



ORIGINAL

Contract #0809-90050-61-930

Children and Families Commission

GROWING CHILDREN...ONE BY ONE Campaign for Kids

Direct Service Contract

Contract #0809-90050-61-930

"ACCEL"

THIS AGREEMENT is made this 1st day of July, 2008, by and between First 5 El Dorado Children and Families Commission and

El Dorado County Public Health
Neda West, Acting Director of Public Health
931 Spring St.
Placerville, CA 95667
(530) 621-6191
(530) 626-4713

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Direct Service Contract 08-09

4111 Creekside Drive, Suite B
Shingle Springs, CA 95682
Phone: (530) 672-8298 Fax#: (530) 672-8576
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**THIS AGREEMENT** is made July 1, 2008, by and between First 5 El Dorado Children and Families Commission ("Commission") and El Dorado County Public Health ("Grantee").

**RECITALS:**

**WHEREAS**, Grantee has agreed to implement strategies that support the Goals and Objectives of the 2006-2011 STRATEGIC PLAN of the Commission, and the outreach, enrollment and retention efforts of the ACCEL Initiative (Health Access) of El Dorado County and the Regional Healthy Kids Healthy Future (a California non-profit corporation);

**NOW, THEREFORE**, for and in consideration of the agreement made, and the payments to be made by Commission, the parties agree to the following:

1. **SCOPE OF WORK:** Grantee agrees to provide all of the work described in the Scope of Work (Attachment I) attached hereto, and by this reference made a part hereof. Grantee also agrees to fulfill the Evaluation Plan attached as Attachment II.
2. **REPORTING REQUIREMENT:** Grantee shall submit Monthly Invoice/Budget Reports (Attachment III) and Quarterly Scope of Work Reports (Attachment IV) along with Quarterly Population Served Reports (Attachment V) to the Commission according to the due dates detailed in this contract. Grantee also agrees to provide the Commission with a quarterly Community Strengthening Report (Attachment VI). Grantee shall also collect, record and report required data for program evaluation to the Commission per section 26 of this contract.

Monthly Invoice/Budgets Reports along with detailed records (timesheets, receipts, paid invoices, etc...) supporting all reported expenditures are due to the Commission by the second Friday of each month. Quarterly Reports are due to the Commission no later than the final Friday of the month following the end of each quarter. Quarters end on the following dates of each year: September 30, December 31, March 31, and June 30. If the due date for submission of a report falls on a standard holiday, the report will be due on the following regularly scheduled workday.

Substandard performance as determined by Commission staff will constitute noncompliance with this Contract. If action to correct such substandard performance is not taken by Grantee within a reasonable period of time after notification by Commission staff (usually within 30 days), the Commission may initiate contract suspension or termination procedures. Program evaluation components may not be modified by Grantee without prior written approval from Commission staff.

Grantee shall use funds derived from this Contract as outlined in the Budget (Attachment III) submitted to and approved by the Commission.

3. **PAYMENT & BUDGET**, All professional, technical documents and information developed under this agreement; writings, worksheets, reports and related data and materials shall become the property of the Commission. Basic data or information obtained by this agreement is made available to the commission without restriction or limitation of use, and no charges can be made for any of the foregoing. All payments of funds to the Grantee shall be made by and through the Office of the El Dorado County Auditor/Controller, upon approval by the Commission, in accordance with the following schedule (In the case of a multi-year contract, payments will be made yearly on the same schedule).
- A. Monthly Invoice/Budget Reports shall be submitted to the Commission along with detailed records (timesheets, receipts, paid invoices, etc...) supporting all reported expenditures. These reports will serve as invoices that will be payable upon review and approval by Commission staff.
  - B. The Commission shall forward payment request to the County Auditor/Controller within fifteen (15) business days of approving monthly Invoice/Budget Reports.
  - C. Grantee agrees to expend allocated Commission funds as outlined in the Contract Budget (Attachment III). Grantee is permitted a budget variation of up to fifteen percent (15%) for each budget line item for the contract period. Any larger budget variation must be submitted in writing using the Budget Revision Request Form (Attachment VII), and receive prior Commission approval. The Commission will not compensate Grantee for unauthorized services rendered by the Grantee, nor for claimed services which Commission contract monitoring shows have not been provided as authorized. If Commission has advanced funds for services later determined not to have been provided, Grantee shall refund requested amounts within five (5) days of demand by Commission. The Commission has the option of offsetting such amounts against future payments due to Grantee.
  - D. Indirect costs charged to this grant shall not exceed the approved indirect cost rate of the El Dorado County Superintendent established by the California Department of Education's School Fiscal Services Division. For fiscal year 2008-2009 this rate has been set at 9.2% (rounded to nearest tenth).
  - E. Monthly Invoice/Budget reports to the Commission shall be submitted per Attachment III along with detailed records supporting all reported expenditures. Copies of such records will be available to the Commission for review upon request at Grantee's place of business. Any Subcontractor paid by the Grantee as authorized by the Commission, shall be required by Grantee to maintain detailed records for all amounts paid and will be required to provide Commission access to those records if necessary.

- F. At the discretion of the Commission, any unspent funds that remain at the end of the contract year shall be returned to First 5 El Dorado when the contract period has been completed.
  - G. The Commission shall have sole discretion to determine if a Grantee is eligible to carry over unspent funds into the following fiscal year. The unspent funds carried over may be deducted from the following fiscal year contract at Commission discretion.
  - H. The Commission shall have the right to reduce the amount of this grant to offset Commission expenditures incurred in support of activities related to this grant.
4. **CONTRACT PERFORMANCE TIME:** All work required by this Contract shall be completed no later than (June 30, 2009). Grantee shall have until July 24, 2009 to complete and submit the final quarterly and semi-annual reports required by this contract.
5. **MAXIMUM COST TO COMMISSION:** Notwithstanding any other provision of this contract; in no event will the cost to the Commission for the work to be provided herein exceed the maximum sum of \$234,078.

