

RESOLUTION NO. 2011-470

Adopted by the Sacramento City Council

August 16, 2011

APPROVING FIRST AMENDMENT TO CITY AGREEMENT 2010-0610 WITH FIRST 5 SACRAMENTO COMMISSION FOR THE COVER THE KIDS PROGRAM

BACKGROUND

- A. The Department of Parks and Recreation has operated the Cover The Kids program since 1998 successfully assisting more than 34,000 children access affordable health care.
- B. In July 2010, City Council authorized an agreement for a three-year grant with the First 5 Sacramento Commission (First 5) for up to \$6,007,000, with two one-year renewal options, to provide health coverage outreach, education and enrollment to children ages 0-5 by the City's Cover The Kids program.
- C. Due to a loss of funding provided by the State to First 5 commissions throughout California, First 5 reduced the Cover The Kids grant amount to \$2,449,750 and eliminated the two one-year renewal options. Because the reduction of grant funding is greater than \$100,000, authorization is required to execute the amendment.
- D. The Approved FY2011/12 budget included a reduction of the budget and staffing associated with the Cover The Kids program so that no other budget reductions are necessary to implement this agreement amendment.
- E. Because of State budget uncertainties, First 5 may choose to increase or decrease the grant amount in subsequent years and may extend the term of the grant agreement. Provided the Cover The Kids program has the capacity to operate under the proposed conditions and to give flexibility to the Cover The Kids program to respond to changing situations, approval is requested to authorize the City Manager to execute further amendments to the agreement, subject to approval as to form by the City Attorney, which may change the grant amount and/or agreement term as long as the amendment increases the maximum payment to the City by no more than \$500,000 or decreases the maximum payment by any amount, and any additional services provided by the Cover The Kids program can be fully funded with the additional compensation.

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

- Section 1. The City Manager or his designee is authorized to execute the First Amendment to City Agreement No. 2010-0610 with First 5 Sacramento Commission (First 5) for the Cover the Kids Program to reduce the grant amount from \$6,007,000 to \$2,449,750 and to eliminate the two one-year renewal options.

Section 2. The City Manager or his designee is authorized to enter into any additional amendments of the Cover the Kids program agreement with First 5, subject to approval as to form by the City Attorney, which may change the grant amount and/or agreement term as long as the amendment increases the maximum payment to the City by no more than \$500,000 or decreases the maximum payment by any amount, and any additional services by the Cover The Kids program can be fully funded with the additional compensation.

Section 3. The City Manager is authorized to adjust the necessary operating and grant revenue and expenditure budgets to implement the First Amendment and any subsequent amendments.

Section 4. The First Amendment described in Section 1 is attached as Exhibit A and made a part of this Resolution.

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Exhibit A – First Amendment with First 5 Sacramento Commission for Cover the Kids Program

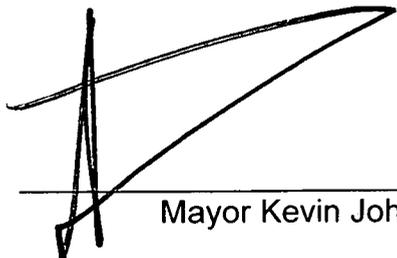
Adopted by the City of Sacramento City Council on August 16, 2011 by the following vote:

Ayes: Councilmembers Ashby, Cohn, D Fong, R Fong, McCarty, Pannell, Sheedy, and Mayor Johnson.

Noes: None.

Abstain: None.

Absent: Councilmember Schenirer.



Mayor Kevin Johnson

Attest:



Shirley Concolino, City Clerk

FIRST 5 SACRAMENTO COMMISSION

FIRST AMENDMENT TO AGREEMENT WITH CITY OF SACRAMENTO

THIS FIRST AMENDMENT is made and entered into this _____ day of _____, 2011, by and between the FIRST 5 SACRAMENTO COMMISSION, hereinafter referred to as the "COMMISSION," and CITY OF SACRAMENTO, a governmental entity, hereinafter referred to as "CONTRACTOR."

