISDICTION**

This Agreement shall be deemed to have been executed and to be performed within the State of California and shall be construed and governed by the internal laws of the State of California. Any legal proceedings arising out of or relating to this Agreement shall be brought in Sacramento County, California.

**8. LICENSES, PERMITS AND CONTRACTUAL GOOD STANDING**

A. CONTRACTOR shall possess and maintain all necessary licenses, permits, certificates and credentials required by the laws of the United States, the State of California, County of Sacramento and all other appropriate governmental agencies, including any certification and credentials required by COMMISSION. Failure to maintain the licenses, permits, certificates, and credentials shall be deemed a breach of this Agreement and constitutes grounds for the termination of this Agreement by COMMISSION.

B. CONTRACTOR further certifies to COMMISSION that it and its principals are not debarred, suspended, or otherwise excluded from or ineligible for, participation in federal, State or county government contracts. Contractor certifies that it shall not contract with a Subcontractor that is so debarred or suspended.

**9. PERFORMANCE STANDARDS**

CONTRACTOR shall perform services required under this Agreement in accordance with the professional standards applicable to CONTRACTOR'S services. Work products delivered to the COMMISSION pursuant to this Agreement shall be prepared in a first-

class manner and shall conform to the standards of quality normally observed by a person practicing in CONTRACTOR'S profession.

**10. OWNERSHIP OF WORK PRODUCT**

All technical data, evaluations, plans, specifications, reports, documents, or other work products of CONTRACTOR provided hereunder shall become the property of COMMISSION and shall be delivered to COMMISSION upon completion of the services authorized hereunder; provided, however, that any capital improvement constructed with funds received from COMMISSION shall be the property of CONTRACTOR. CONTRACTOR may retain copies thereof for its files and internal use. Publication of the information directly derived from work performed or data obtained in connection with services rendered under this Agreement must first be approved in writing by COMMISSION. COMMISSION recognizes that all technical data, evaluations, plans, specifications, reports, and other work products are instruments of CONTRACTOR'S services and are not designed for use other than what is intended by this Agreement.

**11. PUBLIC STATEMENTS/MATERIALS**

CONTRACTOR shall use COMMISSION'S logo in all media statements, press release(s), statements to the public or printed materials i.e. brochures, newsletters, websites and promotional materials, that are developed to describe and promote COMMISSION funded programs and CONTRACTOR shall indicate on said materials that the program is "Funded by the First 5 Sacramento Commission."

CONTRACTOR shall submit all public statements/materials to the COMMISSION'S Communications and Media Officer or authorized staff for review and approval prior to release to the public. Any exceptions to using the COMMISSION'S logo must be pre-approved by the COMMISSION.

**12. STATUS OF CONTRACTOR**

- A. It is understood and agreed that CONTRACTOR (including CONTRACTOR'S employees) is an independent CONTRACTOR and that no relationship of employer-employee exists between the parties hereto. CONTRACTOR'S assigned personnel shall not be entitled to any benefits payable to employees of COMMISSION. COMMISSION is not required to make any deductions or withholdings from the compensation payable to CONTRACTOR under the provisions of this agreement; and as an independent CONTRACTOR, CONTRACTOR hereby indemnifies and holds COMMISSION harmless from any and all claims that may be made against COMMISSION based upon any contention by any third party that an employer-employee relationship exists by reason of this agreement.
  
- B. It is further understood and agreed by the parties hereto that CONTRACTOR in the performance of its obligation hereunder is subject to the control or direction of COMMISSION as to the designation of tasks to be performed, the results to be accomplished by the services hereunder agreed to be rendered and performed, and not the means, methods, or sequence used by CONTRACTOR for accomplishing the results.

- C. If, in the performance of this agreement, any third persons are employed by CONTRACTOR, such person shall be entirely and exclusively under the direction, supervision, and control of CONTRACTOR. All terms of employment, including hours, wages, working conditions, discipline, hiring, and discharging, or any other terms of employment or requirements of law, shall be determined by CONTRACTOR, and the COMMISSION shall have no right or authority over such persons or the terms of such employment.
- D. It is further understood and agreed that as an independent CONTRACTOR and not an employee of COMMISSION, neither the CONTRACTOR nor CONTRACTOR'S assigned personnel shall have any entitlement as a COMMISSION employee, right to act on behalf of COMMISSION in any capacity whatsoever as agent, nor to bind COMMISSION to any obligation whatsoever. CONTRACTOR shall not be covered by worker's compensation; nor shall CONTRACTOR be entitled to compensated sick leave, vacation leave, retirement entitlement, participation in group health, dental, life and other insurance programs, or entitled to other fringe benefits payable by the COMMISSION to employees of the COMMISSION.
- E. It is further understood and agreed that CONTRACTOR must issue W-2 and 941 Forms for income and employment tax purposes, for all of CONTRACTOR'S assigned personnel under the terms and conditions of this agreement.

13. **CONTRACTOR IDENTIFICATION**

CONTRACTOR shall provide the COMMISSION with the following information for the purpose of compliance with California Unemployment Insurance Code Section 1088.8 and Sacramento County Code Chapter 2.160: CONTRACTOR'S name, residence address, telephone number, social security number, and whether dependent health insurance coverage is available to CONTRACTOR.

14. **BENEFITS WAIVER**

If CONTRACTOR is unincorporated, CONTRACTOR acknowledges and agrees that CONTRACTOR is not entitled to receive the following benefits and/or compensation from COMMISSION: medical, dental, vision and retirement benefits, life and disability insurance, sick leave, bereavement leave, jury duty leave, parental leave, or any other similar benefits or compensation otherwise provided to permanent civil service employees pursuant to the County Charter, the County Code, the Civil Service Rule, the Sacramento County Employees' Retirement System and/or any and all memoranda of understanding between COMMISSION and its employee organizations. Should any employee or agent of CONTRACTOR seek to obtain such benefits from COMMISSION, CONTRACTOR agrees to indemnify and hold harmless COMMISSION from any and all claims that may be made against COMMISSION for such benefits.

15. **CONFLICT OF INTEREST**

CONTRACTOR and CONTRACTOR'S officers and employees shall not have a financial interest, or acquire any financial interest, direct or indirect, in any business, property, or

source of income which could be financially affected by or otherwise conflict in any manner or degree with the performance of services required under this Agreement.

**16. LOBBYING AND UNION ORGANIZATION ACTIVITIES**

- A. CONTRACTOR shall comply with all certification and disclosure requirements prescribed by Section 319, Public Law 101-121 (31 U.S.C. § 1352) and any implementing regulations.
- B. If services under this Agreement are funded with state funds granted to COMMISSION, CONTRACTOR shall not utilize any such funds to assist, promote or deter union organization by employees performing work under this Agreement and shall comply with the provisions of Government Code Sections 16645 through 16649.

**17. GOOD NEIGHBOR POLICY**

- A. CONTRACTOR shall comply with COMMISSION'S Good Neighbor Policy. CONTRACTOR shall establish good neighbor practices for its facilities that include, but are not limited to, the following:
  - 1. Provision of parking adequate for the needs of its employees and service population;
  - 2. Provision of adequate waiting and visiting areas;
  - 3. Provision of adequate restroom facilities located inside the facility;
  - 4. Implementation of litter control services;
  - 5. Removal of graffiti within seventy-two hours;
  - 6. Provision of control of loitering and management of crowds;
  - 7. Maintenance of facility grounds, including landscaping, in a manner that is consistent with the neighborhood in which the facility is located;
  - 8. Participation in area crime prevention and nuisance abatement efforts; and
  - 9. Undertake such other good neighbor practices as determined appropriate by COMMISSION, based on COMMISSION'S individualized assessment of CONTRACTOR'S facility, services and actual impacts on the neighborhood in which such facility is location.
- B. CONTRACTOR shall identify, either by sign or other method as approved by the DIRECTOR, a named representative who shall be responsible for responding to any complaints relating to CONTRACTOR'S compliance with the required good neighbor practices specified in this Section. CONTRACTOR shall post the name and telephone number of such contact person on the outside of the facility, unless otherwise advised by DIRECTOR.
- C. CONTRACTOR shall comply with all applicable public nuisance ordinances.

- D. CONTRACTOR shall establish an ongoing relationship with the surrounding businesses, law enforcement and neighborhood groups and shall be an active member of the neighborhood in which CONTRACTOR'S site is located
- E. If COMMISSION finds that CONTRACTOR has failed to comply with the Good Neighbor Policy, COMMISSION shall notify CONTRACTOR in writing that corrective action must be taken by CONTRACTOR within a specified time frame. If CONTRACTOR fails to take the necessary corrective action, COMMISSION shall take such actions as are necessary to implement the necessary corrective action. COMMISSION shall deduct any actual costs incurred by COMMISSION when implementing such corrective action from any amounts payable to CONTRACTOR under this Agreement.
- F. CONTRACTOR'S continued non-compliance with the Good Neighbor Policy shall be grounds for termination of this Agreement any may also result in ineligibility for additional or future contracts with COMMISSION.

**18. ANTI-TOBACCO POLICY**

CONTRACTOR shall comply with COMMISSION'S Anti-Tobacco Policy that was approved by the COMMISSION on March 3, 2003. CONTRACTOR shall be required to certify compliance with the anti-tobacco policy prior to receipt of COMMISSION funds.

**19. USE OF FUNDS**

Funds provided by the COMMISSION shall be expended only for the purposes authorized by the "California Children and Families First Act of 1998."

**20. NONDISCRIMINATION IN EMPLOYMENT, SERVICES, BENEFITS AND FACILITIES**

- A. CONTRACTOR agrees and assures COMMISSION that CONTRACTOR and any subcontractors shall comply with all applicable federal, state, and local anti-discrimination laws, regulations, and ordinances and to not unlawfully discriminate, harass, or allow harassment against any employee, applicant for employment, employee or agent of COMMISSION, or recipient of services contemplated to be provided or provided under this Agreement, because of race, ancestry, marital status, color, religious creed, political belief, national origin, ethnic group identification, sex, sexual orientation, age (over 40), medical condition (including HIV and AIDS), or physical or mental disability. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment, the treatment of COMMISSION employees and agents, and recipients of services are free from such discrimination and harassment.
- B. CONTRACTOR represents that it is in compliance with and agrees that it will continue to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.) and regulations and guidelines issued pursuant thereto.
- C. CONTRACTOR agrees to compile data, maintain records and submit reports to permit effective enforcement of all applicable anti-discrimination laws and this provision.

- D. CONTRACTOR shall include this nondiscrimination provision in all subcontracts related to this Agreement.
- E. If CONTRACTOR is a faith-based organization or contracts with a faith-based organization for services to be performed under this Agreement, participation in the faith shall not be a prerequisite for receiving services. Outreach for services utilizing Proposition 10 dollars will be to the community at large, and shall not be limited to those members of the community that share the same faith as CONTRACTOR or its agents.

21. **MANDATED REPORTING**

CONTRACTOR shall comply with the training requirements for identification and reporting of child abuse as defined in Penal code Section 11165.7. All training shall be documented in an individual personnel file. CONTRACTOR shall establish procedures for paid and volunteer staff for reporting suspected child abuse cases.

22. **COMPLIANCE WITH CHILD, FAMILY AND SPOUSAL SUPPORT REPORTING REQUIREMENTS**

- A. CONTRACTOR'S failure to comply with state and federal child, family and spousal support reporting requirements regarding a CONTRACTOR'S employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment relating to child, family and spousal support obligations shall constitute a default under this Agreement.
- B. CONTRACTOR'S failure to cure such default within 90 days of notice by COMMISSION shall be grounds for termination of this Agreement.

23. **CONFIDENTIALITY**

CONTRACTOR shall comply with all applicable state and/or federal confidentiality statutes to assure that:

- A. All applications and records concerning an individual made or kept by CONTRACTOR, COMMISSION, or any public officer or agency in connection with the administration of any provisions of the Welfare and Institutions Code relating to any form of public social services or for services provided under this Agreement, for which grants in aid are received by this State from the Federal Government, shall be confidential and shall not be open to examination for any purpose not directly connected with the administration of such public social services, without the written consent of COMMISSION.
- B. No person shall publish or disclose, or use or permit or cause to be published, disclosed, or used, any confidential information pertaining to a participant, including the fact of the participant's status as an applicant for or recipient of public social services.

- C. CONTRACTOR shall inform all of its officers, employees, agents, subcontractors and partners of the above provisions, and that a knowing and intentional violation of said provisions of State and/or federal law may be a misdemeanor.

**24. INDEMNIFICATION**

CONTRACTOR shall indemnify, defend, and hold harmless COMMISSION, its representatives, officers, directors, agents, employees, and volunteers, from and against any and all claims, demands, actions, losses, liabilities, damages and costs, including payment of reasonable attorney's fees, arising out of or resulting from the performance of this Agreement, caused in whole or in part by any negligent or intentional act or omission of CONTRACTOR, its officers, directors, agents, employees, subcontractors, volunteers or anyone directly or indirectly acting on behalf of CONTRACTOR,

COMMISSION shall defend, indemnify and hold harmless CONTRACTOR, its officers, directors, agents, and employees, from and against all demands, claims, actions, liabilities, losses, damages and costs, including payment of reasonable attorneys' fees, arising out of or resulting from the performance of the Agreement, cause in whole or in part by the negligent or intentional acts or omissions of COMMISSION, its elected representatives, directors, agents, employees, or volunteers.

It is the intention of COMMISSION and CONTRACTOR that the provision of this paragraph be interpreted to impose on each party responsibility to the other for the acts and omissions of their respective officers, directors, agents, employees, volunteers and COMMISSION and CONTRACTOR'S subcontractors. It is also the intention of COMMISSION and CONTRACTOR that, where comparative fault is determined to have been contributory, principles of comparative fault will be followed and each party shall bear the proportionate cost of any damage attributable to the fault of that party, its officers, directors, agents, employees, volunteers, COMMISSION and CONTRACTOR's subcontractors.

**25. INSURANCE**

Each party, at its sole cost and expense , shall carry insurance or self-insure its activities in connection with this Agreement, and obtain, keep in force and maintain, insurance or equivalent programs of self-insurance, for general liability, professional liability, workers compensation, and business automobile liability adequate to cover its potential liabilities hereunder. Each party agrees to provide the other thirty (30) days' advance written notice of any cancellation, termination or lapse of any of the insurance or self-insurance coverages.

**26. INFORMATION TECHNOLOGY ASSURANCES**

CONTRACTOR shall take all reasonable precautions to ensure that any hardware, software, and/or embedded chip devices used by CONTRACTOR in the performance of services under this Agreement, other than those owned or provided by COMMISSION, shall be free from viruses. Nothing in this provision shall be construed to limit any rights or remedies otherwise available to COMMISSION under this Agreement.

**27. COMPENSATION AND PAYMENT OF INVOICES LIMITATIONS**

- A. Compensation under this Agreement shall be limited to the Maximum Total Payment Amount set forth in Exhibit C, or Exhibit C as modified by COMMISSION in accordance with express provisions in this Agreement.
- B. CONTRACTOR shall submit an invoice in the format and in accordance with the procedures prescribed by COMMISSION on a quarterly basis, upon completion of services. Invoices shall be submitted to COMMISSION no later than the fifteenth (15th) day of the month following the invoice period, and COMMISSION shall pay CONTRACTOR within thirty (30) days after receipt of an appropriate and correct invoice.
- C. Excepting the fiscal year end invoices, invoices for services that are received more than ninety (90) days after the last day of the billing period may not be honored unless the CONTRACTOR has obtained prior written approval for such late submittal.