6. **STATE REQUIREMENTS:** This Contract is funded by a First 5 Grant with monies from the California Children and Families Trust Fund (Health & Safety Code 130100-130155). Funding is guaranteed by the State of California First 5 sources. If the State of California's First 5 funds are no longer distributed, the contract shall be null and void within ninety (90) days of a written notice by certified mail to the contractor. The State of California, may, through First 5, enact requirements that affect the performance of the Grantee. If the State does impose new obligations affecting the performance of this Contract, Commission reserves the right to amend the Contract as necessary to comply with state requirements. Grantee will be notified at least thirty (30) days in advance if new requirements are to be imposed. No funds provided by the Commission shall be used for any political activity or political collaborations. All documents generated by this contract are subject to disclosure pursuant to the California Public Records Act.
7. **INSURANCE:** The Grantee shall maintain a commercial general liability insurance policy in the amount of one million dollars (\$1,000,000.00). Where the services to be provided under this Contract involve or require the use of any type of vehicle by the grantee in order to perform said services, the Grantee shall also provide comprehensive business or commercial automobile liability coverage including non owned and hired automobile liability in the amount of \$300,000.00.

Said policies shall remain in force throughout the life of this Contract, and shall be payable on a "per occurrence" basis unless the Commission specifically consents to a "claims made" basis. If the Commission does not consent to "claims made" coverage, the Grantee shall purchase "tall" coverage in the event that the Grantee changes insurance carriers during the term of this Contract or for one year thereafter. Proof of such "tall" coverage shall be required at any time during the term of this Contract that the Grantee changes to a new carrier prior to receipt of any payments due.

The Commission shall be named as an additional insured on the commercial general liability policy. The insurer shall supply certificates of insurance and endorsements signed by the insurer evidencing such insurance to the Commission prior to commencement of work, and said certificates and endorsements shall provide for a minimum ten (10) day advance notice by the Commission of any termination or reduction in coverage.

Failure to provide and maintain the insurance required by this Contract will constitute a material breach of the agreement. In addition to any other available remedies, the Commission may suspend or recover payments to the Grantee for any work conducted during any time that insurance was not in effect and until such time as the Grantee provides adequate evidence that Grantee has obtained the required coverage. "Public agencies" (County Departments, cities, school districts, etc.) are exempt from this requirement.

8. **WORKER'S COMPENSATION:** The Grantee acknowledges that it is aware of the provisions of the Labor Code of the State of California which requires every employer to be insured against liability for worker's compensation or to undertake self insurance in accordance with the provisions of that Code and it certifies that it will comply with such provisions before commencing the performance of the work of this Contract. (Statutory or \$1,000,000. Employers Liability-minimum \$100,000)
9. **NONDISCRIMINATORY EMPLOYMENT:** In connection with the execution of this Contract, the Grantee shall not discriminate against any employee or applicant for employment because of race, color, religion, age, sex, national origin, political affiliation, ancestry, marital status or disability. This policy does not require the employment of unqualified persons.
10. **SUBCONTRACTING:** The grantee shall not subcontract nor assign any portion of the work required by this Contract without prior written approval of the Commission except for any subcontract work identified herein.
11. **ASSIGNMENT:** The rights, responsibilities and duties under this Contract are personal to the Grantee and may not be transferred or assigned without the express prior written consent of the Commission.
12. **BOOKS OF RECORD AND AUDIT PROVISION:** Grantee shall maintain on a current basis, complete books and records relating to this Contract. Such records shall include, but not be limited to, documents supporting all bids, all income and all expenditures. These documents and records shall be retained for at least three years from the completion of this Contract. Grantee will permit Commission to audit all books, accounts or records relating to this Contract or all books, accounts or records of any business entities controlled by Grantee who participated in this Contract in any way.
13. **CONTRACT TERMINATION:** Time is of the essence with respect to this Contract. Grantee agrees to commence and to complete the work within the time schedules outlined within this Contract.
  - A. If the Grantee fails to provide in any manner the services required under this Contract, or otherwise fails to comply with the terms of this Contract or violates any ordinance, regulation or other law which applies to its performance herein, the Commission may terminate this Contract by giving five (5) calendar days written notice to the party involved.
  - B. Failure of the Grantee to secure or obtain funding from other sources, which are needed by the Grantee to completely carry out the programs provided in this Contract may be grounds for termination of this Contract, at the discretion of the Commission.
  - C. Either party may terminate this Contract for any reason by giving thirty (30) calendar days written notice to the other parties. Notice of termination shall be by written notice to the other parties and be sent by registered mail.

D. In the event of termination for reasons deemed by the Commission not to be the fault of the Grantee, the Grantee shall be paid for services performed to the date of termination in accordance with the terms of this Contract. Grantees shall refund any advanced funds, which were not used in accordance with this Contract.

14. **RELATIONSHIP BETWEEN THE PARTIES:** It is expressly understood that in performance of the work under this Contract, the Grantee, and the agents and employees thereof, shall act as an independent contractor and not as officers, employees or agents of the Commission.

15. **TITLE TO PROPERTY:** At the conclusion of this Contract, title to all expendable and nonexpendable personal or real property purchased with Commission funds shall vest with the Grantee if written certification is made to the Commission that the property will continue to be used for grant-related purposes and the Commission approves such certification in writing.

If the above-noted certification is not made or the Commission disapproves such certification, title to all property with an aggregate or individual value of \$500 or more shall vest with the Commission, and the grantee must await specific written instructions from the Commission regarding transfer of title or disposition.

16. **AMENDMENT:** This Contract may be amended or modified only by written agreement of all the parties.