WITNESSETH:

WHEREAS, the COMMISSION and CONTRACTOR previously entered in an Agreement on July 1, 2010 for the Cover the Kids (CTK) program to continue a county-wide campaign to provide outreach, enrollment, utilization and retention services for families in Sacramento County with uninsured children ages 0-5; and

WHEREAS, the Executive Director is authorized by Resolution Number FCC-2011-0016 to amend the existing Agreement for the purpose of reducing the contract amount for Fiscal Year 11-12 and 12-13 and reducing staff salaries and benefits and subcontractors (Child Action, Inc. and the County of Sacramento, Department of Human Assistance) to 60% of the current levels as well as changing the scope of work to emphasize outreach, enrollment, retention, and utilization services; and,

WHEREAS, the COMMISSION AND CONTRACTOR have met regarding the changes to the Agreement; and,

WHEREAS, the parties hereto desire to amend the Agreement to adjust the Term of the Agreement, Scope of Services, Insurance Requirements and Budget Requirements of the Agreement accordingly.

WHEREAS, Section 2, Term, of the Agreement is hereby amended to remove language granting an option to extend the contract twice for one year terms by June 30, 2015; and

WHEREAS, Exhibit A, Scope of Services, is hereby amended ensuring CONTRACTOR reduces staff salaries and benefits and subcontractors to 60% of their current levels and changes the scope of work to emphasize outreach, enrollment, retention and utilization services; and

WHEREAS, Exhibit B, Insurance Requirements, is hereby amended to update Maintenance of Insurance Language; and,

WHEREAS, Exhibit C, Budget Requirements, is hereby amended to reduce the Maximum Payment to the CONTRACTOR for Fiscal Year 2011-12 to \$645,000 and for Fiscal Year 2012-13 to \$676,250 bringing the three year contract total to \$2,449,750; and,

NOW, THEREFORE, the Agreement is amended as follows:

1. Section 2, Term, of the Agreement is modified to remove the option to extend the Agreement twice for one year terms.
2. The Scope of Services of the Agreement, Exhibit A, is amended ensuring CONTRACTOR reduces staff salaries and benefits and subcontractors to 60% of the current levels as well as changing the scope of work to emphasize outreach, enrollment, retention, and utilization services for Fiscal Years 2011-12 and 2012-13. The specifics are outlined in the attached Exhibit A-1 and made part of this Agreement.
3. Exhibit B, Insurance Requirements, is amended to update Maintenance of Insurance Language which is included in the attached Exhibit B-1 and made part of this agreement.
4. The Budget Requirements of the Agreement, Exhibit C, is hereby amended for Fiscal Year 2011-12 and 2012-13 as reflected in Exhibit C-1, which is attached hereto and made part of this Agreement.
5. In all other respects, the above-referenced Agreement, as amended, remains in full force and effect.
6. This Agreement, as amended, and any attachments hereto, constitute the entire understanding between the COMMISSION and CONTRACTOR concerning the subject matter contained herein. The entire agreement consists of (1) the Agreement between the parties originally executed on July 1, 2010, which Agreement the parties hereby reaffirm, and (2) this First Amendment.
7. This Amendment shall be deemed effective as of the date first written above.

EXHIBIT A-1
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)

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

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 -18. COMMISSION shall fund 60% of staff salaries and benefits and the remaining 40% shall be funded by other sources. CONTRACTOR shall conduct a quarterly two week time study to measure this percentage split.

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
- First 5 Sacramento Contractors
- Healthy Kids Healthy Future
- Kaiser Permanente
- Mercy
- Sacramento Dental District Foundation (SDDS)
- Sutter Medical Center, Sacramento
- 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 15th 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)

Fiscal Year 2010-11

- **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 CAAs. 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 CAAs. 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 CAAs. This contract shall fund up to 100% of the salaries and benefits cost of the equivalent of 0.9 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.

Fiscal Years 2011-12 and 2012-13

- **Program Manager (0.70 FTE):** Program Manager (Director) will be responsible for overall project management. This contract shall fund up to 60% of the salary and benefits cost of the equivalent of 0.42 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 60% of the salary and benefits cost of the equivalent of 0.36 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 60% of the salary and benefits cost of the equivalent of .60 FTE of this classification.