COMMISSION operates on a July through June fiscal year. Fiscal year end invoices must be submitted no later than July 31, one month after the end of the fiscal year. Invoices submitted after July 31 for the prior fiscal year shall not be honored by COMMISSION unless CONTRACTOR has obtained prior written COMMISSION approval to the contrary.

Invoices shall be considered to have been received only when all accurate and necessary budget revisions, quarterly reports, and accurate and complete evaluation data have also been received.

- D. CONTRACTOR shall maintain for four years following termination of this agreement full and complete documentation of all services and expenditures associated with performing the services covered under this Agreement. Expense documentation shall include: time sheets or payroll records for each employee; receipts for supplies; applicable subcontract expenditures; applicable overhead and indirect expenditures.

**28. LEGAL TRAINING INFORMATION**

If under this Agreement CONTRACTOR is to provide training of COMMISSION personnel on legal issues, then CONTRACTOR shall submit all training and program material for prior review and written approval by County Counsel. Only those materials approved by County Counsel shall be utilized.

**29. SUBCONTRACTS, ASSIGNMENT**

- A. CONTRACTOR shall obtain prior written approval from COMMISSION before subcontracting any of the services delivered under this Agreement. CONTRACTOR shall obtain prior written approval from the COMMISSION if it becomes necessary to change the Subcontractor(s) identified in subsection C of this section. CONTRACTOR remains legally responsible for the performance of all Agreement terms including work performed by third parties under subcontracts. Any subcontracting will be subject to all applicable provisions of

this Agreement. CONTRACTOR shall be held responsible by COMMISSION for the performance of any Subcontractor whether approved by COMMISSION or not. CONTRACTOR shall require its Subcontractors listed below in Subsection C of this section to comply with the provisions of this Agreement.

- B. This Agreement is not assignable by CONTRACTOR in whole or in part, without the prior written consent of COMMISSION.
- C. Notwithstanding Subsection A, CONTRACTOR is authorized to subcontract with:  
Department of Human Assistance  
Child Action  
Talos Technologies, Inc.

**30. AMENDMENT AND WAIVER**

Except as provided herein, no alteration, amendment, variation, or waiver of the terms of this Agreement shall be valid unless made in writing and signed by both parties. Waiver by either party of any default, breach or condition precedent shall not be construed as a waiver of any other default, breach or condition precedent, or any other right hereunder. No interpretation of any provision of this Agreement shall be binding upon the COMMISSION unless agreed in writing by DIRECTOR and counsel for COMMISSION.

**31. ENTIRE AGREEMENT**

This Agreement, together with all exhibits attached hereto, constitutes the entire Agreement between the parties hereto, all other representation or statements heretofore made, verbal or written, are merged herein.

**32. SUCCESSORS**

This Agreement shall bind the successors of COMMISSION and CONTRACTOR in the same manner as if they were expressly named.

**33. TIME**

Time is of the essence of this Agreement.

**34. INTERPRETATION**

This Agreement shall be deemed to have been prepared equally by both of the parties, and the Agreement and its individual provisions shall not be construed or interpreted more favorably for one party on the basis that the other party prepared it.

**35. DISPUTES**

In the event of any dispute arising out of or relating to this Agreement, the parties shall attempt, in good faith, to promptly resolve the dispute mutually between themselves. Pending resolution of any such dispute, CONTRACTOR shall continue without delay to carry out all its responsibilities under this Agreement unless the Agreement is otherwise terminated in accordance with the Termination provisions herein. COMMISSION shall not be required to make payments for any services that are the subject of this dispute

resolution process until such dispute has been mutually resolved by the parties. If the dispute cannot be resolved within 15 calendar days of initiating such negotiations or such other time period as may be mutually agreed to by the parties in writing, either party may pursue its available legal and equitable remedies, pursuant to the laws of the State of California. Nothing in this Agreement or provision shall constitute a waiver of any of the government claim filing requirements set forth in Title 1, Division 3.6, of the California Government Code or as otherwise set forth in local, state and federal law.

**36. TERMINATION**

- A. Either party may terminate this Agreement without cause upon ninety (90) days written notice to the other party. Notice shall be deemed served on the date of mailing. If notice of termination for cause is given by COMMISSION to CONTRACTOR and it is later determined that CONTRACTOR was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to this paragraph (A).
- B. COMMISSION may terminate this Agreement for cause immediately upon giving written notice to CONTRACTOR should CONTRACTOR materially fail to perform any of the covenants contained in this Agreement in the time and/or manner specified. In the event of such termination, COMMISSION may proceed with the work in any manner deemed proper by COMMISSION. If notice of termination for cause is given by COMMISSION to CONTRACTOR and it is later determined that CONTRACTOR was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to paragraph (A) above.
- C. COMMISSION may terminate or amend this Agreement immediately upon giving written notice to CONTRACTOR, 1) if advised that funds are not available from external sources for this Agreement or any portion thereof, including if distribution of such funds to the COMMISSION is suspended or delayed; 2) if funds for the services and/or programs provided pursuant to this Agreement are not appropriated by the State; 3) if funds in COMMISSION's yearly proposed and/or final budget are not appropriated by COMMISSION for this Agreement or any portion thereof; 4) if funds that were previously appropriated for this Agreement are reduced, eliminated, and/or re-allocated by COMMISSION as a result of mid-year budget reductions.
- D. If this Agreement is terminated under paragraph A or C above, CONTRACTOR shall only be paid for any services completed and provided prior to notice of termination. In the event of termination under paragraph A or C above, CONTRACTOR shall be paid an amount which bears the same ratio to the total compensation authorized by the Agreement as the services actually performed bear to the total services of CONTRACTOR covered by this Agreement, less payments of compensation previously made. In no event, however, shall COMMISSION pay CONTRACTOR an amount which exceeds a pro rata portion of the Agreement total based on the portion of the Agreement term that has elapsed on the effective date of the termination.

- E. CONTRACTOR shall not incur any expenses under this Agreement after notice of termination and shall cancel any outstanding expenses obligations to a third party that CONTRACTOR can legally cancel.

**37. EVALUATION**

- A. CONTRACTOR shall participate in and comply with results-based and community impact evaluation activities including training and technical assistance, sponsored by the COMMISSION.
- B. CONTRACTOR shall participate in and cooperate with COMMISSION'S evaluation consultants and other COMMISSION sponsored evaluation activities including statewide efforts to evaluate Proposition 10 efforts, whether it occurs during the term of this Agreement or after. CONTRACTOR shall participate in and cooperate with programmatic audit activities required by the COMMISSION.
- C. CONTRACTOR shall utilize evaluation questionnaires or such other tools as required by COMMISSION for purposes of evaluating CONTRACTOR'S services.

**38. REPORTS**

- A. CONTRACTOR shall, without additional compensation therefore, make fiscal, program evaluation, progress, and such other reports as may be reasonably required by COMMISSION concerning CONTRACTOR'S activities as they affect the contract duties and purposes herein. The COMMISSION shall explain procedures for reporting the required information.
- B. CONTRACTOR shall submit any required quarterly reports, including complete and accurate evaluation data, by the 15<sup>th</sup> of the month following the end of the quarter. COMMISSION may not make any payments under this Agreement until such reports have been submitted. If submission of any required reports is delayed over ninety (90) days beyond the end of the billing period, the invoice corresponding to the quarterly report may not be honored unless the CONTRACTOR obtained prior written approval of such late submission.

**39. AUDIT AND RECORDS**

- A. CONTRACTOR shall maintain separate accounting books and records for Proposition 10 Funds. Records shall be maintained in accordance with generally accepted accounting principles.
- B. CONTRACTOR shall maintain adequate client records that include diagnostic studies (when applicable), client intervention, program notes, records of services provided by professional and paraprofessional services in sufficient detail to permit evaluation of whether such services comply with all applicable federal, state, County, COMMISSION records maintenance requirements.
- C. For a period of four years following termination of the Agreement, CONTRACTOR shall make records available for copying upon COMMISSION'S request and at COMMISSION'S expense.

- D. Upon COMMISSION'S request, COMMISSION or its designee shall have the right at reasonable times and intervals to audit, at CONTRACTOR'S premises, CONTRACTOR'S financial and program records as COMMISSION deems necessary to determine CONTRACTOR'S compliance with legal and contractual requirements and the correctness of claims submitted by CONTRACTOR.
- E. At regular times during normal business hours, COMMISSION shall have the right to inspect or evaluate CONTRACTOR'S records that pertain to services performed and amounts payable under this Agreement. COMMISSION shall have the right to withhold any payment under this Agreement until CONTRACTOR has provided access to CONTRACTOR's financial and program records related to this Agreement
- F. CONTRACTOR shall submit to the COMMISSION an annual financial and compliance audit conducted by an independent auditor. CONTRACTOR may use its organizational audit provided that the audit report shows Proposition 10 revenues and expenses separately.
1. The audit shall be conducted in accordance with generally accepted auditing standards, as promulgated by the American Institute of Certified Public Accountants and Generally Accepted Government Auditing Standards issued by the General Accounting Office and the Comptroller General of the United States of America."
  2. COMMISSION staff shall review the audit for completeness and findings and then submit the audit to the COMMISSION'S Auditor-Controller for technical review. COMMISSION shall be allowed access to all financial and program records, as COMMISSION deems necessary to determine that funding was spent in compliance with applicable guidelines and this Agreement.
  3. If the Agreement is terminated for any reason during the Agreement period, the independent audit shall cover the entire period of the Agreement for which services were provided and shall be submitted within six months of the end of the Agreement period.
  4. The audit shall be submitted to the COMMISSION no later than 30 days after the CONTRACTOR'S organizational audit is completed. Should there be any delay, CONTRACTOR shall immediately inform COMMISSION staff. Under no circumstances shall the audit be submitted later than nine months after the Agreement period ended.
  5. COMMISSION shall not pay any invoices should an audit not be received within timeframes specified in paragraphs 3 and 4 above unless, prior to the expiration of this Agreement, the CONTRACTOR has obtained prior written approval from COMMISSION for any delay in submittal of an invoice.

6. Should any material findings be noted in the audit report, CONTRACTOR must submit an action plan with the audit report detailing how the deficiency will be addressed. Findings shall be corrected within six months after the audit report. CONTRACTOR shall submit a report documenting corrections of identified audit deficiencies. If CONTRACTOR refuses or fails to cooperate or fails to submit an annual audit as required by this Agreement, COMMISSION may, in its sole discretion, withhold amounts payable under this Agreement until CONTRACTOR has complied with the requirements of this Section to the satisfaction of COMMISSION.
7. CONTRACTOR shall comply with First 5 California Commission audit requirements.

**40. PRIOR AGREEMENTS**

This Agreement constitutes the entire contract between COMMISSION and CONTRACTOR regarding the subject matter of this Agreement. Any prior agreements, whether oral or written, between COMMISSION and CONTRACTOR regarding the subject matter of this Agreement are hereby terminated effective immediately upon full execution of this Agreement.

**41. SEVERABILITY**

If any term or condition of this Agreement or the application thereof to any person(s) or circumstance is held invalid or unenforceable, such invalidity or unenforceability shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application; to this end the terms and conditions of this Agreement are declared severable.

**42. FORCE MAJEURE**

Neither CONTRACTOR nor COMMISSION shall be liable or responsible for delays or failures in performance resulting from events beyond the reasonable control of such party and without fault or negligence of such party. Such events shall include but not be limited to acts of God, strikes, lockouts, riots, acts of war, epidemics, acts of government, fire, power failures, nuclear accidents, earthquakes, unusually severe weather, acts of terrorism, or other disasters, whether or not similar to the foregoing, and acts or omissions or failure to cooperate of the other party or third parties (except as otherwise specifically provided herein).

**43. SURVIVAL OF TERMS**

All services performed and deliverables provided pursuant to this Agreement are subject to all of the terms, conditions, price discounts and rates set forth herein, notwithstanding the expiration of the initial term of this Agreement or any extension thereof. Further, the terms, conditions and warranties contained in this Agreement that by their sense and context are intended to survive the completion of the performance, cancellation or termination of this Agreement shall so survive.

**DUPLICATE COUNTERPARTS**

This Agreement may be executed in duplicate counterparts. The Agreement shall be deemed executed when it has been signed by both parties.

**45. AUTHORITY TO EXECUTE**

Each person executing this agreement represents and warrants that he or she is duly authorized and has legal authority to execute and deliver this Agreement for or on behalf of the parties to this Agreement. Each party represents and warrants to the other that the execution and delivery of the Agreement and the performance of such party's obligations hereunder have been duly authorized

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed as of the day and year first written above.

**FIRST 5 SACRAMENTO COMMISSION**

**CITY OF SACRAMENTO**

By: \_\_\_\_\_  
TONI J. MOORE  
Executive Director

By: \_\_\_\_\_  
GUS VINA  
Interim City Manager

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

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

Contract and Contractor Tax Status Reviewed and Approved by County Counsel:

By: Michele Bach Date: July 13, 2010  
Michele Bach  
Supervising Deputy County Counsel

APPROVED AS TO FORM:

By: \_\_\_\_\_  
Michael T. Sparks  
Senior Deputy City Attorney

**EXHIBIT A**  
**to Agreement between the**  
**FIRST 5 SACRAMENTO COMMISSION,**  
**hereinafter referred to as "COMMISSION," and**  
**CITY OF SACRAMENTO, COVER THE KIDS,**  
**hereinafter referred to as "CONTRACTOR"**

**SCOPE OF SERVICES**

**1. SERVICE LOCATION(S)**

<b>Lead Agency Name(s):</b>	<b>City of Sacramento</b>
<b>Administrative Location</b>	<b>Cover the Kids</b>
<b>Street Address:</b>	<b>1331 Garden Hwy</b>
<b>City and Zip Code:</b>	<b>Sacramento, CA 95833</b>
<b>Project Name:</b>	<b>Cover the Kids (CTK), a program of the City of Sacramento</b>

**2. PROGRAM DESCRIPTION**

CONTRACTOR shall use First 5 Sacramento funding to continue a county-wide inclusive campaign to provide outreach, facilitated enrollment (application assistance), utilization and retention services for families in Sacramento County with uninsured children ages 0 to 5. CONTRACTOR's staff shall implement programs to reach, educate and enroll families with children ages 0 to 5 into a variety of health insurance programs. The CONTRACTOR shall provide continued follow-up with enrolled families at three, eight and thirteen months post-enrollment to assist with any issues that arise for the families regarding their health coverage.

CONTRACTOR shall contract with Child Action, Inc., County of Sacramento, Department of Human Assistance, and Talos Technologies, Inc., to assist with providing services to families. CONTRACTOR will provide Certified Application Assistant (CAA) trainings to collaborating and partnering agencies to enable these agencies to become certified Enrollment Entities (EE).

The intent of this funding is to provide services for those families in Sacramento County with children ages 0 to 5 from the target population. Because families in the target population may also have children ages 6 to 18, the COMMISSION and CONTRACTOR each recognize that services will be provided to families with children in both age groups and that the CONTRACTOR has other funding to serve the children ages 6 to 18.