17. **AUTHORITY TO CONTRACT:** The undersigned person, if signing on behalf of an organization, warrants that he or she has the authority to enter into this Contract on behalf of the Grantee organization.

18. **JURISDICTION AND VENUE:** This Contract shall be construed in accordance with the laws of the State of California and the parties hereto agree that venue shall be in El Dorado County, California.

19. **INDEMNIFICATION:** To the fullest extent allowed by law, Grantee shall defend, indemnify and hold Commission harmless against and from any and all claims, suits, losses, demands, and liability for damages including attorneys-fees and other costs of defense brought for or on account of injuries to or death of any person, or damage to any property, or any economic, consequential or special damages which are claimed or which shall in any way arise out of or be connected with services, operations or performance hereunder, caused by Grantee's negligence. This duty of Grantee to indemnify and save Commission harmless expressly includes the duties to defend set forth in California Civil Code section 2775. Commission shall give Grantee prompt written notice of any such demand, claim or suit against it, and Commission shall have the right to compromise or defend the same to the extent of his own interest.

To the fullest extent allowed by law, the Commission shall defend, indemnify, and hold the Grantee, and their officers, employee's agents, and representatives harmless against and from any and all claims, suites, losses, demands, and liability for damages, including attorney's fees and other costs of defense brought for or on account of damage to any property, or any economic, consequential or special damages which are claimed or which shall in any way arise out of or be connected with services, operations or performance hereunder, caused by Commission's negligence. This duty of Commission to indemnify and save Grantee harmless expressly includes the duties to defend set forth in California Civil Code section 2775. Grantee shall give Commission prompt written notice of any such demand, claim or suit against it, and Commission shall have the right to compromise or defend the same to the extent of his own interest.

20. **COMPLIANCE WITH APPLICABLE LAWS:** The Grantee shall comply with any and all state and local laws affecting the services covered by this Contract.
21. **RELIGIOUS ACTIVITIES:** If the Grantee is a religious organization, then Grantee shall not, when conducting work funded by this Contract:
- A. Discriminate against anyone in employment or hiring based on religion;
  - B. Discriminate against any persons served based on religion; and
  - C. Provide any religious instruction, worship or counseling.
22. **NOTICES:** Notices shall be given to Commission at the following location:

First 5 El Dorado  
Children and Families Commission  
Steven M. Thaxton, Executive Director  
4111 Creekside Drive, Suite B  
Shingle Springs, CA 95682

Notices shall be given to Grantee at the following address:

El Dorado County Public Health  
NedaWest, Acting Director of Public Health  
Placerville, CA 95667

23. **TAX STATUS:** A Grantee which is a nonprofit organization shall possess a "Letter of Good Standing" from the Secretary of State's Office and covenants that it will keep such status in effect during the full term of this agreement.
24. **ADVERTISEMENT:** The Grantee agrees to use the First 5 - El Dorado logo on all documents related to this contract.

25. **COLLABORATION:** The Grantee agrees to participate in periodic trainings and meetings scheduled by the Commission. Based on the principles of First 5 El Dorado to maximize existing community resources serving children age five and under and their families, Grantee agrees to integrate the promotion of the following services into the activities of this grant:
- A. Kits for New Parents: Books, DVD and pamphlets with important information for parents of newborn children
  - B. Access El Dorado Children's Health Insurance Program (ACCEL): Health insurance programs and medical homes for children
  - C. Special Needs Project: Periodic developmental screenings for children five and under
  - D. School Readiness Programs: Community-based early education activities and kindergarten transition programs
26. **DATA COLLECTION:** Grantee agrees to collect data and report to the Commission for the purposes of program planning and evaluation. Grantee agrees to maintain a roster of children, parents/guardians, other family members and early care and education providers served through this grant for the purposes of reporting unduplicated counts. Data collection shall include, but is not limited to:
- A. Unduplicated count of the number children less than 3 years, and 3 through 5 years of age by ethnicity and primary language that receive services through this First 5 El Dorado grant (see Attachment V).
  - B. Unduplicated count of the number of parents/guardians/other family members of children 0-5 years of age by ethnicity and primary language that receive services through this First 5 El Dorado grant (see Attachment V).
  - C. Unduplicated count of the number of early care and education providers of children 0-5 years of age that receive services through this First 5 El Dorado grant (see Attachment V).
  - D. First 5 El Dorado Parent Surveys (Attachment VIII) to be conducted with each family that receives services through this First 5 El Dorado grant.



Children and Families Commission

GROWING CHILDREN...ONE BY ONE  
Campaign for Kids

IN WITNESS WHEREOF, The parties have executed this Contract on the date written

APPROVED BY:  
CHILDREN AND FAMILIES COMMISSION OF EL DORADO COUNTY

Vicki G. Baul  
Commissioner

8/25/08  
Date

Debbie Herz  
Commissioner

9.8.08  
Date

Ann Shanton  
Executive Director

8-25-08  
Date

GRANTEE:

COUNTY OF EL DORADO

By: [Signature]  
Rusty Dupray, Chairman  
El Dorado County Board of Supervisors

Date: 8/19/08

ATTEST:  
Cindy Keck, Clerk

By: Marcie MacLeland Date: 8/19/08



**Scope of Work**

Grantee: El Dorado County Public Health Department	Contract Number: #0809-90050-61-930
Project Name: ACCEL – Children’s Health Initiative	
Contract Period: July 1, 2008 – June 30, 2009	
First 5 Result Area: Children Are Healthy (3)	
Service Area: Health Access	