- **Program Coordinators (2.0 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 60% of the salaries and benefits cost of the equivalent of 1.20 FTE of those positions in these classification.
 - **Human Services Program Coordinators (3.0 FTE)** Human Services Program Coordinators (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 60% of the salaries and benefits cost of the equivalent of 1.80 FTE of those positions in these classification.
 - **Program Developers (3.0 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 60% of the salaries and benefits cost of the equivalent of 1.80 FTE of those positions in these classification.
 - **Special Program Leaders (2.5 FTE):** 1 (one) 0.75 FTE Special Program Leader (Data Entry) will be responsible to provide data entry collection and various administration function including evaluation data entry and analysis; 1 (one) 0.75 FTE and 1 (one) at 1.0 FTE Special Program Leaders 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 60% of the salaries and benefits cost of the equivalent of 1.50 FTE of those positions in these classification.
- * CONTRACTOR shall ensure that the Program Supervisor, Human Services Program Coordinators, 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.
 - Participate at CCHI (California Coverage & Health Initiatives) membership meetings; educate local and statewide leaders and stakeholders on healthcare. Six (6) bi-monthly meetings.

16. Outreach and assist to enroll all eligible 0-5 children into a health coverage program.
 - Contract and/or agreement established between CTK and agency.
 - Conduct presentations and screen & referral trainings to partner agencies.
 - CAAs assist families with health coverage program applications.
 - Maintain culturally/linguistically appropriate CAAs.
 - Develop a "No Wrong Door" partnership with but not limited to community based organizations, schools, clinics, family resource centers, child care providers and centers, and County organizations such as the Department of Human Assistance (DHA) including First 5 contractors.
 - Conduct outreach and enrollment services including but not limited to:
 - School based outreach (school readiness;
 - Child care providers,
 - Participation in community events.
 - Utilize 1 FTE Eligibility Specialist Worker (ESW) to enroll children into Medi-Cal.
 - Work with outlets such as Bustos, Crossings, Univision, KJAY (Hmong Radio), Anons (Russian) and others to develop grassroots media campaign. Assist to enroll 600 uninsured children by June 12, 2012.

17. Create awareness of the benefits of staying enrolled in a health care coverage program and the appropriate utilization of preventative and primary care service.
 - CAAs to provide and review with all families during time of appointment *The Path to Good Health* booklet on how to utilize and retain their child's health services.
 - 2,000 booklets distributed to families.
 - 10 CAAs (including ESW and Child Action CAA) trained to provide utilization and retention information.

18. Case management of children 0-5 to utilize and retain health coverage program.
- Conduct retention services including but not limited to:
 - Timely retention follow-up by phone, mail and/or email correspondence including postcard reminders;
 - Verification of enrollment data for HF and MC through utilization of ESW to verify Medi-Cal enrollment and HF system for HF applicants.
 - Utilize ESW to streamline redetermination of Medi-Cal members.
 - CAAs assist families with eligibility renewal forms.
 - CAAs schedule appointments for renewal forms assistance at 11 month post application assistance.
 - 480 children enrolled into a health coverage program.
 - 200 children assisted with eligibility renewal forms.
 - 475 children retained in a health coverage program.

Fiscal Year 2012 – 2013

19. 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.
 - Participate at CCHI (California Coverage & Health Initiatives) membership meetings; educate local and statewide leaders and stakeholders on healthcare. Six (6) bi-monthly meetings.
20. Outreach and assist to enroll all eligible 0-5 children into a health coverage program.
- Contract and/or agreement established between CTK and agency.
 - Conduct presentations and screen & referral trainings to partner agencies.
 - CAAs assist families with health coverage program applications.
 - Maintain culturally/linguistically appropriate CAAs.
 - Develop a "No Wrong Door" partnership with but not limited to community based organizations, schools, clinics, family resource centers, child care providers and centers, and County organizations such as the Department of Human Assistance (DHA) including First 5 contractors.
 - Conduct outreach and enrollment services including but not limited to:
 - School based outreach (school readiness;
 - Child care providers,
 - Participation in community events.
 - Utilize 1 FTE Eligibility Specialist Worker (ESW) to enroll children into Medi-Cal.

- Work with outlets such as Bustos, Crossings, Univision, KJAY (Hmong Radio), Anons (Russian) and others to develop grassroots media campaign. Assist to enroll 600 uninsured children by June 12, 2012.
21. Create awareness of the benefits of staying enrolled in a health care coverage program and the appropriate utilization of preventative and primary care service.
- CAAs to provide and review with all families during time of appointment *The Path to Good Health* booklet on how to utilize and retain their child's health services.
 - 2,000 booklets distributed to families.
 - 10 CAAs (including ESW and Child Action CAA) trained to provide utilization and retention information.
22. Case management of children 0-5 to utilize and retain health coverage program.
- Conduct retention services including but not limited to:
 - Timely retention follow-up by phone, mail and/or email correspondence including postcard reminders;
 - Verification of enrollment data for HF and MC through utilization of ESW to verify Medi-Cal enrollment and HF system for HF applicants.
 - Utilize ESW to streamline redetermination of Medi-Cal members.
 - CAAs assist families with eligibility renewal forms.
 - CAAs schedule appointments for renewal forms assistance at 11 month post application assistance.
 - 480 children enrolled into a health coverage program.
 - 200 children assisted with eligibility renewal forms.
 - 475 children retained in a health coverage program.