**3. TARGET POPULATION AND SERVICES AREA**

The target population will include all families with children ages 0 to 5 residing in Sacramento County not currently enrolled in existing health care programs, especially those families with income levels at or below 300% of the federal poverty level.

#### **4. COMPLIANCE WITH COMMISSION STRATEGIC PLAN**

- A. CONTRACTOR shall ensure that programs, services and projects funded by the COMMISSION reflect the following core components identified in the COMMISSION'S Strategic Plan:
1. *Affordable and Accessible* – children (0-5) have the opportunities and resources to grow up healthy and happy.
  2. *Culturally Competent* – embrace diversity and respond in culturally appropriate ways.
  3. *Community-Driven* – Community members have an opportunity to be actively involved in decision making and planning for their children's lives.
  4. *Responsive to Special Needs* – people with special needs will be accepted, treated with respect and dignity and have equal access to places, services and opportunities.
- B. CONTRACTOR shall ensure participation in cooperative and collaborative efforts sponsored by the COMMISSION, its Contractors and community partners.

#### **5. COLLABORATING PARTNERS**

Collaborating partners will include:

- Child Action, Inc.
- Department of Health and Human Services: Women, Infants, and Children's Program
- Department of Human Assistance
- Division of Public Health: Child Health and Disability Prevention (CHDP) Program
- Division of Public Health: Smiles Keepers Program
- First 5 Sacramento Commission funded agencies and partners
- Healthy Kids Healthy Future
- Kaiser Permanente
- Mercy
- Sacramento Dental District Foundation (SDDS)
- Sutter Health
- UC Davis Health System

#### **6. EVALUATION PLAN AND ACTIVITIES**

- A. Upon execution of Agreement, CONTRACTOR shall be required to develop the Project's Evaluation Plan in conjunction with the COMMISSION'S evaluation consultant.
- B. Upon execution of the Agreement, CONTRACTOR shall participate in data collection tool training and input data relevant to the CONTRACTOR'S project into a data collection system as required by the COMMISSION. As required, CONTRACTOR shall collect and submit Client Level Data for participants in CONTRACTOR programs.

- C. CONTRACTOR shall utilize evaluation questionnaires or such other tools as required by COMMISSION for purposes of evaluating CONTRACTOR'S project funded by the COMMISSION.
- D. If deemed necessary during the term of the Agreement, CONTRACTOR shall be required to revise the project's evaluation plan in conjunction with the COMMISSION'S evaluation consultant.

## 7. HEALTH INSURANCE SCREENING

CONTRACTOR shall cross-train all frontline staff and outreach workers to screen and refer clients to appropriate health insurance programs to increase the number of children with a medical home.

## 8. REPORTING REQUIREMENTS/MEETING REQUIREMENTS

As a minimum requirement, CONTRACTOR shall produce Quarterly Program Narrative and Milestone Reports, in a form prescribed by the COMMISSION, due on the 15<sup>th</sup> of the month following the end of the reporting quarter. (Example: For the reporting period of July 1, 2011 through September 30, 2011, the Quarterly and Milestone report must be received by the COMMISSION on or before October 15, 2011.)

CONTRACTOR shall submit reports related to data collection and evaluation in the form and frequency required by the Commission.

CONTRACTOR shall attend First 5 Sacramento Commission Quarterly Contractor Forum meetings and/or other meetings aimed at achieving the goals and objectives of CONTRACTOR'S project funded by the COMMISSION.

## 9. STAFFING REQUIREMENTS

CONTRACTOR shall be responsible for hiring and supervising staff in the classifications and numbers as identified in this Exhibit. CONTRACTOR shall inform COMMISSION when they are not able to fill positions that have primary responsibility for project.

The program will be staffed as follows: (also include any subcontractor staff that will be paid for by First 5)

- **Program Manager** (0.25 FTE): Program Manager (Director) will be responsible for overall project management. This contract shall fund up to 17% of the salary and benefits cost of the equivalent of 0.25 FTE of this classification.
- **Senior Accountant Auditor** (0.60 FTE): Senior Accountant Auditor will be responsible to perform a variety of accounting and auditing duties including the preparation and maintenance of financial records, and contracts management. This contract shall fund up to 65% of the salary and benefits cost of the equivalent of 0.60 FTE of this classification.
- **Program Supervisor** (1.0 FTE): Program Supervisor (Program Manager) will be responsible for overall operational management for the project including staff supervision, planning and fundraising. The staff hired for this position shall be a

Certified Application Assistant (CAA). This contract shall fund up to 100% of the salary and benefits cost of the equivalent of 1.0 FTE of this classification.

- **Program Coordinators (3.0 FTE):** Program Coordinators will be responsible for education and training of staff, all aspects of the outreach efforts to the target population, and all aspects of the retention component and ensuring appropriate follow-up with clients. Specific duties will be distributed between the Coordinators as outlined in the project proposal. The staff hired for these positions shall be CAA's. This contract shall fund up to 100% of the salaries and benefits cost of the equivalent of 3.0 FTE of those positions in these classification.
- **Program Developers (6.0 FTE)** Program Developers (Health Program Specialist) will be responsible for assisting families with children ages 0 to 5 with the initial application process and with case management services, as appropriate, to assist clients in retaining their insurance coverage. The staff hired for these positions shall be CAA's. This contract shall fund up to 100% of the salaries and benefits cost of the equivalent of 6.0 FTE of those positions in these classification.
- **Special Program Leaders (0.9 FTE):** 1 (one) 0.50 FTE Special Program Leader (Evaluation Data Entry Specialist) will be responsible to provide evaluation data entry and analysis, including various administration function; 1 (one) 0.40 FTE Special Program Leader (Data Entry Specialist) to provide data entry collection and various administration function. The staff hired for these positions shall be CAA's. This contract shall fund up to 100% of the salaries and benefits cost of the equivalent of 6.0 FTE of those positions in these classification.
- **Health Insurance Coordinator (1.0 FTE):** Health Insurance Coordinator will be responsible for assisting families with children ages 0 to 5 with the initial application process and with case management services, as appropriate, to assist clients in retaining their insurance coverage. The staff hired for this position will be hired through Child Action, Inc. and shall be a Certified Application Assistant (CAA). This contract shall fund up to 100% of the salary and benefits cost of the equivalent of 1.0 FTE of this position under Cover the Kids' subcontract with Child Action, Inc.

\* CONTRACTOR shall ensure that the Program Supervisor, Program Coordinators, Program Developers, Special Program Leaders and Health Insurance Coordinator receive training and become Certified Application Assistants (CAA's).

## 10. DESCRIPTION OF MINIMUM SERVICES

CONTRACTOR shall accomplish the following minimum services:

Fiscal Year 2010 - 2011

1. Provide leadership and advocacy by continuing to support local and statewide efforts of children's health initiatives.
  - Coordinate quarterly Children's Health Insurance Coordinating Committee (CHICC) meetings. Coordinate and integrate health insurance outreach and enrollment activities to address gaps, duplication and disparities through activities such as working with organizations to coordinate health fair events; promote best practice models for outreach, enrollment, utilization and retention and provide leadership and advocacy at the local level).

- Attend and participate at Covering Kids & Families (CKF) statewide meetings. Six (6) bi-monthly meetings.
2. Develop a "No Wrong Door" partnership with hospital systems and clinics (FQHC's & school based).
    - Establish meetings with appropriate staff to discuss process and agreements with hospitals and clinics by December 31, 2010.
    - Establish four (4) MOU/Agreements with hospitals and clinics by December 31, 2010.
    - Train (four (4) trainings) and implement referral system to hospital and clinic staffing by June 30, 2011.
    - Strengthen partnership with The Effort and other community/school based clinics through activities such as providing screening and referrals at all sites to staff and promoting awareness of CTK services to clinic staff by June 30, 2011.
    - Assist to enroll 80 uninsured children through partnership with hospital systems and clinics by June 11, 2011.
  3. Develop a "No Wrong Door" partnership with CHDP (Child Health & Disability Prevention Program).
    - Establish meetings with appropriate staff to discuss process and agreements by December 31, 2010.
    - Establish one (1) MOU/Agreement outlining outreach plan within the Department of Human Assistance County system by December 31, 2010.
    - Provide five (5) screen and refer trainings to WIC and CHDP staff by June 30, 2011.
    - Assist to enroll 30 uninsured children through partnership with CHDP by June 30, 2011.
  4. Develop a "No Wrong Door" partnership with the Department of Human Assistance (DHA).
    - Establish meetings with appropriate staff to discuss process and agreements to outstation an Eligibility Worker (EW) at CTK's main office to provide children 0-5 assistance for all Medi-Cal (MC) programs including restricted MC by August 30, 2010.
    - Develop and implement with DHA offices bridging program model for families no longer eligible for no-cost Medi-Cal by October 1, 2010.
    - Provide five (5) screen and refer trainings to DHA offices by June 30, 2011.
    - Provide process trainings for EW and CTK staff; understanding the role of the EW, CAA (certified application assistance), and the referral and work system between the two parties by December 31, 2010.
    - EW to assist families with children 0-5 enrolled into MC eligible programs.
    - Assist to enroll 40 children through partnership with DHA by June 30, 2011.
  5. Expand outreach and education of children's health insurance programs through faith and community based organizations.
    - Meet with appropriate organizations to discuss process and agreements.
    - Provide five (5) presentations on children's health information.
    - Provide ten (10) trainings on screen and refer system.

- Encourage dissemination of children's health information to employees, clients and/or congregations.
  - Assist 15 children identified through faith and community based organizations to enroll by June 30, 2011.
6. Increase comprehensive health insurance coverage through childcare centers.
- Contract with Child Action, Inc.
  - Child Action, Inc. to conduct 300 needs assessment surveys in childcare centers to identify high populations of uninsured 0-5 year olds and coordinate and conduct enrollment and outreach events.
  - Conduct 100% campaign and other outreach strategies for child care centers through activities such as surveying all children for health coverage status and identification and referral of uninsured children to CTK.
  - Assist 200 uninsured children identified at child care centers to enroll by June 30, 2011.
7. Increase comprehensive health insurance coverage through school readiness programs.
- Meet with appropriate school readiness coordinators to develop outreach and referrals strategies.
  - Conduct 100% campaign and other outreach strategies for school readiness programs through activities such as surveying all children for health coverage status and identification and referral of uninsured children to CTK.
  - Coordinate five (5) enrollment events.
  - Assist 40 uninsured children identified through school readiness programs to enroll by June 30, 2011.
8. Increase comprehensive health insurance coverage through oral health programs.
- Work with Smile Keepers to disseminate CTK information to families of children ages 1 to 5 who will be provided with fluoride varnishes by June 30, 2011. 2000 families to be provided with information.
  - Continue to coordinate with Sacramento Dental District Foundation (SDDS) on Smiles for Kids Day to outreach to uninsured children to provide referrals to CTK by February 28, 2011.
  - Participate in four (4) children's dental task force meetings.
  - Present oral health reports funded through CDA "Embracing an Oral Health Agenda for Sacramento's Youngest and Most Vulnerable Residents." And GMC denti-cal. (3 presentations)
  - Assist 30 uninsured children identified through oral health programs to enroll in by June 30, 2011.
9. Increase comprehensive health insurance coverage through grassroots advertising campaign including non-English radio, television and community newspapers.
- Research ethnic media outlets
  - Work with Bustos, Crossings, Univision, KJAY (Hmong Radio, Anons and others) on five (5) media campaigns.

- Assist 50 uninsured children to enroll in health insurance programs by June 30, 2011.
10. Expand on application assistance sites through geographically appropriate locations based on the needs of uninsured population.
    - Strengthen relationship with existing application site locations through activities such as providing site staff with screen & refer training and promoting awareness of CTK services.
    - Maintain existing and identify new application site locations based on needs of uninsured population.
    - Meet with new site location staff to discuss process and agreements.
    - Establish MOU/agreements between all location sites and CTK
    - Provide presentations on children's health information to new and existing sites.
    - Provide training on screen and refer system to new and existing sites.
    - Maintain a minimum of 16 new or existing geographically appropriate application sites in order to reach uninsured population.
  
  11. Increase outreach and enrollment of children's health insurance programs through all First 5 Sacramento contractors: Family Support Collaborative FRC's (Family Resource Centers); WIC (Woman, Infants and Children) programs; Health Education Council; Los Rios Community College District – American river College; Community Schools Solutions; Playground Partners; Continuing Development inc.; Public Health Institute; Pacific Municipal Consultants; Elk Grove Unified School District – Power of Parenting; Sacramento Children's Home – Crisis Nurseries; and HDDS – Nurse Family Partnerships.
    - Establish meetings with appropriate contract staff to discuss process and agreements.
    - Develop referral system with contractors.
    - Train (12 trainings) and implement referral system with contractors
    - Provide updates at First 5 Contractors' Quarterly meeting
    - Assist 130 uninsured children identified and referred from contractors to enroll by June 30, 2011.
  
  12. Increase parent/family knowledge on children's health insurance programs and services through parent education workshops. (200 parents to attend)
    - Update and print utilization booklet (in English and Spanish) as appropriate to reflect current information.
    - Distribute and review CTK's utilization booklet "The Path to Good Health" to all families during application assistance, events and education workshops.
    - Coordinate enrollment events and parent education workshops during new and existing school and community based events.
    - Troubleshoot and assist families in navigating health care system; assist 200 families in gaining access to a medical home.
  
  13. Increase utilization and retention of children ages 0-5 through a verification process for children enrolled in Healthy Kids program.

- Identify and train two (2) existing staff members, Program Coordinator and Program Developer, to develop Retention & Utilization Unit in order to provide intensive verification process by September 30, 2010.
  - Develop new internal verification processes by December 31, 2010
  - Establish relationship with Healthy Kids providers' office; establish MOU/agreements with providers' office by December 31, 2010.
  - Incorporate/build additional functions to TESS (Talos Enrollment Services & Support) web based data system to collect data based on new indicators which includes the ability to capture number of children who saw a dentist within the last 12 months and children who received all age appropriate immunizations at age 2 and 5 by January 1, 2011.
  - Design and implement consent form for families to allow providers' office to release information to CTK and First 5 Sacramento by January 1, 2011.
  - Establish MOU/agreements with providers' office outlining verification information for children through consent forms by October 1, 2010.
  - Implement new verification processes with families at 3, 8 and 13 month post application assistance who are identified as underutilizing children's health services. 105 (80%) of children able to reach had well-child and dental visits. *(Note: this number will fluctuate in October 2010 when children 6-18 are disenrolled from HK)*
  - Develop and implement process and materials for follow-up with HK members 30-days post application assistance; disenrollment of HK members not able to contact (150 families provided follow-up).
  - Design and implement verification checklist mail out to 50 providers' office process by October 1, 2010.
  - Design and implement process to collect immunization information during families' annual eligibility renewal (AER) appointment. 105 (80%) of children able to reach are up to date with immunizations during AER at ages 2 and 5. *(Note: this number will fluctuate in October 2010 when children 6-18 are disenrolled from HK)*.
  - Troubleshoot and assist families in navigating health care system; assist families in gaining access to a medical home.
14. Increase utilization and retention of children ages 0-5 through intensive case management for children assisted to enroll in Medi-Cal, Emergency Medi-Cal, Healthy Families Program and Kaiser Permanente Child Health Plan.
- Continue to provide follow-up with children and their families 3 months (492 children enrolled into a health coverage program), 8 months and 13 months (640 children retained in a health coverage program) post application assistance
  - Send a reminder post card at 10 months post application assistance as a reminder of annual eligibility renewal is due soon.
  - Troubleshoot and assist families in navigating health care system; assist families in gaining access to a medical home.