<b>Program Goal:</b> Assist uninsured families in El Dorado County to access health care coverage for their children.	
<b>Strategy:</b>	
<b>Outreach:</b> Promote available health care coverage options for children and advertise application assistance for families.	
<b>Major Activities</b>	<b>Timeline</b>
Coordinate with day care providers.	Ongoing
Coordinate with all county schools.	Ongoing; concentrated efforts Aug. – Sept.
Conduct media campaigns	Ongoing
Seek out speaking engagements for community based organizations	Ongoing
Participate in Health and Safety Fairs and Events	Ongoing



**Scope of Work**

<b>Grantee:</b> El Dorado County Public Health Department	<b>Contract Number:</b> #0809-90050-61-930
<b>Project Name:</b> ACCEL – Children’s Health Initiative	
<b>Contract Period:</b> July 1, 2008 – June 30, 2009	
<b>First 5 Result Area:</b> Children Are Healthy (3)	
<b>Service Area:</b> Health Access	

<b>Strategy:</b>	
<b>Enrollment:</b> Provide individual appointments to assist families in filling out health care coverage applications.	
<b>Major Activities</b>	<b>Timeline</b>
Maintain a toll free Health Access phone line	Ongoing
Provide individual application assistance appointments for families	Ongoing
Provide appointments off-site (in client’s home, etc.)	As needed
Conduct follow-up appointments to verify appropriate documentation	As needed



**Scope of Work**

<b>Grantee:</b> El Dorado County Public Health Department	<b>Contract Number:</b> #0809-90050-61-930
<b>Project Name:</b> ACCEL – Children’s Health Initiative	
<b>Contract Period:</b> July 1, 2008 – June 30, 2009	
<b>First 5 Result Area:</b> Children Are Healthy (3)	
<b>Service Area:</b> Health Access	

**Strategy:**

**Retention:** Educate families regarding the importance of retaining health care coverage and assisting them with solutions to stay enrolled.

<b>Major Activities</b>	<b>Timeline</b>
Conduct follow-up phone calls to determine if children received health care benefits	As needed
Provide follow-up appointments to assist families with problem solving	As needed
Conduct follow-up phone calls to all CHDP Gateway clients	Ongoing
Provide re-enrollment appointments (after a child has retained coverage for 10 months, they must reapply for coverage)	Ongoing



**Scope of Work**

<b>Grantee:</b> El Dorado County Public Health Department		<b>Contract Number:</b> #0809-90050-61-930
<b>Project Name:</b> ACCEL – Children’s Health Initiative		
<b>Contract Period:</b> July 1, 2008 – June 30, 2009		
<b>First 5 Result Area:</b> Children Are Healthy (3)		
<b>Service Area:</b> Health Access		
<b>Strategy:</b>		
<b>Utilization:</b> Assist families in establishing with providers for preventative and routine care and in navigating the County’s health care systems.		
<b>Major Activities</b>		<b>Timeline</b>
Utilize the ACCEL “Obtaining A Medical Home”(OMH) pathway - the OMH pathway serves as a “road map” for assisting families in obtaining health insurance for their children and then in finding a medical home in which they will receive ongoing well-child, preventive and primary care.		Ongoing
Utilize the ACCEL “Utilizing A Medical Home”(UMH) pathway - the UMH pathway serves as a “road map” for assisting mothers with Medi-Cal coverage in obtaining long term Medi-Cal for their newborns, connecting to a medical home and completing the first year of well child and immunization appointments.		Ongoing
Utilize the ACCEL “Pediatric Mental Health Consult” (PMHC) pathway - the PMHC pathway serves as a “road map” for assisting families with referrals from their child’s primary care provider to the Mental Health Department.		Ongoing
Utilize the ACCEL “Retention and Utilization” (RU) pathway - the RU pathway serves as a “Road Map” to ensure that families are accessing primary care providers for their children for preventative and routine services. Once a child receives health care coverage, families are contacted at 3 months, 6 months and 10 months for assistance in resolving barriers to care and maintaining health plan enrollment.		Ongoing



Evaluation Plan

Attachment II

Agency Name: El Dorado Co. Public Health		Contract Number: #0809-90050-61-930	
Contact Name & Title: Kirsten Rogers		Phone: (530) 621-6143	
Fiscal Year: 2008-2009			
First 5 Result Area		Service Area	
Healthy Children		Health Access	
<b>Program Goal</b>			
Outreach			
<b>Performance Measure</b> (Identify measurable objectives that can be used to indicate progress towards the program goal.)		<b>Evaluation Method</b> (Identify the specific evaluation tool and/or data source to be used for the performance measure.)	
Promotion of the toll free access line. By May 31, 2009, at least 10 community partners in each Region (Divide, WS, Tahoe) will display information promoting the toll free access line in their waiting/reception areas.		Phone logs Grantee Quarterly Reports	
Outreach materials By Dec. 31, 2008, ACCEL Program staff will have distributed outreach materials to at least 25 venues across the county.		Material distribution logs by venue type. Grantee Quarterly Reports	
Outreach to schools By Aug. 15, 2008, all county elementary schools will have a process in place that regularly screens children for health insurance eligibility and connects eligible children/families to the ACCEL Program.		Activity logs Referral logs Grantee Quarterly Reports	
Outreach to Day Care Providers and Preschools By Aug. 15, 2008, at least 15 ECE Sites will have a process in place that regularly screens children for health insurance eligibility and connects eligible children/families to the ACCEL Program.		Activity logs Referral logs Grantee Quarterly Reports	



Evaluation Plan

Attachment II

Agency Name: El Dorado Co. Public Health		Contract Number: #0809-90050-61-930
Contact Name & Title: Kirsten Rogers		Phone: (530) 621-6143
Fiscal Year: 2008-2009		
<b>First 5 Result Area</b>		<b>Service Area</b>
Healthy Children		Health Access