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 |
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| | <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. | <ul style="list-style-type: none"> • Number/percent of children referred from hospitals and clinics. • 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 |
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| | clinics. b) Establish MOU/Agreements with hospitals and clinics. c) Training and implementation of referral system to hospital and clinic staffing. 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. e) Assist to enroll uninsured children through | e) 80 children assisted to enroll | 2010 d) July 1,2010 e) Dec 15, 2010 | c) June 30, 2011 d) June 30, 2011 e) June 30, 2011 | III. Increase percent of children assisted to enroll through hospitals and clinics. IV. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application. V. Assisting families in gaining access to a medical home. | <ul style="list-style-type: none"> • Percent of children assisted to enroll through hospitals and clinics. • 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 |
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| | 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"> a) Establish meetings with appropriate staff to discuss process and agreements. b) Establish MOU/Agreements outlining outreach plan within the DHA County system. c) Provide screen and refer training to WIC and CHDP staff. d) Assist to enroll uninsured children through partnership with CHDP. | <ul style="list-style-type: none"> b) 1 MOU/agreement established c) 5 screen and refer trainings provided d) 30 children assisted to enroll | <ul style="list-style-type: none"> a) July 1, 2010 b) July 1, 2010 c) Sept. 1 2010 d) Sept 15, 2010 e) July 1, 2010 | <ul style="list-style-type: none"> a) Dec 31, 2010 b) Dec 31, 2010 c) Dec 31, 2010 d) June 30, 2011 e) June 30, 2011 | <ul style="list-style-type: none"> I. Increase of referrals received from CHDP. II. Increase of trainings provided to CHDP. III. Increase percent of children assisted to enroll through CHDP. IV. MOU/agreement established between agency and CTK. V. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application. | <ul style="list-style-type: none"> I. Number/percent of referrals received from CHPD. II. Number of trainings provided to CHDP. III. Number/percent of children assisted to enroll through CHDP. IV. MOU/agreement signed by all parties. V. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application. |
| 4. Develop a “No Wrong Door” partnership with the Department of Human Assistance | <ul style="list-style-type: none"> a) Establish meetings with appropriate staff to discuss process and agreements to | <ul style="list-style-type: none"> d) 5 screen and refer trainings provided e) 40 | <ul style="list-style-type: none"> a) July 1, 2010 b) Aug 30, 2010 | <ul style="list-style-type: none"> a) Aug 30, 2010 b) Oct 1 2010 | <ul style="list-style-type: none"> I. MOU/agreement established between DHA and CTK. II. Increase of trainings provided | <ul style="list-style-type: none"> I. MOU/agreement signed by all parties. II. Percent of referrals received from DHA. III. Number of trainings provided to DHA |

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| (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 |
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| | <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 |
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| 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 |
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| | <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. | <p>a) Meet with appropriate school readiness coordinators to develop outreach & referrals</p> | <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 |
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| | 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 |

| 1 IMPLEMENTATION STRATEGY(IES) – | 2 PROGRAM DELIVERABLES/ ACTIVITIES | 3 QUANTITY OF SERVICE | 4 START DATE | 5 END DATE | 6 OUTCOMES/MAJOR OBJECTIVES | 7 INDICATORS |
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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 |
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| | 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"> a) Research other ethnic media outlets. b) Work with Bustos, Crossings, Univision, KJAY (Hmong Radio), Anons and others on media campaigns. c) Assist to enroll uninsured children identified through media campaigns. | <ul style="list-style-type: none"> b) 5 media campaigns c) 50 children assisted to enroll | July 1, 2010 | June 30, 2011 | <ul style="list-style-type: none"> I. Increase of referrals/family contacts (to CTK) as a result of media campaigns. II. Increase number of children assisted to enroll through media campaign. III. Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application. | <ul style="list-style-type: none"> I. Number/percent of referrals/family contacts (to CTK) as a result of media campaigns. II. Number/percent of children assisted to enroll through media campaign. III. Percent of children enrolled in health insurance programs, 3, 8 and 13 months post application. |
| 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"> I. Geographic location based on needs of uninsured population is coordinated and/maintained. II. MOU/agreement between CTK and site/agency for use of facility to provide services. III. Increase in the | <ul style="list-style-type: none"> I. Geographic site locations maintained/established. II. MOU/agreement approved by the City. III. 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 |
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| | 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 |