**Fiscal Year 2011 - 2012**

15. Provide leadership and advocacy by continuing to support local and statewide efforts of children's health initiatives.

- Coordinate quarterly Children's Health Insurance Coordinating Committee (CHICC) meetings. Coordinate and integrate health insurance outreach and enrollment activities to address gaps, duplication and disparities through activities such as working with organizations to coordinate health fair events; promote best practice models for outreach, enrollment, utilization and retention and provide leadership and advocacy at the local level.
  - Continue to attend and participate at Covering Kids & Families (CKF) statewide meetings. Six (6) bi-monthly meetings.
16. Develop a "No Wrong Door" partnership with hospital systems and clinics (FQHC's & school based).
- Evaluate, revise and implement bridging model and process as appropriate.
  - Maintain and/or renew existing MOU/agreements as appropriate. Establish one (1) new MOU/agreement.
  - Provide training of referral system to hospital and clinic staffing (4 trainings annually).
  - Strengthen partnership with The Effort and other community/school based clinics through activities such as providing screening and referrals at all sites to staff and promoting awareness of CTK services to clinic staff.
  - Assist to enroll 200 uninsured children through partnership with hospital systems and clinics by June 12, 2012.
17. Develop a "No Wrong Door" partnership with CHDP (Child Health & Disability Prevention Program).
- Continue to strengthen relationship with CHDP program.
  - Maintain and/or renew MOU agreement with CHDP if needed.
  - Evaluate, revise and implement bridging program model as appropriate for families no longer eligible for no-cost Medi-Cal.
  - Provide four (4) screen and refer trainings to CHDP staff.
  - Assist to enroll 100 uninsured children through partnership with CHDP by June 30, 2012.
18. Develop a "No Wrong Door" partnership with the Department of Human Assistance (DHA).
- Continue to strengthen relationship with DHA.
  - Renew MOU/agreement if needed.
  - Evaluate process and workplan of outstationed EW by August 30, 2011.
  - Evaluate bridging program model for families no longer eligible for no-cost Medi-Cal by August 30, 2011.
  - Provide eight (8) screen and refer trainings to DHA offices by June 30, 2012.
  - Provide process trainings for EW and CTK staff.
  - EW to assist families with children 0-5 to enrolled into MC eligible programs.
  - Assist to enroll 150 children through partnership with DHA by June 30, 2012.

19. Expand outreach and education of children's health insurance programs through faith and community based organizations.
  - Continue to strengthen relationship with faith and community based organizations.
  - Maintain existing MOU/agreements and establish new MOU/agreements when necessary.
  - Provide five (5) presentations on children's health information.
  - Provide ten (10) trainings on screen and refer system.
  - Encourage dissemination of children's health information to employees, clients and/or congregations.
  - Assist 45 children identified through faith and community based organizations to enroll by June 30, 2012.
  
20. Increase comprehensive health insurance coverage through childcare centers.
  - Continue to work with Child Action, Inc. to conduct 300 needs assessment surveys in childcare centers to identify high populations of uninsured 0-5 year olds and coordinate and conduct enrollment and outreach events.
  - Conduct 100% campaign and other outreach strategies for child care centers through activities such as surveying all children for health coverage status and identification and referral of uninsured children to CTK.
  - Assist 200 uninsured children identified at child care centers to enroll by June 30, 2012.
  
21. Increase comprehensive health insurance coverage through school readiness programs.
  - Continue to work with appropriate school readiness coordinators to implement outreach & referral strategies.
  - Conduct 100% campaign and other outreach strategies for school readiness programs through activities such as surveying all children for health coverage status and identification and referral of uninsured children to CTK.
  - Coordinate five (5) enrollment events.
  - Assist 50 uninsured children identified through school readiness programs to enroll by June 30, 2012.
  
22. Increase comprehensive health insurance coverage through oral health programs. Troubleshoot and assist families in navigating health care system.
  - Continue to work with Smile Keepers to disseminate CTK information to families of children ages 1 to 5 who will be provided with fluoride varnishes by June 30, 2012. 2000 families to be provided with information.
  - Continue to coordinate with Sacramento Dental District Foundation (SDDS) on Smiles for Kids Day to outreach to uninsured children to provide referrals to CTK by February 28, 2012.
  - Participate in four (4) children's dental task force meetings.
  - Present oral health reports funded through CDA "Embracing an Oral Health Agenda for Sacramento's Youngest and Most Vulnerable Residents" and FMC denti-cal study. (3 presentations)

- Assist 80 uninsured children identified through oral health programs to enroll in by June 30, 2012.
23. Increase comprehensive health insurance coverage through grassroots advertising campaign including non-English radio, television and community newspapers.
- Continue to research ethnic media outlets
  - Work with Bustos, Crossings, Univision, KJAY (Hmong Radio, Anons and others on five (5) media campaigns.
  - Assist 85 uninsured children to enroll in health insurance programs by June 30, 2012.
24. Expand on application assistance sites through geographically appropriate locations based on the needs of uninsured population.
- Continue to strengthen relationship with existing application site locations through activities such as providing site staff with screen & refer training and promoting awareness of CTK services.
  - Identify new application site locations based on needs of uninsured population.
  - Meet with new site location staff to discuss process and agreements.
  - Establish MOU/agreements between all location sites and CTK
  - Provide presentations on children's health information to new and existing sites.
  - Provide training on screen and refer system to new and existing sites.
  - Maintain a minimum of 16 new or existing geographically appropriate application sites in order to reach uninsured population.
25. Increase outreach and enrollment of children's health insurance programs through all First 5 Sacramento contractors: Family Support Collaborative FRC's (Family Resource Centers); WIC (Woman, Infants and Children) programs; Health Education Council; Los Rios Community College District – American river College; Community Schools Solutions; Playground Partners; Continuing Development inc.; Public Health Institute; Pacific Municipal Consultants; Elk Grove Unified School District – Power of Parenting; Sacramento Children's Home – Crisis Nurseries; and HDDS – Nurse Family Partnerships.
- Continue to strengthen relationship with existing and new contractors.
  - Evaluate, revise and implement referral system process and agreements with contractors.
  - Evaluate, revise and continue to provide trainings (12 trainings) on referral system with contractors
  - Provide updates at First 5 Contractors' Quarterly meeting
  - Assist 190 uninsured children identified and referred from contractors to enroll by June 30, 2012.
26. Increase parent/family knowledge on children's health insurance programs and services through parent education workshops. (225 parents to attend)
- Update and print utilization booklet (in English and Spanish) as appropriate to reflect current information.

- Distribute and review CTK's utilization booklet "The Path to Good Health" to all families during application assistance, events and education workshops.
  - Coordinate enrollment events and parent education workshops during new and existing school and community based events.
  - Troubleshoot and assist families in navigating health care system; assist 225 families in gaining access to a medical home.
27. Increase utilization and retention of children ages 0-5 through a verification process for children enrolled in Healthy Kids program.
- Evaluate and revise verification processes as appropriate.
  - Establish relationship with new and existing providers' offices.
  - Establish and maintain new and existing MOU/agreement with providers' offices.
  - Provide follow-up with families 3, 8 and 13 months post application assistance that are identified as underutilizing child's health services.
  - Continue to follow-up with HK members 30 days post application assistance. (175 families provided follow-up)
  - Disenroll HK members not able to contact (30 days notification letter to be sent)
  - Evaluate verification checklist mail out process. 105 (80%) of children able to reach had well-child and dental visits. *(Note: this number will fluctuate in October 2010 when children 6-18 are disenrolled from HK)*
  - Send reminder post card 10 months post application assistance as a reminder that annual eligibility renewal is due soon. (150 families to be sent reminder post cards)
  - Collect immunization information on families at annual eligibility renewal (AER) appointment. 105 (80%) of children able to reach are up to date with immunizations during AER at ages 2 and 5. *(Note: this number will fluctuate in October 2010 when children 6-18 are disenrolled from HK).*
  - Troubleshoot and assist families in navigating health care system; assist families in gaining access to a medical home.
28. Increase utilization and retention of children ages 0-5 through intensive case management for children assisted to enroll in Medi-Cal, Emergency Medi-Cal, Healthy Families Program and Kaiser Permanente Child Health Plan.
- Continue to provide follow-up with children and their families 3 months (880 children enrolled into a health coverage program), 8 months and 13 months (394 children retained in a health coverage program) post application assistance
  - Send a reminder post card at 10 months post application assistance as a reminder of annual eligibility renewal is due soon.
  - Troubleshoot and assist families in navigating health care system; assist families in gaining access to a medical home.

**Fiscal Year 2012 – 2013**

29. Provide leadership and advocacy by continuing to support local and statewide efforts of children's health initiatives.
- Coordinate quarterly Children's Health Insurance Coordinating Committee (CHICC) meetings. Coordinate and integrate health insurance outreach

- and enrollment activities to address gaps, duplication and disparities through activities such as working with organizations to coordinate health fair events; promote best practice models for outreach, enrollment, utilization and retention and provide leadership and advocacy at the local level).
- Continue to attend and participate at Covering Kids & Families (CKF) statewide meetings. Six (6) bi-monthly meetings.
30. Develop a "No Wrong Door" partnership with hospital systems and clinics (FQHC's & school based).
- Evaluate, revise and implement bridging model and process as appropriate.
  - Maintain and/or renew existing MOU/agreements as appropriate. Establish one (1) new MOU/agreement.
  - Continue to provide training of referral system to hospital and clinic staffing (4 trainings annually).
  - Continue to strengthen partnership with The Effort and other community/school based clinics through activities such as providing screening and referrals at all sites to staff and promoting awareness of CTK services to clinic staff.
  - Assist to enroll 200 uninsured children through partnership with hospital systems and clinics by June 12, 2013.
31. Develop a "No Wrong Door" partnership with CHDP (Child Health & Disability Prevention Program).
- Continue to strengthen relationship with CHDP program.
  - Maintain and/or renew MOU agreement with CHDP if needed.
  - Evaluate, revise and implement bridging program model as appropriate for families no longer eligible for no-cost Medi-Cal.
  - Provide 25 screen and refer trainings to CHDP staff.
  - Assist to enroll 125 uninsured children through partnership with CHDP by June 30, 2013.
32. Develop a "No Wrong Door" partnership with the Department of Human Assistance (DHA).
- Continue to strengthen relationship with DHA.
  - Renew MOU/agreement if needed.
  - Evaluate process and workplan of outstationed EW by August 30, 2012.
  - Evaluate bridging program model for families no longer eligible for no-cost Medi-Cal by August 30, 2012.
  - Provide eight (8) screen and refer trainings to DHA offices.
  - Provide process trainings for EW and CTK staff; understanding the role of the EW, CAA (certified application assistance), and the referral and work system between the two parties by December 31, 2012.
  - EW to assist families with children 0-5 to enrolled into MC eligible programs.
  - Assist to enroll 160 children through partnership with DHA by June 30, 2013.
33. Expand outreach and education of children's health insurance programs through faith and community based organizations.

- Continue to strengthen relationship with faith and community based organizations.
  - Maintain existing MOU/agreements and establish new MOU/agreements when necessary.
  - Provide five (5) presentations on children's health information.
  - Provide ten (10) trainings on screen and refer system.
  - Encourage dissemination of children's health information to employees, clients and/or congregations.
  - Assist 40 children identified through faith and community based organizations to enroll by June 30, 2013.
34. Increase comprehensive health insurance coverage through childcare centers.
- Continue to work with Child Action, Inc. to conduct 300 needs assessment surveys in childcare centers to identify high populations of uninsured 0-5 year olds and coordinate and conduct enrollment and outreach events.
  - Conduct 100% campaign and other outreach strategies for child care centers through activities such as surveying all children for health coverage status and identification and referral of uninsured children to CTK.
  - Assist 200 uninsured children identified at child care centers to enroll by June 30, 2013.
35. Increase comprehensive health insurance coverage through school readiness programs.
- Continue to work with appropriate school readiness coordinators to implement outreach & referral strategies.
  - Conduct 100% campaign and other outreach strategies for school readiness programs through activities such as surveying all children for health coverage status and identification and referral of uninsured children to CTK.
  - Coordinate five (5) enrollment events.
  - Assist 55 uninsured children identified through school readiness programs to enroll by June 30, 2013.
36. Increase comprehensive health insurance coverage through oral health programs.
- Continue to work with Smile Keepers to disseminate CTK information to families of children ages 1 to 5 who will be provided with fluoride varnishes by June 30, 2013. 2000 families to be provided with information.
  - Continue to coordinate with Sacramento Dental District Foundation (SDDS) on Smiles for Kids Day to outreach to uninsured children to provide referrals to CTK by February 28, 2013.
  - Participate in four (4) children's dental task force meetings.
  - Present oral health reports funded through CDA "Embracing an Oral Health Agenda for Sacramento's Youngest and Most Vulnerable Residents" and FMC denti-cal study. (3 presentations)
  - Assist 50 uninsured children identified through oral health programs to enroll in by June 30, 2013.

37. Increase comprehensive health insurance coverage through grassroots advertising campaign including non-English radio, television and community newspapers.
- Continue to research ethnic media outlets
  - Work with Bustos, Crossings, Univision, KJAY (Hmong Radio, Anons and others on five (5) media
  - Assist 85 uninsured children to enroll in health insurance programs by June 30, 2013.
38. Expand on application assistance sites through geographically appropriate locations based on the needs of uninsured population.
- Continue to strengthen relationship with existing application site locations through activities such as providing site staff with screen & refer training and promoting awareness of CTK services.
  - Identify new application site locations based on needs of uninsured population.
  - Meet with new site location staff to discuss process and agreements.
  - Establish MOU/agreements between all location sites and CTK
  - Provide presentations on children's health information to new and existing sites.
  - Provide training on screen and refer system to new and existing sites.
  - Maintain a minimum of 16 new or existing0 geographically appropriate application sites in order to reach uninsured population.
39. Increase outreach and enrollment of children's health insurance programs through all First 5 Sacramento contractors: Family Support Collaborative FRC's (Family Resource Centers); WIC (Woman, Infants and Children) programs; Health Education Council; Los Rios Community College District – American river College; Community Schools Solutions; Playground Partners; Continuing Development inc.; Public Health Institute; Pacific Municipal Consultants; Elk Grove Unified School District – Power of Parenting; Sacramento Children's Home – Crisis Nurseries; and HDDS – Nurse Family Partnerships.
- Continue to strengthen relationship with existing and new contractors.
  - Evaluate, revise and implement referral system process and agreements with contractors.
  - Evaluate, revise and continue to provide trainings (12 trainings) on referral system with contractors
  - Provide updates at First 5 Contractors' Quarterly meeting
  - Assist 200 uninsured children identified and referred from contractors to enroll by June 30, 2013.
40. Increase parent/family knowledge on children's health insurance programs and services through parent education workshops. (235 parents to attend)
- Update and print utilization booklet (in English and Spanish) as appropriate to reflect current information.
  - Distribute and review CTK's utilization booklet "The Path to Good Health" to all families during application assistance, events and education workshops.