<b>Program Goal</b>		
Enrollment		
<b>Performance Measure</b> (Identify measurable objectives that can be used to indicate progress towards the program goal.)		<b>Evaluation Method</b> (Identify the specific evaluation tool and/or data source to be used for the performance measure.)
Medi-Cal and Healthy Families applications During FY 08-09, ACCEL Program staff will assist at least 350 children under 6 years of age to apply for Medi-Cal and/or Healthy Families.		Appointment logs Data base entries Grantee Quarterly Reports
Healthy Kids Healthy Futures applications During FY 08-09, ACCEL Program staff will assist at least 75 children under 6 years of age to apply for Healthy Kids Healthy Future insurance.		Appointment logs Data base entries Grantee Quarterly Reports



Evaluation Plan

Attachment II

<b>Agency Name:</b> El Dorado Co. Public Health		<b>Contract Number:</b> #0809-90050-61-930
<b>Contact Name &amp; Title:</b> Kirsten Rogers		<b>Phone:</b> (530) 621-6143
<b>Fiscal Year:</b> 2008-2009		
<b>First 5 Result Area</b>	<b>Service Area</b>	
Healthy Children	Health Access	

<b>Program Goal</b>		
Retention		
<b>Performance Measure</b> (Identify measurable objectives that can be used to indicate progress towards the program goal.)	<b>Evaluation Method</b> (Identify the specific evaluation tool and/or data source to be used for the performance measure.)	
Increase retention rates of children enrolled in health care coverage During FY 08-09, at least 75% of children under 6 years of age enrolled in an available insurance program will still be enrolled in an available insurance program after 12 months.	First 5 El Dorado Parent Surveys Renewal date logs Review check logs	



Evaluation Plan

Attachment II

<b>Agency Name:</b> El Dorado Co. Public Health		<b>Contract Number:</b> #0809-90050-61-930
<b>Contact Name &amp; Title:</b> Kirsten Rogers		<b>Phone:</b> (530) 621-6143
<b>Fiscal Year:</b> 2008-2009		
<b>First 5 Result Area</b>	<b>Service Area</b>	
Healthy Children	Health Access	

<b>Program Goal</b>		
Utilization		
<b>Performance Measure</b> (Identify measurable objectives that can be used to indicate progress towards the program goal.)	<b>Evaluation Method</b> (Identify the specific evaluation tool and/or data source to be used for the performance measure.)	
<p>"Obtaining a Medical Home" pathways During FY 08-09, ACCEL Program staff will assist at least 50 children under 6 years of age to obtain and maintain a Medical Home.</p> <p>"Pediatric Mental Health Consult" pathways During FY 08-09, ACCEL Program staff will assist at least 20 children under 6 years of age to obtain a developmental screening, such as the ASQ-SE, to help with early identification of early childhood mental health (social-emotional &amp; behavioral) concerns.</p>	Care Pathways logs Grantee Quarterly Reports.	Care Pathways logs Early Childhood Specialists Database Grantee Quarterly Reports



## Budget/Invoice Form

Due Monthly by the 2nd Friday of the Month

Grantee Name: El Dorado County Public Health								
Project Name: ACCEL								
Contract Number: 0809-90050-61-930								
Contact Name & Title: Kirsten Rogers, Supervising HEC								
Fiscal Year: 2008-2009								
Reporting Period: July 2008								
Budget Item			Total Approved Budget Amount	Billed this Period		Previous Statement YTD	Total YTD Billed	Unexpended Balance
Personnel:				Salary	Benefits			
1) .35 FTE Program Assistant	Salary	Benefits	\$18,876			\$0	\$0	\$18,876
2) .55 FTE Program Assistant	\$21,550	\$6,822	\$28,372			\$0	\$0	\$28,372
3) .35 FTE Health Ed. Coordinator	\$20,859	\$7,441	\$28,300			\$0	\$0	\$28,300
4) .40 FTE Health Program Specialist	\$18,158	\$9,305	\$27,463			\$0	\$0	\$27,463
5) .35 FTE Health Program Specialist	\$18,586	\$8,819	\$27,405			\$0	\$0	\$27,405
6) .45 FTE Sup. Health Ed. Coordinator	\$31,373	\$16,807	\$48,180			\$0	\$0	\$48,180
7) Retiree Health & Worker's Comp Costs	\$0	\$10,839	\$10,839			\$0	\$0	\$10,839
<b>Subtotal Personnel</b>			<b>\$189,435</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$189,435</b>
<b>Operating Expenses:</b>								
8) Rent and Utilities			\$2,115			\$0	\$0	\$2,115
9) Office Supplies/Materials			\$1,579			\$0	\$0	\$1,579
10) Telephone and Telephone Equipment Support Charges			\$1,800			\$0	\$0	\$1,800
11) Postage/Mailing			\$200			\$0	\$0	\$200
12) Reproduction/Copying						\$0	\$0	\$0
13) Equipment Lease			\$1,500			\$0	\$0	\$1,500
14) Travel & Mileage			\$3,500			\$0	\$0	\$3,500
15) Training/Conferences						\$0	\$0	\$0
16) Insurance			\$2,947			\$0	\$0	\$2,947
17) Software Licenses			\$540			\$0	\$0	\$540
18) Cal Kids Premiums			\$6,000			\$0	\$0	\$6,000
19) Interfund County Charges (including mainfrm & ntwrk spprt)			\$7,034			\$0	\$0	\$7,034
20)						\$0	\$0	\$0
21)						\$0	\$0	\$0
<b>Subtotal Operating:</b>			<b>\$27,215</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$27,215</b>
<b>Indirect Expenses:</b>								
Indirect Cost (9.2% Max)			\$17,428			\$0	\$0	\$17,428
<b>TOTAL COSTS</b>			<b>\$234,078</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$234,078</b>

I hereby state that the budget items requested do not supplant any existing revenue sources, or any existing program. I certify that all statements in this report are true and correct.