| 1 IMPLEMENTATION STRATEGY(IES) – | 2 PROGRAM DELIVERABLES/ ACTIVITIES | 3 QUANTITY OF SERVICE | 4 START DATE | 5 END DATE | 6 OUTCOMES/MAJOR OBJECTIVES | 7 INDICATORS |
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| 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 | 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. | trainings provided e) 130 children assisted to enroll | 2010 | 2011 | received from First 5 Sacramento contractors. <ul style="list-style-type: none"> Increase in the percent of children enrolled in health insurance programs, 3, 8 and 13 months post application. | referrals received from First 5 Sacramento contractors. <ul style="list-style-type: none"> 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 |
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| Health Institute; Pacific Municipal Consultants; Elk Grove Unified School District – Power of Parenting; Sacramento Children's Home – Crises Nurseries; and HDDS – Nurse Family Partnership. | | | | | | |
| 12. Increase parent/family knowledge on children's health insurance programs & services through parent education workshops. | <p>a) Update and print utilization booklet as appropriate to reflect current information.</p> <p>b) Distribute and review CTK's utilization booklet "The Path to Good Health" to all families during application assistance,</p> | <p>c) 200 parent attended education workshop</p> <p>d) 200 parents assisted in gaining access to a medical home.</p> | July 1, 2010 | June 30, 2011 | <ul style="list-style-type: none"> • Increase of parent education workshops. • Increase in the percent of children with complete immunizations at ages 2 and 5. • Increase in the percent of children who have received all age appropriate well child visits. | <ul style="list-style-type: none"> • Number of parent education workshop conducted. • Percent of children with complete immunizations at ages 2 and 5. • Percent of children who have received all age appropriate well child visits. |

| 1 IMPLEMENTATION STRATEGY(IES) – | 2 PROGRAM DELIVERABLES/ ACTIVITIES | 3 QUANTITY OF SERVICE | 4 START DATE | 5 END DATE | 6 OUTCOMES/MAJOR OBJECTIVES | 7 INDICATORS |
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| | <p>events and education workshops.</p> <p>c) Coordinate enrollment events and parent education workshops during new & existing school and community based events.</p> <p>d) Troubleshoot & assist families in navigating health care system; assist families in gaining access to a medical home.</p> | | | | | |
| 13. Increase utilization of children ages 0-5 through a verification process for children enrolled in Healthy Kids program. | <ul style="list-style-type: none"> Identify and train existing staff: Program Coordinator 1.0 FTE and Program Developer 1.0 FTE to develop Retention & | <p>a) 2 staff identified and trained</p> <p>*g) 105 (80%) of children</p> | <p>a) July 1, 2011</p> <p>b) July 1, 2010</p> <p>c) July 1, 2010</p> | <p>a) Sept 30, 2010</p> <p>b) Dec 31, 2010</p> <p>c) Dec 31, 2010</p> | <p>I. Decrease of children being disenrolled from HK due to inadequate/incorrect contact information.</p> <p>II. Increase of children up to date with</p> | <p>I. Percent of children being disenrolled from HK due to incorrect contact information.</p> <p>II. Percent of children up to date with immunization during AER at ages 2 and 5.</p> <p>III. 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 |
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| | <p>Utilization Unit to provide verification process.</p> <ul style="list-style-type: none"> Develop new internal verification processes. Establish relationship with Healthy Kids providers' office; establish MOU/agreements with providers' office. Incorporate/build additional functions to TESS (Talos Enrollment Services & Support) web based data system to collect data based on new indicators which includes ability to capture number of | <p>able to reach had well-child and dental visits.</p> <p>h) 150 families provided follow-up</p> <p>i) Verification checklist mailed out to 50 providers' offices</p> <p>*j) 105 (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 |
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| | <p>children who saw a dentist within the last 12 months and children received all age appropriate immunizations at age 2 and 5.</p> <ul style="list-style-type: none"> • Design and implement consent form for families to allow providers' office to release information to CTK and First 5 Sacramento. • MOU/agreements established with providers' office outlining verification information for children through consent forms. • Implement new verification processes with families at 3, 8 | <p>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 |
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| | <p>and 13 month post application assistance who are identified as underutilizing children's health services.</p> <ul style="list-style-type: none"> • 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). • Design and implement verification checklist mail out to providers' office process. • Design and implement | | | | | |