- Coordinate enrollment events and parent education workshops during new and existing school and community based events.
  - Troubleshoot and assist families in navigating health care system; assist 235 families in gaining access to a medical home.
41. Increase utilization and retention of children ages 0-5 through a verification process for children enrolled in Healthy Kids program.
- Evaluate and revise verification processes as appropriate.
  - Establish relationship with new and existing providers' offices.
  - Establish and maintain new and existing MOU/agreements with providers' offices.
  - Provide follow-up with families 3, 8 and 13 months post application assistance that are identified as underutilizing child's health services.
  - Continue to follow-up with HK members 30 days post application assistance. (200 families provided follow-up)
  - Disenroll HK members not able to contact (30 days notification letter to be sent).
  - Evaluate verification checklist mail out process. 105 (80%) of children able to reach had well-child and dental visits. (*Note: this number will fluctuate in October 2010 when children 6-18 are disenrolled from HK*)
  - Send reminder post card 10 months post application assistance as a reminder that annual eligibility renewal is due soon. (175 families to be sent reminder post cards)
  - Collect immunization information on families at annual eligibility renewal (AER) appointment. 105 (80%) of children able to reach are up to date with immunizations during AER at ages 2 and 5. (*Note: this number will fluctuate in October 2010 when children 6-18 are disenrolled from HK*).
  - Troubleshoot and assist families in navigating the health care system; assist families in gaining access to a medical home.
42. Increase utilization and retention of children ages 0-5 through intensive case management for children assisted to enroll in Medi-Cal, Emergency Medi-Cal, Healthy Families Program and Kaiser Permanente Child Health Plan.
- Continue to provide follow-up with children and their families 3 months (924 children enrolled into a health coverage program), 8 months and 13 months (704 children retained in a health coverage program) post application assistance
  - Send a reminder post card at 10 months post application assistance as a reminder of annual eligibility renewal is due soon.
  - Troubleshoot and assist families in navigating the health care system; assist families in gaining access to a medical home.

**11. Scope of Work/Logic Model for City of Sacramento, Cover the Kids**

CONTRACTOR shall make every effort to comply with the Scope of work/Logic Model specified in the table below. In all cases, CONTRACTOR shall accomplish the Minimum Services specified in Section 10. FIRST 5 SACRAMENTO COMMISSION

**SCOPE OF WORK/LOGIC MODEL**

City of Sacramento/Cover the Kids, Sacramento Children's Health Initiative - Scenario 1

FY 2010/2011     FY 2011/2012     FY 2012/2013     FY 2013/2014     FY 2014/2015

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
1. Provide leadership and advocacy by continuing to support local and statewide efforts of children's health initiatives.	a) Coordination of Children's Health Insurance Coordinating Committee (CHICC) - coordinate and integrate health insurance outreach and enrollment activities to address gaps, duplication and	a) CHICC: Quarterly meetings (4) b) CKF: Bi-monthly meetings (6)	July 1, 2010	June 30, 2011	a) Coordination of CHICC quarterly meetings. b) Participation/attendance of CKF bi-monthly meetings.	a) Quarterly coordination of CHICC meetings. b) Bi-monthly attendance of CKF meetings.

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	<p>disparities through activities such as working with organizations to coordinate health fair events; promoting best practice models for outreach, enrollment, utilization and retention; and provide leadership and advocacy at local level.</p> <p>b) Participation at Covering Kids and Families (CKF) statewide meetings.</p>					
2. Develop a “No Wrong Door” partnership with hospital systems and clinics (FQHC’s & school based).	a) Establish meetings with appropriate staff to discuss process and agreements with hospitals and	b) 4 MOU/agreements established c) 4 trainings	a) July 1, 2010 b) July 1, 2010 c) Dec 1,	a) Dec 31, 2010 b) Dec 31, 2010	I. Increase of referrals received from hospitals and clinics. II. Increase of presentations/trainings provided to hospitals and clinics.	I. Number/percent of children referred from hospitals and clinics. II. Number of presentations/trainings provided to hospitals and clinics.

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	<p>clinics.</p> <p>b) Establish MOU/Agreements with hospitals and clinics.</p> <p>c) Training and implementation of referral system to hospital and clinic staffing.</p> <p>d) Strengthen partnership with The Effort and other community/school based clinics through activities such as providing screening and referrals at all sites to staff and promoting awareness of CTK services to clinic staff.</p> <p>e) Assist to enroll uninsured children through</p>	<p>e) 80 children assisted to enroll</p>	<p>2010</p> <p>d) July 1, 2010</p> <p>e) Dec 15, 2010</p>	<p>c) June 30, 2011</p> <p>d) June 30, 2011</p> <p>e) June 30, 2011</p>	<p>III. Increase percent of children assisted to enroll through hospitals and clinics.</p> <p>IV. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p> <p>V. Assisting families in gaining access to a medical home.</p>	<p>III. Percent of children assisted to enroll through hospitals and clinics.</p> <p>IV. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	partnership with hospital systems and clinics.					
3. Develop a “No Wrong Door” partnership with CHDP (Child Health & Disability Prevention) Program.	<ul style="list-style-type: none"> <li>a) Establish meetings with appropriate staff to discuss process and agreements.</li> <li>b) Establish MOU/Agreements outlining outreach plan within the DHA County system.</li> <li>c) Provide screen and refer training to WIC and CHDP staff.</li> <li>d) Assist to enroll uninsured children through partnership with CHDP.</li> </ul>	<ul style="list-style-type: none"> <li>b) 1 MOU/agreement established</li> <li>c) 5 screen and refer trainings provided</li> <li>d) 30 children assisted to enroll</li> </ul>	<ul style="list-style-type: none"> <li>a) July 1, 2010</li> <li>b) July 1, 2010</li> <li>c) Sept. 1 2010</li> <li>d) Sept 15, 2010</li> <li>e) July 1, 2010</li> </ul>	<ul style="list-style-type: none"> <li>a) Dec 31, 2010</li> <li>b) Dec 31, 2010</li> <li>c) Dec 31, 2010</li> <li>d) June 30, 2011</li> <li>e) June 30, 2011</li> </ul>	<ul style="list-style-type: none"> <li>I. Increase of referrals received from CHDP.</li> <li>II. Increase of trainings provided to CHDP.</li> <li>III. Increase percent of children assisted to enroll through CHDP.</li> <li>IV. MOU/agreement established between agency and CTK.</li> <li>V. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</li> </ul>	<ul style="list-style-type: none"> <li>I. Number/percent of referrals received from CHPD.</li> <li>II. Number of trainings provided to CHDP.</li> <li>III. Number/percent of children assisted to enroll through CHDP.</li> <li>IV. MOU/agreement signed by all parties.</li> <li>V. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</li> </ul>
4. Develop a “No Wrong Door” partnership with the Department of Human Assistance	<ul style="list-style-type: none"> <li>a) Establish meetings with appropriate staff to discuss process and agreements to</li> </ul>	<ul style="list-style-type: none"> <li>d) 5 screen and refer trainings provided</li> <li>e) 40</li> </ul>	<ul style="list-style-type: none"> <li>a) July 1, 2010</li> <li>b) Aug 30, 2010</li> </ul>	<ul style="list-style-type: none"> <li>a) Aug 30, 2010</li> <li>b) Oct 1 2010</li> </ul>	<ul style="list-style-type: none"> <li>I. MOU/agreement established between DHA and CTK.</li> <li>II. Increase of trainings provided</li> </ul>	<ul style="list-style-type: none"> <li>I. MOU/agreement signed by all parties.</li> <li>II. Percent of referrals received from DHA.</li> <li>III. Number of trainings provided to DHA</li> </ul>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
(DHA).	<p>outstation an Eligibility Worker (EW) at CTK's main office to provide children 0-5 assistance for all Medi-Cal (MC) programs including restricted MC.</p> <p>b) Develop and implement process to refer children 6-18 to County for all MC programs.</p> <p>c) Develop and implement with DHA offices bridging program model for families no longer eligible for no-cost Medi-Cal.</p> <p>d) Provide screen and refer training to DHA offices.</p> <p>e) Provide process</p>	children assisted to enroll	<p>c) Aug 30, 2010</p> <p>d) Oct 1, 2010</p> <p>e) Nov 1, 2010</p> <p>f) Jan 1, 2011</p> <p>g) July 1, 2010</p>	<p>c) Oct 1, 2010</p> <p>d) June 30, 2011</p> <p>e) Dec 31, 2010</p> <p>f) June 30, 2011</p> <p>g) June 30, 2011</p>	<p>to DHA</p> <p>III. Increase of referrals received from DHA.</p> <p>IV. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>	IV. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	<p>trainings for EW and CTK staff; understanding the role of the EW, CAA (certified application assistance), and the referral and work system between the two parties.</p> <p>f) EW to assist families with children ages 0-5 enrolled into MC eligible programs and bridge families with children 6-18 to County for assistance.</p> <p>g) Assist to enroll uninsured children through partnership with DHA.</p>					
5. Expand outreach and education of children's health	a) Meet with appropriate organizations to	b) 5 presentation	July 1, 2010	June 30, 2011	I. Increase number of presentations & trainings provided.	I. Number of presentations and trainings provided.

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE.	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
insurance programs through faith & community based organizations.	discuss process and agreements. b) Provide presentations on children's health information. c) Provide training on screen and refer system. d) Encourage dissemination of children's health information to employee, clients and/or congregations. e) Assist to enroll uninsured children identified through faith & community based organizations.	s  c) 10 screen and refer trainings provided  e) 15 children assisted to enroll			II. Increase in referrals received. III. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.	II. Number/percent of referrals received. III. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.
6. Increase comprehensive health insurance coverage through childcare centers.	a) Contract with Child Action, Inc. b) Child Action, Inc. to conduct needs assessment	c) 300 surveys  d) 200 children assisted to	a) July 1, 2010  b) July 1, 2010	a) Sept 30, 2011  b) June 30,	I. Contract with subcontractor established. II. Increase number of children assisted and enrolled through	I. Contract with subcontractor approved by the city. II. Number/percentage of children assisted and enrolled through child

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	<p>surveys in childcare centers to identify high populations of uninsured 0-5 year olds and coordinate and conduct enrollment and outreach events.</p> <p>c) Conduct 100% campaign and other outreach strategies at childcare centers.</p> <p>d) Assist to enroll uninsured children identified at childcare centers.</p>	enroll	<p>c) July 1, 2010</p> <p>d) July 1, 2010</p>	<p>2011</p> <p>c) June 30, 2011</p> <p>d) June 30, 2011</p>	<p>childcare centers.</p> <p>III. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>	<p>care centers.</p> <p>III. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>
7. Increase comprehensive health insurance coverage through school readiness programs.	a) Meet with appropriate school readiness coordinators to develop outreach & referrals	<p>c) 5 enrollment events</p> <p>d) 40 children assisted to</p>	<p>a) July 1, 2010</p> <p>b) Sept. 1, 2010</p> <p>c) July 1,</p>	<p>a) June 30, 2011</p> <p>b) June 30, 2011</p> <p>c) June</p>	<p>I. Increase number of children assisted to enroll through preschools and school readiness programs.</p> <p>II. Increase in the</p>	<p>I. Number/percent of children assisted to enroll through preschools and school readiness programs.</p> <p>II. Percent of children enrolled in health</p>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	strategies. b) Conduct 100% campaign and other outreach strategies school readiness programs. c) Coordinate enrollment events. d) Assist to enroll uninsured children identified through school readiness programs.	enroll	2010  d) July 1, 2010	30, 2011  d) June 30, 2011	percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.	insurance programs, 3, 8 and 13 months post application.
8. Increase comprehensive health insurance coverage through oral health programs.	a) Work with Smiles Keepers to disseminate CTK information to families of children ages 1-5 who will be provided with fluoride varnishes. b) Coordinate with Sacramento Dental District	a) 2000 children provided with information  d) 3 presentations made  c) 4 task force	a) July 1, 2010 b) Jan 1, 2011 c) July 1, 2010 d) July 1, 2010	a) June 30, 2011 b) Feb 28, 2011 c) June 30, 2011	I. Increase in referrals from Smiles for Kids Day. II. Attendance of task force meetings. III. Oral health report presentations scheduled and conducted. IV. Increase in the percent of children enrolled in health insurance programs,	I. Number/percent of referrals received through Smiles for Kids Day. II. Number of task force meetings attended. III. Number of oral health report presentations conducted. IV. Percent of children enrolled in health insurance programs, 3, 8 and 13 months

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	<p>Foundation (SDDS) on Smiles for Kids Day to outreach to uninsured children to provide referrals to CTk.</p> <p>c) Participation in children's dental task force meetings.</p> <p>d) Presenting of oral health report funded through CDA, "Embracing an Oral Health Agenda for Sacramento's Youngest and Most Vulnerable Residents" And GMC denti-cal study.</p> <p>e) Assist to enroll uninsured children identified through oral</p>	<p>meetings</p> <p>e) 30 children assisted to enroll</p>	<p>e) July 1, 2010</p>	<p>d) June 30, 2011</p> <p>e) June 30, 2011</p>	<p>3, 8 and 13 months post application.</p>	<p>post application.</p>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	health programs.					
9. Increase comprehensive health insurance coverage through grassroots advertising campaign including non-English radio, television and community newspapers.	<ul style="list-style-type: none"> <li>a) Research other ethnic media outlets.</li> <li>b) Work with Bustos, Crossings, Univision, KJAY (Hmong Radio), Anons and others on media campaigns.</li> <li>c) Assist to enroll uninsured children identified through media campaigns.</li> </ul>	<ul style="list-style-type: none"> <li>b) 5 media campaigns</li> <li>c) 50 children assisted to enroll</li> </ul>	July 1, 2010	June 30, 2011	<ul style="list-style-type: none"> <li>I. Increase of referrals/family contacts (to CTK) as a result of media campaigns.</li> <li>II. Increase number of children assisted to enroll through media campaign.</li> <li>III. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</li> </ul>	<ul style="list-style-type: none"> <li>I. Number/percent of referrals/family contacts (to CTK) as a result of media campaigns.</li> <li>II. Number/percent of children assisted to enroll through media campaign.</li> <li>III. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</li> </ul>
10. Expand on application assistance sites through geographically appropriate locations based on the needs of uninsured population.	a) Strengthen relationship with existing application site locations through activities such as providing site staff with screen & refer training and promoting awareness of	16 existing and/or new geographically appropriate application sites maintained to reach uninsured population	July 1, 2010	June 30, 2011	<ul style="list-style-type: none"> <li>I. Geographic location based on needs of uninsured population is coordinated and/maintained.</li> <li>II. MOU/agreement between CTK and site/agency for use of facility to provide services.</li> <li>III. Increase in the</li> </ul>	<ul style="list-style-type: none"> <li>I. Geographic site locations maintained/established.</li> <li>II. MOU/agreement approved by the City.</li> <li>III. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</li> </ul>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	CTK services. b) Maintain existing and identify new application site locations based on needs of uninsured population. c) Meet with new site location staff to discuss process and agreements. d) Establish MOU/agreements between all location site and CTK. e) Provide presentations on children's health information to new and existing sites. f) Provide training on screen and refer system to new and existing sites.				percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.	
11. Increase	a) Establish	c) 12	July 1,	June 30,	• Increase of referrals	• Number/percent of