\*Proper backup documentation sufficient to support all reported expenditures must be attached to this form. (timesheets, receipts, paid invoices, etc.)

\_\_\_\_\_  
Print Name of Program Contact Person or Authorized Representative

\_\_\_\_\_  
*Signature: Program Contact Person or Authorized Representative*

For Commission Use Only-Do Not Fill In Shaded Area			
Date Received		TOTAL REIMBURSEMENT APPROVED	
Signature of Authorized Fiscal Staff		Date	Signature of Authorized First 5 Staff
Signature -Executive Director		Date	



**Scope of Work Quarterly Progress Report**

<b>Grantee:</b> El Dorado County Public Health Department <b>Contract Number:</b> #0809-90050-61-930	
<b>Project Name:</b> ACCEL Initiative	
<b>Contract Period:</b> July 1, 2008 – June 30, 2009	<b>Reporting Period (Circle One):</b> Q1 Q2 Q3 Q4
<b>First 5 Result Area:</b> Healthy Children (3)	<b>Service Area:</b> Health Access
<b>Program Goal:</b> Assist uninsured families in El Dorado County to access health care coverage for their children.	
<b>Strategy:</b>	
<b>Outreach:</b> Promote available health care coverage options for children and advertise application assistance for families.	
Major Activities	
Coordinate with day care providers.	Ongoing
Coordinate with all county schools.	Ongoing; concentrated efforts Aug. – Sept.
Conduct media campaigns	Ongoing
Seek out speaking engagements for community based organizations	Ongoing
Participate in Health and Safety Fairs and Events	Ongoing



**Scope of Work Quarterly Progress Report**

Grantee: El Dorado County Public Health Department		Contract Number: #0809-90050-61-930
Project Name: ACCEL Initiative		
Contract Period: July 1, 2008 – June 30, 2009		Reporting Period (Circle One): Q1 Q2 Q3 Q4
First 5 Result Area: Healthy Children (3)		Service Area: Health Access

**Strategy: Enrollment: Provide individual appointments to assist families in filling out health care coverage applications**

Major Activities	Timeline	Progress
Maintain a toll free Health Access phone line	Ongoing	
Provide individual application assistance appointments for families	Ongoing	
Provide appointments off-site (in client's home, etc.)	As needed	
Conduct follow-up appointments to verify appropriate documentation	As needed	



**Scope of Work Quarterly Progress Report**

Grantee: El Dorado County Public Health Department		Contract Number: #0809-90050-61-930
Project Name: ACCEL Initiative		
Contract Period: July 1, 2008 – June 30, 2009	Reporting Period (Circle One): Q1 Q2 Q3 Q4	
First 5 Result Area: Healthy Children (3)	Service Area: Health Access	

Major Activities	Timeline	Progress
<b>Strategy: Retention:</b> Educate families regarding the importance of retaining health care coverage and assisting them with solutions to stay enrolled		
Conduct follow-up phone calls to determine if children received health care benefits	As needed	
Provide follow-up appointments to assist families with problem solving	As needed	
Conduct follow-up phone calls to all CHDP Gateway clients	Ongoing	
Provide re-enrollment appointments (after a child has retained coverage for 10 months, they must reapply for coverage)	Ongoing	



**Scope of Work Quarterly Progress Report**

<p><b>Grantee:</b> El Dorado County Public Health Department      <b>Contract Number:</b> #0809-90050-61-930</p>		
<p><b>Project Name:</b> ACCEL Initiative</p>		
<p><b>Contract Period:</b> July 1, 2008 – June 30, 2009</p>		
<p><b>Reporting Period (Circle One):</b> Q1   Q2   Q3   Q4</p>		
<p><b>Service Area:</b> Health Access</p>		
<p><b>First 5 Result Area:</b> Healthy Children (3)</p>		
<p><b>Strategy:</b> <u>Utilization:</u> Assist families in establishing with providers for preventative and routine care and in navigating the County's health care systems.</p>		
Major Activities	Timeline	Progress
Utilize the ACCEL "Obtaining A Medical Home"(OMH) pathway - the OMH pathway serves as a "road map" for assisting families in obtaining health insurance for their children and then in finding a medical home in which they will receive ongoing well-child, preventive and primary care.	Ongoing	
Utilize the ACCEL "Utilizing A Medical Home"(UMH) pathway - the UMH pathway serves as a "road map" for assisting mothers with Medi-Cal coverage in obtaining long term Medi-Cal for their newborns, connecting to a medical home and completing the first year of well child and immunization appointments.	Ongoing	
Utilize the ACCEL "Pediatric Mental Health Consult" (PMHC) pathway - the PMHC pathway serves as a "road map" for assisting families with referrals from their child's primary care provider to the Mental Health Department.	Ongoing	
Utilize the ACCEL "Retention and Utilization" (RU) pathway - the RU pathway serves as a "Road Map" to ensure that families are accessing primary care providers for their children for preventative and routine services. Once a child receives health care coverage, families are contacted at 3 months, 6 months and 10 months for assistance in resolving barriers to care and maintaining health plan enrollment.	Ongoing	



# Population Served Report

Attachment V

Submit along with quarterly Scope of Work Reports

FY: 2008-2009

First 5 El Dorado  
4111 Creekside Dr., Suite B  
Shingle Springs, CA 95682

Grantee Name
Grantee Address
Grantee Phone

Contract #
------------

Population Served (Unduplicated Yearly Counts)	Q1	Q2	Q3	Q4	YTD Total
Children Less than 3 Years of Age					0
Children 3 through Five Years of Age					0
Children (Ages Unknown)					0
Parents/Guardians					0
Providers					0