| 1 IMPLEMENTATION STRATEGY(IES) – | 2 PROGRAM DELIVERABLES/ ACTIVITIES | 3 QUANTITY OF SERVICE | 4 START DATE | 5 END DATE | 6 OUTCOMES/MAJOR OBJECTIVES | 7 INDICATORS |
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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 492 children enrolled into a health coverage program</p> <p>a) At 13 month follow-up 640 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> |

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X FY 2011/2012

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___ 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 |
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| 15. Provide leadership and advocacy to support local and statewide efforts of children's health initiatives. | <ul style="list-style-type: none"> a) CTK convenes Coordination of Children's Health Insurance Coordinating Committee (CHICC). b) CTK participate at Covering Kids and Families (CKF) statewide meetings. c) CTK participate at CCHI (California Coverage & Health Initiatives) membership meetings. | <ul style="list-style-type: none"> • CHICC: Quarterly meetings (4) • CKF: Bi-monthly meetings (6) • CCHI: Bi-monthly meetings (6) | July 1, 2011 | June 30, 2012 | <ul style="list-style-type: none"> • Integrated health insurance outreach and enrollment activities to address gaps, duplication and disparities in Sacramento County. • Promote best practice models for outreach, enrollment, utilization and retention within the county and statewide. • Educate local and statewide leaders and stakeholders on healthcare. | <ul style="list-style-type: none"> • 4 CHICC meetings convened. • Participation in 6 CKF meetings. • Participation in 6 CCHI membership meetings. • All meeting materials including minutes, flyers and other information as related are retained for references and reporting purposes. |
| 16. Outreach and assist to enroll all eligible 0-5 children into a health coverage program. | <ul style="list-style-type: none"> a) Contract and/or agreement established between CTK and agency. b) Conduct presentations and screen & referral trainings to partner agencies. c) CAAs assist families with health coverage program applications. | <ul style="list-style-type: none"> • 600 children assisted with application process | July 1, 2011 | June 30, 2012 | <ul style="list-style-type: none"> • Contract established between CTK and Child Action, Inc. as subcontractor under grant. • Contract established between CTK and DHA as subcontractor under grant. • Agreements established between | <ul style="list-style-type: none"> • 10 CAAs (including ESW and Child Action CAA) trained and maintained to assist families with the application process. • Number of referrals/family contacts (to CTK) as a result of partner agencies. • 600 children assisted with application process. • Advertising and or |

| 1 IMPLEMENTATION STRATEGY(IES) – | 2 PROGRAM DELIVERABLES/ ACTIVITIES | 3 QUANTITY OF SERVICE | 4 START DATE | 5 END DATE | 6 OUTCOMES/MAJOR OBJECTIVES | 7 INDICATORS |
|-------------------------------------|---|--------------------------|-----------------|---------------|---|---|
| | d) Maintain culturally/linguistically appropriate CAAs. e) Develop a “No Wrong Door” partnership with but not limited to community based organizations, schools, clinics, family resource centers, child care providers and centers, and County organizations such as the Department of Human Assistance (DHA) including First 5 contractors. f) Conduct outreach and enrollment services including but not limited to: <ul style="list-style-type: none"> • School based outreach (school readiness; • Child care providers, • Participation in community events. | | | | CTK and agencies for referral process. <ul style="list-style-type: none"> • Increased referrals/family contacts (to CTK) as a result of partner agencies, outreach strategies and media campaign. • Increased number of children assisted with application process. • Advertising and marketing materials developed. | marketing materials retained for reference and reporting purpose. |