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<p>outreach and enrollment of children's health insurance programs through all First 5 Sacramento contractors: Family Support Collaborative FRC's (Family Resource Centers); WIC (Woman, Infants and Children) programs; Health Education Council; Los Rios Community College Distric-American River College; Community Schools Solutions; Playground Partners; Continuing Development Inc.; Public</p>	<p>meetings with appropriate contract staff to discuss process and agreements.  b) Develop referral system with contractors.  c) Train and implement referral system with contractors.  d) Provide updates at First 5 Contractors' Quarterly meeting.  e) Assist to enroll uninsured children identified and referred from contractors.</p>	<p>trainings provided  e) 130 children assisted to enroll</p>	<p>2010</p>	<p>2011</p>	<p>received from First 5 Sacramento contractors.  • Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>	<p>referrals received from First 5 Sacramento contractors.  • Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>

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<p>Health Institute; Pacific Municipal Consultants; Elk Grove Unified School District – Power of Parenting; Sacramento Children’s Home – Crises Nurseries; and HDDS – Nurse Family Partnership.</p>						
<p>12. Increase parent/family knowledge on children’s health insurance programs &amp; services through parent education workshops.</p>	<p>a) Update and print utilization booklet as appropriate to reflect current information. b) Distribute and review CTK’s utilization booklet “The Path to Good Health” to all families during application assistance,</p>	<p>c) <b>200</b> parent attended education workshop d) <b>200</b> parents assisted in gaining access to a medical home.</p>	<p>July 1, 2010</p>	<p>June 30, 2011</p>	<ul style="list-style-type: none"> <li>• Increase of parent education workshops.</li> <li>• Increase in the percent of children with complete immunizations at ages 2 and 5.</li> <li>• Increase in the percent of children who have received all age appropriate well child visits.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of parent education workshop conducted.</li> <li>• Percent of children with complete immunizations at ages 2 and 5.</li> <li>• Percent of children who have received all age appropriate well child visits.</li> </ul>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	events and education workshops. c) Coordinate enrollment events and parent education workshops during new & existing school and community based events. d) Troubleshoot & assist families in navigating health care system; assist families in gaining access to a medical home.					
13. Increase utilization of children ages 0-5 through a verification process for children enrolled in Healthy Kids program.	a) Identify and train existing staff: Program Coordinator 1.0 FTE and Program Developer 1.0 FTE to develop Retention &	a) 2 staff identified and trained  *g) 105 (80%) of children	a) July 1, 2011 b) July 1, 2010 c) July 1, 2010	a) Sept 30, 2010 b) Dec 31, 2010 c) Dec 31, 2010	I. Decrease of children being disenrolled from HK due to inadequate/incorrect contact information. II. Increase of children up to date with	I. Percent of children being disenrolled from HK due to incorrect contact information. II. Percent of children up to date with immunization during AER at ages 2 and 5. III. Percent of children

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	<p>Utilization Unit to provide verification process.</p> <p>b) Develop new internal verification processes.</p> <p>c) Establish relationship with Healthy Kids providers' office; establish MOU/agreements with providers' office.</p> <p>d) Incorporate/build additional functions to TESS (Talos Enrollment Services &amp; Support) web based data system to collect data based on new indicators which includes ability to capture number of</p>	<p>able to reach had well-child and dental visits.</p> <p>h) <b>150</b> families provided follow-up</p> <p>i) Verification checklist mailed out to <b>50</b> providers' offices</p> <p>*j) <b>105</b> (80%) of children able to reach are up to date with immunization during AER at ages 2 and</p>	<p>d) Sept 1, 2010</p> <p>e) Sept 1, 2010</p> <p>f) Aug 1, 2010</p> <p>g) Jan 1, 2011</p> <p>h) Sept 1, 2011</p> <p>i) Aug 1, 2010</p> <p>j) Sept 1, 2010</p>	<p>d) Jan 1, 2011</p> <p>e) Jan 1, 2011</p> <p>f) Oct 1, 2010</p> <p>g) June 30, 2011</p> <p>h) Jun 30, 2011</p> <p>i) Oct 1, 2010</p> <p>j) June 30, 2011</p>	<p>immunization during annual eligibility review (AER) at ages 2 and 5.</p> <p>III. Increase children with dental visit before age 1.</p> <p>IV. Increase in the percent of children who have received all age appropriate well child visits.</p>	<p>with dental visit before age 1 through confirmation with providers' office.</p> <p>IV. Percent of children who have received all age appropriate well child visits.</p>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	<p>children who saw a dentist within the last 12 months and children received all age appropriate immunizations at age 2 and 5.</p> <p>e) Design and implement consent form for families to allow providers' office to release information to CTK and First 5 Sacramento.</p> <p>f) MOU/agreements established with providers' office outlining verification information for children through consent forms.</p> <p>g) Implement new verification processes with families at 3, 8</p>	<p>5.</p> <p><i>*Please note this will fluctuate come Oct 2010 when children 6-18 disenroll from HK.</i></p>				

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	<p>and 13 month post application assistance who are identified as underutilizing children's health services.</p> <p>h) Develop and implement process and materials for follow-up with HK members 30-days post application assistance; disenrollment of HK Member not able to contact (30 days notification letter to be sent).</p> <p>i) Design and implement verification checklist mail out to providers' office process.</p> <p>j) Design and implement</p>					

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	process to collect immunization information during families' annual eligibility renewal (AER) appointment.					
14. Increase utilization and retention of children ages 0-5 through intensive case management for children assisted to enroll in all health coverage programs such as: Medi-Cal, Emergency Medi-Cal, Healthy Families Program, Healthy Kids and Kaiser Permanente Child Health Plan.	<p>a) Continue to provide follow-up with children and their families 3, 8 and 13 months post application assistance.</p> <p>b) Send reminder post card to be sent at 10 months post application assistance as reminder of annual eligibility renewal due soon.</p>	<p>a) At 3 month follow-up. <b>492</b> children enrolled into a health coverage program</p> <p>a) At 13 month follow-up <b>640</b> children retained in a health coverage program.</p>	July 1, 2010	June 30, 2011	<p>I. Increase of children self-reported as enrolled in a health coverage program.</p> <p>II. Increase of children self-report retained in a health coverage program.</p> <p>III. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p> <p>IV. Increase in the percent of children who have received all age appropriate well child visits.</p>	<p>I. Percent of children self-reported as enrolled into a health coverage program</p> <p>II. Percent of children retained in a health coverage program.</p> <p>III. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p> <p>IV. Percent of children who have received all age appropriate well child visits.</p>

\_\_ FY 2010/2011

X FY 2011/2012

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15. Provide leadership and advocacy by continuing to support local and statewide efforts of children's health initiatives.	c) Continue coordination of Children's Health Insurance Coordinating Committee (CHICC) - coordinate and integrate health insurance outreach and enrollment activities to address gaps, duplication and disparities through activities such as working with organizations to coordinate health fair events; promoting best practice models for outreach, enrollment, utilization and	a) CHICC: Quarterly meetings (4) b) CKF: Bi-monthly meetings (6)	July 1, 2011	June 30, 2012	c) Coordination of CHICC quarterly meetings. d) Participation/attendance of CKF bi-monthly meetings.	c) Quarterly coordination of CHICC meetings. d) Bi-monthly attendance of CKF meetings.

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	<p>retention; and provide leadership and advocacy at local level.</p> <p>d) Participation at Covering Kids and Families (CKF) statewide meetings.</p>					
<p>16. Develop a “No Wrong Door” partnership with hospital systems and clinics (FQHC’s &amp; school based).</p>	<p>f) Evaluate, revise and implement bridging model and process as appropriate.</p> <p>g) Maintaining and or renew MOU/agreements as appropriate.</p> <p>h) Continue to provide training of referral system to hospital and clinic staffing.</p> <p>i) Continue to strengthen partnership with The Effort and other community/scho</p>	<p>b) 1 new additional MOU/agreement</p> <p>c) 4 trainings</p> <p>e) 200 children assisted to enroll</p>	<p>July 1, 2011</p>	<p>June 30, 2012</p>	<p>VI. Increase of referrals received from hospitals and clinics.</p> <p>VII. Increase of presentations/trainings provided to hospitals and clinics.</p> <p>III. Increase percent of children assisted to enroll through hospitals and clinics.</p> <p>IX. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>	<p>V. Number/percent of children referred from hospitals and clinics.</p> <p>VI. Number of presentations/trainings provided to hospitals and clinics.</p> <p>VII. Percent of children assisted to enroll through hospitals and clinics.</p> <p>III. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>

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	<p>ol based clinics through activities such as providing screening and referrals at all sites to staff and promoting awareness of CTK services to clinic staff.</p> <p>j) Assist to enroll uninsured children through partnership with hospital systems and clinics.</p>					
<p>17. Develop a “No Wrong Door” partnership with CHDP (Child Health &amp; Disability Prevention) Program.</p>	<p>e) Continue to strengthen relationship with CHDP program.</p> <p>f) Maintaining/renewing of MOU/Agreements as appropriate.</p> <p>g) Evaluate, revise and implement bridging program model as appropriate for families no</p>	<p>d) 4 screen and refer trainings provided</p> <p>e) 100 children assisted to enroll</p>	<p>July 1, 2011</p>	<p>June 30, 2012</p>	<p>VI. Increase of referrals received from CHDP.</p> <p>VII. Increase of trainings provided to CHDP.</p> <p>VIII. Increase percent of children assisted to enroll through CHDP.</p> <p>IX. MOU/agreement established between agency and CTK.</p>	<p>VI. Number/percent of referrals received from CHDP.</p> <p>VII. Number of trainings provided to CHDP.</p> <p>VIII. Number/percent of children assisted to enroll through CHDP.</p> <p>IX. MOU/agreement completed and signed by all parties.</p> <p>X. Percent of children enrolled in health</p>

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	<p>longer eligible for no-cost Medi-Cal.</p> <p>h) Continue to provide screen and refer training CHDP staff.</p> <p>i) Assist to enroll uninsured children through partnership with CHDP.</p>				<p>X. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>	<p>insurance programs, 3, 8 and 13 months post application.</p>
<p>18. Develop a “No Wrong Door” partnership with the Department of Human Assistance (DHA).</p>	<p>h) Continue to strengthen relationship with DHA; renew MOU/agreements as appropriate.</p> <p>i) Evaluate process and workplan of outstationed Eligibility Worker.</p> <p>j) Evaluate bridging program model for families no longer eligible for no-cost Medi-</p>	<p>d) <b>8</b> screen and refer trainings provided</p> <p>f) <b>150</b> children assisted to enroll</p>	<p>a) July 1, 2011</p> <p>b) July 1, 2011</p> <p>c) July 1, 2011</p> <p>d) July 1, 2011</p> <p>e) July 1, 2011</p> <p>f) July 1, 2011</p>	<p>a) July 1, 2012</p> <p>b) Aug 30, 2011</p> <p>c) Aug 30, 2011</p> <p>d) June 30, 2012</p> <p>e) June</p>	<p>V. MOU/agreement renewed between DHA and CTK.</p> <p>VI. Increase of referrals received from DHA.</p> <p>VII. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>	<p>V. MOU/agreement renewed and signed by all parties.</p> <p>VI. Percent of referrals received from DHA.</p> <p>VII. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>

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	Cal. k) Continue to provide screen and refer trainings to DHA offices; continue to provide process trainings for EW and CTK staff. l) EW to assist families with children ages 0-5 enrolled into MC eligible programs and bridge families with children 6-18 to County for assistance. m) Assist to enroll uninsured children through partnership with DHA.		g) July 1, 2011 h) July 1, 2011	30, 2012 f) June 30, 2012 June 30, 2012		
19. Expand outreach and education of children's health insurance programs through faith & community	a) Continue to strengthen relationship with faith & community based	b) 5 presentations	July 1, 2011	June 30, 2012	I. Increase number of presentations & trainings provided. II. Increase in referrals received.	I. Number of presentations and trainings provided. II. Number/percent of referrals received.

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
based organizations.	organizations. b) Maintain existing & establishing new MOU/ agreements. c) Provide presentations on children's health information. d) Continue to provide training on screen and refer system. e) Encourage dissemination of children's health information to employee, clients and/or congregations. f) Assist to enroll uninsured children identified through faith & community based organizations.	c) <b>10</b> screen and refer trainings provided  f) <b>45</b> children assisted to enroll			III. MOU/agreement established between agency and CTK. IV. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.	III. MOU/agreement completed and signed by all parties. IV. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.
20. Increase comprehensive health insurance	e) Continue to work with Child	a) <b>300</b> surveys	July 1, 2011	July 1, 2011	I. Increase number of children assisted	I. Number/percentage of children assisted and

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coverage through childcare centers.	<p>Action, Inc. to conduct needs assessment surveys in childcare centers to identify high populations of uninsured 0-5 year olds and coordinate and conduct enrollment and outreach events.</p> <p>f) Continue to conduct 100% campaign and other outreach strategies school readiness programs through activities such as surveying all children for health coverage status, and identification and referral of uninsured child to CTK.</p>	c) 200 children assisted to enroll			<p>and enrolled through childcare centers.</p> <p>II. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>	<p>enrolled through child care centers.</p> <p>II. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	g) Assist to enroll uninsured children identified at childcare centers.					
21. Increase comprehensive health insurance coverage through school readiness programs.	f) Continue to work with appropriate school readiness coordinators to implement outreach & referral strategies. g) Continue to conduct 100% campaign and other outreach strategies school readiness programs. h) Continue to coordinate enrollment events. i) Assist to enroll uninsured children identified through school readiness	c) 5 enrollment events  d) 50 children assisted to enroll	July 1, 2011	July 1, 2011	I. Increase number of children assisted to enroll through preschools and school readiness programs.  II. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.	I. Number/percent of children assisted to enroll through preschools and school readiness programs.  II. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	programs.					
22. Increase comprehensive health insurance coverage through oral health programs.	a) Continue to work with Smiles Keepers to disseminate CTK information to families of children ages 1-5 who will be provided with fluoride varnishes. b) Continue to coordinate with SDDS on Smiles for Kids Day to outreach to uninsured children to provide referrals to CTK. c) Continue participation in children's dental task force meetings. d) Continue presenting of oral health report funded through CDA,	a) <b>2000</b> children provided with information d) <b>3</b> presentations made c) <b>4</b> task force meetings e) <b>80</b> children assisted to enroll.	f) July 1, 2011 g) Jan 1, 2012 h) July 1, 2011 i) July 1, 2011 j) July 1, 2011	f) June 30, 2012 g) Feb 28, 2012 h) June 30, 2012 i) June 30, 2012 j) June 30, 2012	I. Increase in events attended by Smiles Keeper's dental/mobile van. II. Increase in referrals from Smiles for Kids Day. III. Attendance of task force meetings. IV. Oral health report presentations scheduled and conducted. V. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.	f) Number of events attended by Smiles Keepers' Dental Van g) Number/percent of referrals received through Smiles for Kids Day. h) Number of task force meetings attended. i) Number of oral health report presentations conducted. j) Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.