Ethnic Breakdown of Population Served	Children					Parents/Guardians					Other Family Members				
	Q1	Q2	Q3	Q4	YTD Total	Q1	Q2	Q3	Q4	YTD Total	Q1	Q2	Q3	Q4	YTD Total
Alaska Native/American Indian					0					0					0
Asian					0					0					0
Black/African-American					0					0					0
Hispanic/Latino					0					0					0
Pacific Islander					0					0					0
White					0					0					0
Multiracial					0					0					0
Other/Unknown					0					0					0

Primary Language (Spoken in the Home)	Children					Parents/Guardians					Other Family Members				
	Q1	Q2	Q3	Q4	YTD Total	Q1	Q2	Q3	Q4	YTD Total	Q1	Q2	Q3	Q4	YTD Total
English					0					0					0
Spanish					0					0					0
Other (Please Specify):					0					0					0
Other (Please Specify):					0					0					0
Unknown					0					0					0

Print Name of Program Contact Person or Authorized Representative \_\_\_\_\_

Signature: Program Contact Person or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Date Received	Signature of Authorized First 5 Staff	Date
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**FY 2008-2009**  
**QUARTERLY PROGRESS REPORT**

Reporting Period (Check One):

Q1: July – Sept.

Q2: Oct. – Dec.

Q3: Jan – March

Q4: April - June

<b>Agency Name:</b>
<b>Project Title:</b>
<b>Contact Name &amp; Title:</b>
<b>Email Address:</b>
<b>Phone:</b>

**1. Did you experience any noteworthy successes? Identify and list possible contributing factors.**

**2. Did you encounter any unexpected difficulties or barriers? Identify and explain how they were/are being addressed.**



**Budget Revision Request Form  
Attachment VII**

<b>Grantee Name:</b> El Dorado County Public Health				
<b>Project Name:</b> ACCEL				
<b>Contract Number:</b> 0809-90050-61-930				
<b>Contact Name &amp; Title:</b> Kirsten Rogers, Supervising HEC				
<b>Budget Period:</b> 2007-2008				
<b>Proposed Effective Date:</b>				
<b>Budget Item</b>	<b>Approved Budget Amount</b>	<b>Proposed Budget Adjustment * Amount to increase (+) or decrease (-)</b>	<b>Proposed Local Budget</b>	<b>% Change</b>
<b>Personnel:</b>				
1) .35 FTE Program Assistant	\$18,876		\$18,876	0%
2) .55 FTE Program Assistant	\$28,372		\$28,372	0%
3) .35 FTE Health Ed. Coordinator	\$28,300		\$28,300	0%
4) .40 FTE Health Program Specialist	\$27,463		\$27,463	0%
5) .35 FTE Health Program Specialist	\$27,405		\$27,405	
6) .45 FTE Sup. Health Ed. Coordinator	\$48,180		\$48,180	
7) Retiree Health & Worker's Comp Costs	\$10,839		\$10,839	0%
<b>Subtotal Personnel:</b>	\$189,435	\$0	\$189,435	0%
<b>Operating Expenses:</b>				
8) Rent and Utilities	\$2,115		\$2,115	0%
9) Office Supplies/Materials	\$1,579		\$1,579	0%
10) Telephone and Telephone Equipment S	\$1,800		\$1,800	0%
11) Postage/Mailing	\$200		\$200	0%
12) Reproduction/Copying	\$0		\$0	#DIV/0!
13) Equipment Lease	\$1,500		\$1,500	0%
14) Travel & Mileage	\$3,500		\$3,500	0%
15) Training/Conferences	\$0		\$0	#DIV/0!
16) Insurance	\$2,947		\$2,947	0%
17) Software Licenses	\$540		\$540	0%
18) Cal Kids Premiums	\$6,000		\$6,000	0%
19) Interfund County Charges (including m	\$7,034		\$7,034	0%
20)	\$0		\$0	#DIV/0!
21)	\$0		\$0	#DIV/0!
<b>Subtotal Operating:</b>	\$27,215	\$0	\$27,215	0%
<b>Indirect Expenses:</b>				
Indirect Cost (8.9% max)	\$17,428	\$0	\$17,428	0%
<b>TOTAL COSTS</b>	\$234,078	\$0	\$234,078	0%

*\*Please attach a Budget Revision Request Narrative explaining each budget revision requested by line item.*

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

DATE

For Commission Use Only - Do Not Fill In Shaded Area

Program Coordinator

Date

Executive Director

Date

Program name: \_\_\_\_\_ Date: \_\_\_\_\_

Zip Code:

If your child(ren) were to enter Elementary School this year, where would he/she/they attend Kindergarten:  
Name of School: \_\_\_\_\_

Please indicate the number of children in your family by age group:  
0-2 years \_\_\_\_\_ 3-5 years \_\_\_\_\_ 6 years and older \_\_\_\_\_

- I am willing to participate in periodic surveys conducted by First 5 El Dorado to see how the services they sponsor in my community contribute to the health and well being of children 0-5.  
Please contact me by (select one or more):  
 Phone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

Please mark (X or ✓) as indicated for each question.