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| | g) Utilize 1 FTE Eligibility Specialist Worker (ESW) to enroll children into Medi-Cal. h) Work with outlets such as Bustos, Crossings, Univision, KJAY (Hmong Radio), Anons (Russian) and others to develop grassroots media campaign. | | | | | |
| 17. Create awareness of the benefits of staying enrolled in a health care coverage program and the appropriate utilization of preventative and primary care service. | a) CAAs to provide and review with all families during time of appointment <i>The Path to Good Health</i> booklet on how to utilize and retain their child's health services. | <ul style="list-style-type: none"> • 2,000 booklets distributed | July 1, 2011 | June 30, 2012 | <ul style="list-style-type: none"> • CAAs trained to provide utilization and retention information to families. • Utilization and retention information (booklet) incorporated as part of services provided to all families. | <ul style="list-style-type: none"> • 2,000 booklets distributed to families. • 10 CAAs (including ESW and Child Action CAA) trained to provide utilization and retention information. |
| 18. Case management of children 0-5 to utilize and retain health coverage program. | a) Conduct retention services including but not limited to: <ul style="list-style-type: none"> • Timely retention follow-up by phone, mail | <ul style="list-style-type: none"> • 480 of children enrolled • 200 of children assisted | July 1, 2011 | June 30, 2012 | <ul style="list-style-type: none"> • Contract with CTK and DHA established to provide Eligibility Worker. • Reminder calls at various intervals such | <ul style="list-style-type: none"> • 480 children enrolled into a health coverage program. • 200 children assisted with eligibility renewal forms. |

| 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>and/or email correspondence including postcard reminders;</p> <ul style="list-style-type: none"> • Verification of enrollment data for HF and MC through utilization of ESW to verify Medi-Cal enrollment and HF system for HF applicants. • Utilize ESW to streamline redetermination of Medi-Cal members. <p>b) CAAs assist families with eligibility renewal forms.</p> <p>c) CAAs schedule appointments for renewal forms assistance at 11 month post application assistance.</p> | <p>with renewal forms</p> <ul style="list-style-type: none"> • 475 of children retained | | | <p>as 30 days, and 6, 3 and 11 months from initial application assistance.</p> <ul style="list-style-type: none"> • Enrollment verification data for MC and HF collected and reported on quarterly basis. • Increased number and percentage of children enrolled into a health coverage program. • Increased of children assisted with renewal forms by 25% based on CTK's annual average rate of renewals assisted (160). • Increased of children retained in a health coverage program by 25% based on CTK's annual average rate of retained (380). | <ul style="list-style-type: none"> • 475 children retained in a health coverage program. |

___ FY 2010/2011

___ FY 2011/2012

X 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 |
|--|---|--|-----------------|---------------|---|--|
| 19. Provide leadership and advocacy to support local and statewide efforts of children's health initiatives. | a) CTK convenes Coordination of Children's Health Insurance Coordinating Committee (CHICC). b) CTK participate at Covering Kids and Families (CKF) statewide meetings. c) CTK participate at CCHI (California Coverage & Health Initiatives) membership meetings. | <ul style="list-style-type: none"> • CHICC: Quarterly meetings (4) • CKF: Bi-monthly meetings (6) • CCHI: Bi-monthly meetings (6) | July 1, 2011 | June 30, 2012 | <ul style="list-style-type: none"> • Integrated health insurance outreach and enrollment activities to address gaps, duplication and disparities in Sacramento County. • Promote best practice models for outreach, enrollment, utilization and retention within the county and statewide. • Educate local and statewide leaders and stakeholders on healthcare. | <ul style="list-style-type: none"> • 4 CHICC meetings convened. • Participation in 6 CKF meetings. • Participation in 6 CCHI membership meetings. • All meeting materials including minutes, flyers and other information as related are retained for references and reporting purposes. |
| 20. Outreach and assist to enroll all eligible 0-5 children into a health coverage program. | a) Contract and/or agreement established between CTK and agency. b) Conduct presentations and screen & referral trainings to partner agencies. c) CAAs assist families with health coverage program applications. | <ul style="list-style-type: none"> • 600 children assisted with application process | July 1, 2011 | June 30, 2012 | <ul style="list-style-type: none"> • Contract established between CTK and Child Action, Inc. as subcontractor under grant. • Contract established between CTK and DHA as subcontractor under grant. • Agreements established between | <ul style="list-style-type: none"> • 10 CAAs (including ESW and Child Action CAA) trained and maintained to assist families with the application process. • Number of referrals/family contacts (to CTK) as a result of partner agencies. • 600 children assisted with application process. • Advertising and or |