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	<p>“Embracing an Oral Health Agenda for Sacramento’s Youngest and Most Vulnerable Residents” And GMC denti-cal study.</p> <p>e) Assist to enroll uninsured children identified through oral health programs.</p>					
<p>23. Increase comprehensive health insurance coverage through grassroots advertising campaign including non-English radio, television and community newspapers.</p>	<p>d) Continue to research other ethnic media outlets.</p> <p>e) Continue to work with Bustos, Crossings, Univision, KJAY (Hmong Radio), Anons and others on media campaigns.</p> <p>f) Assist to enroll uninsured children identified</p>	<p>b) 5 media campaigns</p> <p>c) 85 children assisted to enroll</p>	<p>July 1, 2011</p>	<p>June 30, 2012</p>	<p>IV. Increase of referrals/family contacts (to CTK) as a result of media campaigns.</p> <p>V. Increase number of children assisted to enroll through media campaign.</p> <p>VI. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>	<p>IV. Number/percent of referrals/family contacts (to CTK) as a result of media campaigns.</p> <p>V. Number/percent of children assisted to enroll through media campaign.</p> <p>VI. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>

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	through media campaigns.					
24. Expand on application assistance sites through geographically appropriate locations based on the needs of uninsured population.	g) Continue to strengthen relationship with existing application site locations through activities such as providing site staff with screen & refer training and promoting awareness of CTK services. h) Identify new application site locations based on needs of uninsured population. i) Meet with new site location staff to discuss process and agreements. j) Establish and maintain MOU/agreements between all	16 existing and/or new geographically appropriate application sites maintained to reach uninsured population	July 1, 2011	June 30, 2012	IV. Geographic location based on needs of uninsured population is coordinated and/maintained. V. MOU/agreement between CTK and site/agency for use of facility to provide services. VI. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.	IV. Geographic site locations maintained/established. V. MOU/agreement approved by the City. VI. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	<p>location site and CTK.</p> <p>k) Continue to provide presentations on children's health information to new and existing sites.</p> <p>l) Continue to provide training on screen and refer system to new and existing sites.</p>					
<p>25. Increase outreach and enrollment of children's health insurance programs through all First 5 Sacramento contractors: Family Support Collaborative FRC's (Family Resource Centers); WIC (Woman, Infants and Children)</p>	<p>f) Continue to strengthen relationship with existing and new contractors.</p> <p>g) Evaluate, revise and implement revise referral system process and agreements with contractors as appropriate.</p> <p>h) Evaluate, revise and implement training of referral system</p>	<p>c) <b>12</b> trainings provided</p> <p>e) <b>190</b> children assisted to enroll</p>	<p>July 1, 2011</p>	<p>June 30, 2012</p>	<ul style="list-style-type: none"> <li>• Increase of referrals received from First 5 Sacramento contractors.</li> <li>• Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</li> </ul>	<ul style="list-style-type: none"> <li>• Number/percent of referrals received from First 5 Sacramento contractors.</li> <li>• Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</li> </ul>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
programs; Health Education Council; Los Rios Community College Distric- American River College; Community Schools Solutions; Playground Partners; Continuing Development Inc.; Public Health Institue; Pacific Municipal Consultants; Elk Grove Unified School District – Power of Parenting; Sacramento Children's Home – Crises Nurseries; and HDDS – Nurse Family Partnership.	with contractors. i) Continue to provide updates at First 5 Contractors' Quarterly meeting. j) Assist to enroll uninsured children identified and referred from contractors.					
26. Increase parent/family	e) Continue to update and print	c) 225 parent	July 1, 2011	June 30, 2012	<ul style="list-style-type: none"> <li>Increase number of parent attending</li> </ul>	<ul style="list-style-type: none"> <li>Number of parent education workshop</li> </ul>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
knowledge on children's health insurance programs & services through parent education workshops.	utilization booklet as appropriate to reflect current information. f) Continue to distribute and review CTK's utilization booklet "The Path to Good Health" to all families during application assistance, events and education workshops. g) Continue to coordinate enrollment events and parent education workshops during new & existing school and community based events. h) Troubleshoot & assist families in navigating	attended education workshop  d) <b>225</b> parents assisted in gaining access to a medical home.			education workshops.	conducted.

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	system; assist families in gaining access to a medical home.					
27. Increase utilization and retention of children ages 0-5 through verification process for children enrolled in Healthy Kids program.	k) Evaluate and revise verification processes as appropriate. l) Continue to establish relationship with new and existing providers' office. m) Establish and maintain new & existing MOU/agreements with providers' office. n) Continue to provide follow-up with families 3, 8 and 13 months post application assistance that are identified as underutilizing child's health	e) <b>175</b> families provided follow-up  h) <b>150</b> families sent reminder postcards  *g) <b>105</b> (80%) of children able to reach had well-child and dental visits.  *j) <b>105</b> (80%) of children able to reach are	July 1, 2011	June 30, 2012	V. Decrease of children being disenrolled from HK due to inadequate/incorrect contact information.  VI. Increase of children up to date with immunization during annual eligibility review (AER) at ages 2 and 5.  VII. Increase children with dental visit before age 1.	V. Percent of children being disenrolled from HK due to incorrect contact information.  VI. Percent of children up to date with immunization during AER at ages 2 and 5.  VII. Percent of children with dental visit before age 1 through confirmation with providers' office.

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	<p>services.</p> <p>o) Continue to follow-up with HK member 30 days post application assistance.</p> <p>p) Disenroll HK Member not able to contact (30 days notification letter to be sent).</p> <p>q) Evaluate verification checklist mail out process.</p> <p>r) Continue to send reminder post card to be sent at 10 months post application assistance as reminder of annual eligibility renewal due soon.</p> <p>s) Continue to collect immunization information</p>	<p>up to date with immunization during AER at ages 2 and 5.</p> <p><i>*Please note this will fluctuate come Oct 2010 when children 6-18 disenroll from HK.</i></p>				

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	during families at annual eligibility renewal (AER) appointment.					
28. Increase utilization and retention of children ages 0-5 through intensive case management for children assisted to enroll in all health coverage programs such as: Medi-Cal, Emergency Medi-Cal, Healthy Families Program, Healthy Kids and Kaiser Permanente Child Health Plan.	<p>c) Continue to provide follow-up with families 3, 8 and 13 months post application assistance</p> <p>d) Continue to send reminder post card to be sent at 10 months post application assistance as reminder of annual eligibility renewal due soon.</p>	<p>a) At 3 month follow-up <b>880</b> children enrolled into a health coverage program</p> <p>a) At 13 month follow-up <b>394</b> children retained in a health coverage program.</p>	July 1, 2011	June 30, 2012	<p>V. Increase of children self-reported as enrolled in a health coverage program.</p> <p>VI. Increase of children self-report retained in a health coverage program.</p> <p>VII. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p> <p>VIII. Increase in the percent of children who have received all age appropriate well child visits.</p>	<p>V. Percent of children self-reported as enrolled into a health coverage program</p> <p>VI. Percent of children retained in a health coverage program.</p> <p>VII. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p> <p>VIII. Percent of children who have received all age appropriate well child visits.</p>

FY 2010/2011    
 FY 2011/2012    
 FY 2012/2013    
 FY 2013/2014    
 FY 2014/2015

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
29. Provide leadership and advocacy by continuing to support local and statewide efforts of children's health initiatives.	e) Continue coordination of Children's Health Insurance Coordinating Committee (CHICC) - coordinate and integrate health insurance outreach and enrollment activities to address gaps, duplication and disparities through activities such as working with organizations to coordinate health fair events;; promoting best practice models for outreach, enrollment,	a) CHICC: Quarterly meetings (4)  b) CKF: Bi-monthly meetings (6)	July 1, 2012	June 30, 2013	e) Coordination of CHICC quarterly meetings. f) Participation/attendance of CKF bi-monthly meetings.	e) Quarterly coordination of CHICC meetings. f) Bi-monthly attendance of CKF meetings.

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	utilization and retention; and provide leadership and advocacy at local level. f) Participation at Covering Kids and Families (CKF) statewide meetings.					
30. Develop a “No Wrong Door” partnership with hospital systems and clinics (FQHC’s & school based).	k) Evaluate, revise and implement bridging model and process as appropriate. l) Maintaining and or renew MOU/agreements as appropriate. m) Continue to provide training of referral system to hospital and clinic staffing. n) Continue to strengthen partnership with The Effort and other	b) 1 new additional MOU/agreement c) 4 trainings e) 200 children assisted to enroll	July 1, 2012	June 30, 2013	X. Increase of referrals received from hospitals and clinics. XI. Increase of presentations/trainings provided to hospitals and clinics. XII. Increase percent of children assisted to enroll through hospitals and clinics. III. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.	IX. Number/percent of children referred from hospitals and clinics. X. Number of presentations/trainings provided to hospitals and clinics. XI. Percent of children assisted to enroll through hospitals and clinics. XII. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	<p>community/school based clinics through activities such as providing screening and referrals at all sites to staff and promoting awareness of CTK services to clinic staff.</p> <p>o) Assist to enroll uninsured children through partnership with hospital systems and clinics.</p>					
31. Develop a "No Wrong Door" partnership with CHDP (Child Health & Disability Prevention) Program.	<p>j) Continue to strengthen relationship with CHDP program.</p> <p>k) Maintaining/renewing of MOU/Agreements as appropriate.</p> <p>l) Evaluate, revise and implement bridging program model as appropriate</p>	<p>d) <b>25</b> screen and refer trainings provided</p> <p>e) <b>125</b> children assisted to enroll</p>	July 1, 2012	June 30, 2013	<p>XI. Increase of referrals received CHDP.</p> <p>XII. Increase of trainings provided to CHDP.</p> <p>XIII. Increase percent of children assisted to enroll through CHDP.</p> <p>XIV. MOU/agreement established between agency</p>	<p>XI. Number/percent of referrals received from CHDP.</p> <p>XII. Number of trainings provided CHDP.</p> <p>XIII. Number/percent of children assisted to enroll through CHDP.</p> <p>XIV. MOU/agreement completed and signed by all parties.</p> <p>XV. Percent of children</p>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	<p>for families no longer eligible for no-cost Medi-Cal.</p> <p>m) Continue to provide screen and refer training CHDP staff.</p> <p>n) Assist to enroll uninsured children through partnership with CHDP.</p>				<p>XV. and CTK. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>	<p>enrolled in health insurance programs, 3, 8 and 13 months post application.</p>
<p>32. Develop a “No Wrong Door” partnership with the Department of Human Assistance (DHA).</p>	<p>a) Continue to strengthen relationship with DHA; renew MOU/agreements as appropriate.</p> <p>b) Evaluate process and workplan of outstationed Eligibility Worker.</p> <p>c) Evaluate bridging program model for families no longer eligible</p>	<p>d) <b>10</b> screen and refer trainings provided</p> <p>g) <b>160</b> children assisted to enroll</p>	<p>a) July 1, 2012</p> <p>b) July 1, 2012</p> <p>c) July 1, 2012</p> <p>d) July 1, 2012</p>	<p>a) July 1, 2013</p> <p>b) Aug 30, 2012</p> <p>c) Aug 30, 2012</p> <p>d) June 30, 2013</p>	<p>I. Increase of referrals received from DHA</p> <p>II. Increase of trainings provided to DHA</p> <p>III. Increase percent of children assisted to enroll through DHA</p> <p>IV. MOU/agreement established between agency and CTK.</p> <p>V. Increase in the percent of children enrolled in health</p>	<p>I. Number/percent of referrals received from DHA</p> <p>II. Number of trainings provided to DHA</p> <p>III. Number/percent of children assisted to enroll through DHA</p> <p>IV. MOU/agreement completed and signed by all parties.</p> <p>V. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	for no-cost Medi-Cal. d) Continue to provide screen and refer trainings to DHA offices. e) Continue to provide process trainings for EW and CTK staff. f) EW to assist families with children ages 0-5 enrolled into MC eligible programs and bridge families with children 6-18 to County for assistance. g) Assist to enroll uninsured children through partnership with DHA.		e) July 1, 2012 f) July 1, 2012 g) July 1, 2012	e) June 30, 2013 f) June 30, 2013 g) June 30, 2013	insurance programs, 3, 8 and 13 months post application.	
33. Expand outreach and education of children's health insurance programs through	g) Continue to strengthen relationship with faith & community	c) 5 presentations	July 1, 2012	June 30, 2013	VIII. Increase number of presentations & trainings provided. IX. Increase in	VIII. Number of presentations and trainings provided. IX. Number/percent of

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
faith & community based organizations.	based organizations. h) Maintain existing & establishing new MOU/ agreements. i) Provide presentations on children's health information. j) Continue to provide training on screen and refer system. k) Encourage dissemination of children's health information to employee, clients and/or congregations. l) Assist to enroll uninsured children identified through faith & community based organizations.	d) 10 screen and refer trainings provided  f) 40 children assisted to enroll			referrals received. X. MOU/agreement established between agency and CTK. XI. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.	referrals received. X. MOU/agreement completed and signed by all parties. XI. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.
34. Increase comprehensive	h) Continue to work	a) 300 surveys	July 1, 2012	June 30, 2013	III. Increase number of	III. Number/percentage of

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
health insurance coverage through childcare centers.	<p>with Child Action, Inc. to conduct needs assessment surveys in childcare centers to identify high populations of uninsured 0-5 year olds and coordinate and conduct enrollment and outreach events.</p> <p>i) Continue to conduct 100% campaign and other outreach strategies school readiness programs through activities such as surveying all children for health coverage status, and identification and referral of uninsured child</p>	c) <b>200</b> children assisted to enroll			<p>children assisted and enrolled through childcare centers.</p> <p>IV. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>	<p>children assisted and enrolled through child care centers.</p> <p>IV. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	<p>to CTK.</p> <p>j) Assist to enroll uninsured children identified at childcare centers.</p>					
<p>35. Increase comprehensive health insurance coverage through school readiness programs.</p>	<p>j) Continue to work with appropriate school readiness coordinators to implement outreach &amp; referral strategies.</p> <p>k) Continue to conduct 100% campaign and other outreach strategies school readiness programs.</p> <p>l) Continue to coordinate enrollment events.</p> <p>m) Assist to enroll uninsured children identified through school</p>	<p>c) 5 enrollment events</p> <p>d) 55 children assisted to enroll</p>	<p>July 1, 2012</p>	<p>June 30, 2013</p>	<p>III. Increase number of children assisted to enroll through preschools and school readiness programs.</p> <p>IV. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>	<p>III. Number/percent of children assisted to enroll through preschools and school readiness programs.</p> <p>IV. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	readiness programs.					
36. Increase comprehensive health insurance coverage through oral health programs.	k) Continue to work with Smiles Keepers to disseminate CTK information to families of children ages 1-5 who will be provided with fluoride varnishes. l) Continue to coordinate with SDDS on Smiles for Kids Day to outreach to uninsured children to provide referrals to CTK. m) Continue participation in children's dental task force meetings. n) Continue presenting of oral health report funded	a) 2000 children provided with information d) 3 presentations made c) 4 task force meetings e) 50 children assisted to enroll.	k) July 1, 2012 l) Jan 1, 2013 m) July 1, 2012 n) July 1, 2012 o) July 1, 2012	k) June 30, 2013 l) Feb 28, 2013 m) June 30, 2013 n) June 30, 2013 o) June 30, 2013	VI. Increase in events attended by Smiles Keeper's dental/mobile van. VII. Increase in referrals from Smiles for Kids Day. VIII. Attendance of task force meetings. IX. Oral health report presentations scheduled and conducted. X. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.	V. Number of events attended by Smiles Keepers' Dental Van VI. Number/percent of referrals received through Smiles for Kids Day. VII. Number of task force meetings attended. VIII. Number of oral health report presentations conducted. IX. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	<p>through CDA, “Embracing an Oral Health Agenda for Sacramento’s Youngest and Most Vulnerable Residents” And GMC denti-cal study.</p> <p>n) Assist to enroll uninsured children identified through oral health programs.</p>					
37. Increase comprehensive health insurance coverage through grassroots advertising campaign including non-English radio, television and community newspapers.	<p>g) Continue to research other ethnic media outlets.</p> <p>h) Continue to work with Bustos, Crossings, Univision, KJAY (Hmong Radio), Anons and others on media campaigns.</p> <p>i) Troubleshoot &amp; assist families in navigating</p>	<p>b) 5 media campaigns</p> <p>c) 85 children assisted to enroll</p>	July 1, 2012	June 30, 2013	<p>VII. Increase of referrals/family contacts (to CTK) as a result of media campaigns.</p> <p>VIII. Increase number of children assisted to enroll through media campaign.</p> <p>IX. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post</p>	<p>VII. Number/percent of referrals/family contacts (to CTK) as a result of media campaigns.</p> <p>VIII. Number/percent of children assisted to enroll through media campaign.</p> <p>IX. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	health care system; assist families in gaining access to a medical home.				application.	
38. Expand on application assistance sites through geographically appropriate locations based on the needs of uninsured population.	<p>m) Continue to strengthen relationship with existing application site locations through activities such as providing site staff with screen &amp; refer training and promoting awareness of CTK services..</p> <p>n) Identify new application site locations based on needs of uninsured population.</p> <p>o) Meet with new site location staff to discuss process and agreements.</p>	16 existing and/or new geographically appropriate application sites maintained to reach uninsured population	July 1, 2012	June 30, 2013	<p>VII. Geographic location based on needs of uninsured population is coordinated and/maintained.</p> <p>VIII. MOU/agreement between CTK and site/agency for use of facility to provide services.</p> <p>IX. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>	<p>VII. Geographic site locations maintained/established.</p> <p>VIII. MOU/agreement approved by the City.</p> <p>IX. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	<p>p) Establish and maintain MOU/agreements between all location site and CTK.</p> <p>q) Continue to provide presentations on children's health information to new and existing sites.</p> <p>r) Continue to provide training on screen and refer system to new and existing sites.</p> <p>s) Troubleshoot &amp; assist families in navigating health care system; assist families in gaining access to a medical home.</p>					
39. Increase outreach and enrollment of	k) Continue to strengthen relationship with	c) 12 trainings provided	July 1, 2012	June 30, 2013	<ul style="list-style-type: none"> <li>• Increase of referrals received from First 5</li> </ul>	<ul style="list-style-type: none"> <li>• Number/percent of referrals received from</li> </ul>