<p>1. Did you live in El Dorado County when your youngest child was born?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – Skip 1a <input type="checkbox"/> Don't know/Declined – Skip 1a</p>
<p>1a. Did you learn about local community resources available to support you and your newborn child from any of the following sources?</p> <p>Examples of community information include a Kit for New Parents with books &amp; videos, and brochures/pamphlets with local information on services for children &amp; families. (Please check all that apply)</p>	<p><input type="checkbox"/> New Parent Kit &amp; Brochures given in Hospital <input type="checkbox"/> Home Visit within 30 days of going home from hospital <input type="checkbox"/> Television/Radio/Newspaper <input type="checkbox"/> Internet Websites (first5eldorado.com, beehive.org, others) <input type="checkbox"/> First 5 El Dorado Community Services Directory <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know/Declined</p>
<p>2. Please indicate your highest level of education completed:</p>	<p><input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2-year College Degree/Certificate (A.A, etc.) <input type="checkbox"/> 4-year College Degree (B.S., B.A., etc..) <input type="checkbox"/> Post-Graduate Degree (M.S., M.A., J.D., etc.) <input type="checkbox"/> Don't know/Declined</p>
<p>3. Are you currently attending classes at any of the following places:</p>	<p><input type="checkbox"/> ESL/Adult Education (GED) <input type="checkbox"/> Community College <input type="checkbox"/> Technical Training <input type="checkbox"/> 4-year College/University <input type="checkbox"/> Other: _____ <input type="checkbox"/> None <input type="checkbox"/> Don't know/Declined</p>
<p>4. In a typical week, how often do you or another family member read to or show picture books to your child(ren).</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> Once or twice a week <input type="checkbox"/> 3-6 times a week <input type="checkbox"/> Every Day <input type="checkbox"/> Don't know/Declined</p>
<p>5. Have you ever taken a class in high school, college, or another community setting that focused on the developmental stages of a young child 0-5 years of age?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Declined</p>

6. Do you participate in any activities (parent group or play group, etc.) where you are able to connect with and share ideas with other parents of young children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Declined				
7. Have you and your child ever received services from a home visiting program that gave you ideas and examples of activities to do at home with your child, and connected you to community resources (child care, health care, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Skip 7a <input type="checkbox"/> Don't know/Declined - Skip 7a				
7a. If yes, which of the following most closely matches the focus of the home visiting program?	<input type="checkbox"/> Health <input type="checkbox"/> Social Services <input type="checkbox"/> Faith-based <input type="checkbox"/> Preschool – Early Education <input type="checkbox"/> Community-based <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know/Declined				
8. Has your child ever gone to a nursery school, preschool, pre-kindergarten, a Head Start program, or a child care center, on a regular basis? (By a regular basis, we mean at least three times a week for at least 6 months.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Declined				
9. Last year, where did your child spend most of his/her day?	<input type="checkbox"/> At home with parent(s) or other relative <input type="checkbox"/> At someone else's home under someone else's care (a friend or relative, not a licensed childcare provider) <input type="checkbox"/> In a family childcare home <input type="checkbox"/> Preschool, Head Start or childcare center <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know/Declined				
10. Sometimes parents have concerns about the way their children are developing in the following areas. Are you concerned a lot, a little, or not at all about <sup>1</sup> :	A lot	A little	Not at all	N/A	Don't Know/Decline
a) How your child talks or makes speech sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) How your child sees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) How your child hears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) How your child understands what you say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) How your child uses his or her hands and fingers to do things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) How your child uses his or her arms and legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) How your child is learning preschool or school skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) How your child gets along with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) How your child behaves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) How your child is learning to do things for himself or herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Whether your child can do what other children his or her age can do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Your child's emotional well-being?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> Note: The items in question 10 are drawn from the survey edition of Parents' Evaluation of Developmental Status (PEDS) and do not have an immediate clinical application. Users interested in early detection will need to purchase the actual test (www.pedstest.com). The survey version items are copyrighted and may not be used without express permission from the author (Frances.P.Glascoe@Vanderbilt.edu).

<p>11. When was the last time your child had a developmental screening (other than a general health screening)?</p>	<p><input type="checkbox"/> Never - Skip 11a  <input type="checkbox"/> In the last 6 months  <input type="checkbox"/> 6-12 months ago  <input type="checkbox"/> More than a year ago  <input type="checkbox"/> Don't know/Declined - Skip 11a</p>
<p>11a. If the screening revealed any areas for concern, were you able to access services and supports to meet your child's needs?</p>	<p><input type="checkbox"/> No concerns  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Don't know/Declined</p>
<p>12. Has a doctor or other health, school district, or regional center professional ever told you that your child was developmentally delayed? A developmental delay means the child is somewhat slower physically or mentally than other children the same age.</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No - Skip 12a  <input type="checkbox"/> Don't know/Declined - Skip 12a</p>
<p>12a. Does your child currently have or has your child ever had an Individualized Family Service Plan (sometimes called an "IFSP") or an Individualized Education Plan (sometimes called an "IEP")?</p>	<p><input type="checkbox"/> Yes—Currently  <input type="checkbox"/> Yes—In the past, but not currently  <input type="checkbox"/> No  <input type="checkbox"/> Don't know/Declined</p>
<p>13. Does your child have any kind of health insurance now, such as insurance through an HMO, a private insurance company, Medi-Cal, Healthy Families, or something else?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Don't know/Declined</p>
<p>14. Is there a doctor or other health care provider that you usually take your child to for well-child care?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Don't know/Declined</p>
<p>15. Are your child's immunization records recorded in the electronic immunization registry for this county (El Dorado County)?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Don't know/Declined</p>
<p>16. When was the last time your child received a general well-child checkup?</p>	<p><input type="checkbox"/> In the last 6 months      <input type="checkbox"/> Never  <input type="checkbox"/> 6-12 months ago      <input type="checkbox"/> Don't know/Declined  <input type="checkbox"/> More than a year ago</p>
<p>17. Does your child have dental insurance?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Don't know/Declined</p>
<p>18. Do you have a dentist that you usually take your child to for oral health care?</p>	<p><input type="checkbox"/> Child under 12 months of age  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Don't know/Declined</p>
<p>19. When did your child last see a dentist or dental hygienist for dental care?</p>	<p><input type="checkbox"/> Child under 12 months of age      <input type="checkbox"/> 2 years ago or more  <input type="checkbox"/> Less than a year ago      <input type="checkbox"/> Never  <input type="checkbox"/> 1 year ago, but less than 2 years ago      <input type="checkbox"/> Don't know/Declined</p>