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| | <p>d) Maintain culturally/linguistically appropriate CAAs.</p> <p>e) Develop a “No Wrong Door” partnership with but not limited to community based organizations, schools, clinics, family resource centers, child care providers and centers, and County organizations such as the Department of Human Assistance (DHA) including First 5 contractors.</p> <p>f) Conduct outreach and enrollment services including but not limited to:</p> <ul style="list-style-type: none"> • School based outreach (school readiness; • Child care providers, • Participation in community events. | | | | <p>CTK and agencies for referral process.</p> <ul style="list-style-type: none"> • Increased referrals/family contacts (to CTK) as a result of partner agencies, outreach strategies and media campaign. • Increased number of children assisted with application process. • Advertising and marketing materials developed. | <p>marketing materials retained for reference and reporting purpose.</p> |

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| | g) Utilize 1 FTE Eligibility Specialist Worker (ESW) to enroll children into Medi-Cal. h) Work with outlets such as Bustos, Crossings, Univision, KJAY (Hmong Radio), Anons (Russian) and others to develop grassroots media campaign. | | | | | |
| 21. Create awareness of the benefits of staying enrolled in a health care coverage program and the appropriate utilization of preventative and primary care service. | a) CAAs to provide and review with all families during time of appointment <i>The Path to Good Health</i> booklet on how to utilize and retain their child's health services. | <ul style="list-style-type: none"> • 2,000 booklets distributed | July 1, 2011 | June 30, 2012 | <ul style="list-style-type: none"> • CAAs trained to provide utilization and retention information to families. • Utilization and retention information (booklet) incorporated as part of services provided to all families. | <ul style="list-style-type: none"> • 2,000 booklets distributed to families. • 10 CAAs (including ESW and Child Action CAA) trained to provide utilization and retention information. |
| 22. Case management of children 0-5 to utilize and retain health coverage program. | a) Conduct retention services including but not limited to: <ul style="list-style-type: none"> • Timely retention follow-up by phone, mail | <ul style="list-style-type: none"> • 480 of children enrolled • 200 of children assisted | July 1, 2011 | June 30, 2012 | <ul style="list-style-type: none"> • Contract with CTK and DHA established to provide Eligibility Worker. • Reminder calls at various intervals such | <ul style="list-style-type: none"> • 480 children enrolled into a health coverage program. • 200 children assisted with eligibility renewal forms. |

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| | <p>and/or email correspondence including postcard reminders;</p> <ul style="list-style-type: none"> • Verification of enrollment data for HF and MC through utilization of ESW to verify Medi-Cal enrollment and HF system for HF applicants. • Utilize ESW to streamline redetermination of Medi-Cal members. <p>b) CAAs assist families with eligibility renewal forms.</p> <p>c) CAAs schedule appointments for renewal forms assistance at 11 month post application assistance.</p> | <p>with renewal forms</p> <ul style="list-style-type: none"> • 475 of children retained | | | <p>as 30 days, and 6, 3 and 11 months from initial application assistance.</p> <ul style="list-style-type: none"> • Enrollment verification data for MC and HF collected and reported on quarterly basis. • Increased number and percentage of children enrolled into a health coverage program. • Increased of children assisted with renewal forms by 25% based on CTK's annual average rate of renewals assisted (160). • Increased of children retained in a health coverage program by 25% based on CTK's annual average rate of retained (380). | <ul style="list-style-type: none"> • 475 children retained in a health coverage program. |

**EXHIBIT B-1 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.

CONTRACTOR is required by this Agreement to immediately notify COMMISSION if they receive a communication from their insurance carrier or agent that any required insurance is to be canceled, non-renewed, reduced in scope or limits or otherwise materially changed. CONTRACTOR shall provide evidence that such cancelled or non-renewed or otherwise materially changed insurance has been replaced or its cancellation notice withdrawn without any interruption in coverage, scope or limits. Failure to maintain required insurance in force shall be considered a material breach of the Agreement.

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-1 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: \$2,449,750 through June 30, 2013.

The maximum payment for year one of this agreement shall not exceed \$1,128,500 and the maximum payment for year two shall not exceed \$645,000 and year three shall not exceed \$676,250.

- B. The Maximum Total Payment Amount shall be paid out on a reimbursement basis. Contractor shall submit invoices on a quarterly basis, by the 15th 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.