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
	<p>post card to be sent at 10 months post application assistance as reminder of annual eligibility renewal due soon.</p> <p>bb)Continue to collect immunization information during families at annual eligibility renewal (AER) appointment.</p>					

1 IMPLEMENTATION STRATEGY(IES) –	2 PROGRAM DELIVERABLES/ ACTIVITIES	3 QUANTITY OF SERVICE	4 START DATE	5 END DATE	6 OUTCOMES/MAJOR OBJECTIVES	7 INDICATORS
42. Increase utilization and retention of children ages 0-5 through intensive case management for children assisted to enroll in all health coverage programs such as: Medi-Cal, Emergency Medi-Cal, Healthy Families Program, Healthy Kids and Kaiser Permanente Child Health Plan.	<p>e) Continue to provide follow-up with families 3, 8 and 13 months post application assistance</p> <p>f) Continue to send reminder post card to be sent at 10 months post application assistance as reminder of annual eligibility renewal due soon</p>	<p>a) At 3 month follow-up <b>924</b> children enrolled into a health coverage program</p> <p>a) At 13 month follow-up <b>704</b> children retained in a health coverage program.</p>	July 1, 2012	June 30, 2013	<p>IX. Increase of children self-reported as enrolled in a health coverage program.</p> <p>X. Increase of children self-report retained in a health coverage program.</p> <p>XI. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p> <p>XII. Increase in the percent of children who have received all age appropriate well child visits.</p>	<p>IX. Percent of children self-reported as enrolled into a health coverage program</p> <p>X. Percent of children retained in a health coverage program.</p> <p>XI. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application.</p> <p>XII. Percent of children who have received all age appropriate well child visits.</p>

**EXHIBIT B to Agreement  
between the  
FIRST 5 SACRAMENTO COMMISSION,  
hereinafter referred to as "COMMISSION," and  
CITY OF SACRAMENTO, COVER THE KIDS  
hereinafter referred to as "CONTRACTOR"**

**INSURANCE REQUIREMENTS**

Without limiting CONTRACTOR'S indemnification, CONTRACTOR shall procure and maintain for the duration of the Agreement, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the Agreement by the CONTRACTOR, its agents, representatives or employees. COMMISSION shall retain the right at any time to review the coverage, form, and amount of the insurance required hereby. If in the opinion of the COMMISSION'S Risk Management Office, insurance provisions in these requirements do not provide adequate protection for COMMISSION and for members of the public, COMMISSION may require CONTRACTOR to obtain insurance sufficient in coverage, form and amount to provide adequate protection. COMMISSION'S requirements shall be reasonable but shall be imposed to assure protection from and against the kind and extent of risks that exist at the time a change in insurance is required.

**Verification of Coverage**

CONTRACTOR shall furnish the COMMISSION with certificates evidencing coverage required below. **Copies of required endorsements must be attached to provided certificates.** The COMMISSION Risk Manager may approve self-insurance programs in lieu of required policies of insurance if, in the opinion of the Risk Manager, the interests of the COMMISSION and the general public are adequately protected. All certificates or evidences of self-insurance, and additional insured endorsements are to be received and approved by the COMMISSION before performance commences. The COMMISSION reserves the right to require that CONTRACTOR provide complete, certified copies of any policy of insurance including endorsements offered in compliance with these specifications.

**Minimum Scope of Insurance**

Coverage shall be at least as broad as:

1. **GENERAL LIABILITY:** Insurance Services Office's Commercial General Liability occurrence coverage form CG 0001. Including, but not limited to Premises/Operations, Products/Completed Operations, Contractual, and Personal & Advertising Injury, without additional exclusions or limitations, unless approved by the COMMISSION Risk Manager.
2. **AUTOMOBILE LIABILITY:** Insurance Services Office's Commercial Automobile Liability coverage form CA 0001.
  - a. Commercial Automobile Liability: auto coverage symbol "1" (any auto) for corporate/business owned vehicles. If there are no owned or leased vehicles, symbols 8 and 9 for non-owned and hired autos shall apply.
  - b. Personal Lines automobile insurance shall apply if vehicles are individually owned.
3. **WORKERS' COMPENSATION:** Statutory requirements of the State of California and Employer's Liability Insurance.

4. PROFESSIONAL LIABILITY or Errors and Omissions Liability insurance appropriate to the Contractor's profession.
5. UMBRELLA or Excess Liability policies are acceptable where the need for higher liability limits is noted in the Minimum Limits of Insurance and shall provide liability coverages that at least follow form over the underlying insurance requirements where necessary for Commercial General Liability, Commercial Automobile Liability, Employers' Liability, and any other liability coverage (other than Professional Liability) designated under the Minimum Scope of Insurance.

**Minimum Limits of Insurance**

CONTRACTOR shall maintain limits no less than:

1. General Liability shall be on an Occurrence basis (as opposed to Claims Made basis). Minimum limits and structure shall be:

General Aggregate:	\$2,000,000
Products Comp/Op Aggregate:	\$2,000,000
Personal & Adv. Injury:	\$1,000,000
Each Occurrence:	\$1,000,000
Fire Damage:	\$ 100,000

2. Automobile Liability:
  - a. Commercial Automobile Liability for Corporate/business owned vehicles including non-owned and hired, \$1,000,000 Combined Single Limit.
  - b. Personal Lines Automobile Liability for Individually owned vehicles, \$250,000 per person, \$500,000 each accident, \$100,000 property damage.
3. Workers' Compensation: Statutory.
4. Employer's Liability: \$1,000,000 per accident for bodily injury or disease.
5. Professional Liability or Errors and Omissions Liability: \$1,000,000 per claim and aggregate.

**Deductibles and Self-Insured Retention**

Any deductibles or self-insured retention that apply to any insurance required by this Agreement must be declared and approved by the COMMISSION.

**Claims Made Professional Liability Insurance**

If professional liability coverage is written on a Claims Made form:

1. The "Retro Date" must be shown, and must be on or before the date of the Agreement or the beginning of Agreement performance by CONTRACTOR.
2. Insurance must be maintained and evidence of insurance must be provided for at least one (1) year after completion of the Agreement.
3. If coverage is cancelled or non-renewed, and not replaced with another claims made

policy form with a "Retro Date" prior to the contract effective date, the CONTRACTOR must purchase "extended reporting" coverage for a minimum of one (1) year after completion of the Agreement.

### **Other Insurance Provisions**

The insurance policies required in this Agreement are to contain, or be endorsed to contain, as applicable, the following provisions:

#### **All Policies:**

1. **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with insurers with a current A.M. Best's rating of no less than **A-VII**. The COMMISSION Risk Manager may waive or alter this requirement, or accept self-insurance in lieu of any required policy of insurance if, in the opinion of the Risk Manager, the interests of the COMMISSION and the general public are adequately protected.
2. **MAINTENANCE OF INSURANCE COVERAGE:** The CONTRACTOR shall maintain all insurance coverages in place at all times and provide the COMMISSION with evidence of each policy's renewal ten (10) days in advance of its anniversary date. Each insurance policy required by this Agreement shall be endorsed to state that coverage shall not be canceled by either party except after thirty (30) days' written notice for cancellation or sixty (60) days' written notice for non-renewal has been given to the COMMISSION. For non-payment of premium 10 days prior written notice of cancellation is required.

#### **Commercial General Liability and/or Commercial Automobile Liability:**

1. **ADDITIONAL INSURED STATUS:** The COMMISSION, its officers, directors, officials, employees, and volunteers are to be endorsed as additional insureds as respects: liability arising out of activities performed by or on behalf of the CONTRACTOR; products and completed operations of the CONTRACTOR; premises owned, occupied or used by the CONTRACTOR; or automobiles owned, leased, hired or borrowed by the CONTRACTOR. The coverage shall contain no endorsed limitations on the scope of protection afforded to the COMMISSION, its officers, directors, officials, employees, or volunteers.
2. **CIVIL CODE PROVISION:** Coverage shall not extend to any indemnity coverage for the active negligence of the additional insured in any case where an agreement to indemnify the additional insured would be invalid under Subdivision (b) of Section 2782 of the Civil Code.
3. **PRIMARY INSURANCE:** For any claims related to this agreement, the CONTRACTOR'S insurance coverage shall be endorsed to be primary insurance as respects the COMMISSION, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the COMMISSION, its officers, directors, officials, employees, or volunteers shall be excess of the CONTRACTOR'S insurance and shall not contribute with it.
4. **SEVERABILITY OF INTEREST:** The CONTRACTOR'S insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

5. **SUBCONTRACTORS:** CONTRACTOR shall be responsible for the acts and omissions of all its subcontractors and shall require all its subcontractors to maintain adequate insurance.

**Professional Liability:**

**PROFESSIONAL LIABILITY PROVISION:** Any professional liability or errors and omissions policy required hereunder shall apply to any claims, losses, liabilities, or damages, demands and actions arising out of or resulting from professional services provided under this Agreement.

**Workers' Compensation:**

**Workers' Compensation Waiver of Subrogation:** The workers' compensation policy required hereunder shall be endorsed to state that the workers' compensation carrier waives its right of subrogation against the COMMISSION, its officers, directors, officials, employees, agents or volunteers, which might arise by reason of payment under such policy in connection with performance under this Agreement by the CONTRACTOR. Should CONTRACTOR be self-insured for workers' compensation, CONTRACTOR hereby agrees to waive its right of subrogation against COMMISSION, its officers, directors, officials, employees, agents or volunteers.

**Notification of Claim**

If any claim for damages is filed with CONTRACTOR or if any lawsuit is instituted against CONTRACTOR, that arise out of or are in any way connected with CONTRACTOR'S performance under this Agreement and that in any way, directly or indirectly, contingently or otherwise, affect or might reasonably affect COMMISSION, CONTRACTOR shall give prompt and timely notice thereof to COMMISSION. Notice shall be deemed prompt and timely if given within thirty (30) days following the date of receipt of a claim or ten (10) days following the date of service of process of a lawsuit.

**EXHIBIT C to Agreement  
between the  
FIRST 5 SACRAMENTO COMMISSION  
hereinafter referred to as "COMMISSION," and  
CITY OF SACRAMENTO, Cover the Kids  
hereinafter referred to as "CONTRACTOR"**

**BUDGET REQUIREMENTS**

**1. MAXIMUM PAYMENT TO CONTRACTOR**

- A. The Maximum Total Payment Amount under this Agreement is: \$ 3,543,000

The parties may extend this Agreement twice, on substantially the same terms, with each extension being for a one year term. If so extended, the total Maximum Payment Amount for the first extension year shall not exceed \$1,206,000 and the Maximum Payment Amount of the second extension shall not exceed \$1,258,000. The total Maximum Payment Amount for the three year term plus the two additional one-year extensions shall not exceed \$6,007,000.

- B. The Maximum Total Payment Amount shall be paid out on a reimbursement basis. Contractor shall submit invoices on a quarterly basis, by the 15<sup>th</sup> of the following month, for expenses incurred in the prior quarter.
- C. Funds received from the COMMISSION shall be used for to provide services identified in Exhibit A, Scope of Services, of this Agreement. Annual budgets must be reviewed and signed by CONTRACTOR'S Program Manager/Executive Director and Fiscal Officer and approved by COMMISSION staff prior to any payments being issued for this Agreement.
- D. Expenditures shall not exceed the specified amounts identified in the annual budget; to the extent that costs exceed those amounts, they are the responsibility of the CONTRACTOR. If CONTRACTOR fails to use the funding as specified, CONTRACTOR shall be required to return/reimburse the COMMISSION for the amount of the Maximum Total Payment Amount under this Agreement.
- E. Adjusted budgets may be submitted by June 15 for the following fiscal year provided that there is no change in the total amount of the budget or the scope of service. If the adjusted budget is not received by June 15, the budget initially submitted with the contract shall govern.

**2. BUDGET REVISIONS**

- A. Revisions to approved fiscal year budgets may be made in accordance with the COMMISSION'S budget revision policy.

- B. Invoice payments may not be made unless accompanied by the required budget revision form. Invoices may not be honored if the budget revision is submitted over ninety (90) days after the end of the billing cycle.
- C. In the final year of the contract, budget revisions received after June 15 will not be honored and may result in the non-payment of any line item amounts that exceed the budget limits.

3. **ROLL OVER OF UNEXPENDED FUNDS**

The COMMISSION'S roll over policy does not permit roll over of unexpended funds except under a very limited set of circumstances:

- To fund capital projects/assets that were budgeted in one contract year; and because of unforeseen delays in the project, will be purchased in the following contract year.
- To fund encumbrances not invoiced by the end of the fiscal year.

CONTRACTOR may request roll over under these limited circumstances and in accordance with COMMISSION'S fiscal policies. Requests for roll over must be made prior to the expenditure of the funds and prior to the expiration of the agreement.