

AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

THIS AGREEMENT (hereafter Agreement) is made by and between the County of Santa Barbara, a political subdivision of the State of California (hereafter COUNTY) and **Santa Barbara County Education Office** having its principal place of business at **4400 Cathedral Oaks Road, Santa Barbara, CA 93160-6307** (hereafter CONTRACTOR) wherein CONTRACTOR agrees to provide and COUNTY agrees to accept the services specified herein.

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

1. **DESIGNATED REPRESENTATIVE.** **Maria Gardner** at phone number **(805) 346-8289** is the representative of COUNTY and will administer this Agreement for and on behalf of COUNTY. **Georgene Lowe** at phone number **(805) 964-4710** is the authorized representative for CONTRACTOR. Changes in designated representatives shall be made only after advance written notice to the other party.

2. **NOTICES.** Any notice or consent required or permitted to be given under this Agreement shall be given to the respective parties in writing, by first class mail, postage prepaid, as follows:

To COUNTY: **Department of Social Services, Attn: Maria Gardner, Client Services and Benefits Division Chief, 2125 S. Centerpointe Parkway, Santa Maria, CA 93455**

To CONTRACTOR: **Santa Barbara County Education Office, Georgene Lowe, Health Linkages Program Manager, P.O. Box 6307, Santa Barbara, CA 93160-6307**

or at such other address or to such other person that the parties may from time to time designate. Notices and consents under this section, which are sent by mail, shall be deemed to be received five (5) days following their deposit in the U.S. mail.

3. **SCOPE OF SERVICES.** CONTRACTOR agrees to provide services to COUNTY in accordance with EXHIBIT A attached hereto and incorporated herein by reference.

4. **TERM.** CONTRACTOR shall commence performance on **date of contract execution, and no sooner than January 1, 2007** and end performance upon completion, but no later than **June 30, 2009** unless otherwise directed by COUNTY or unless earlier terminated.

5. **COMPENSATION OF CONTRACTOR.** CONTRACTOR shall be paid for performance under this Agreement in accordance with the terms of EXHIBIT B attached hereto and incorporated herein by reference. Billing shall be made by invoice, which shall include the contract number assigned by COUNTY and which is delivered to the address given in Section 2 **NOTICES.** above following completion of the increments identified on EXHIBIT B. Unless otherwise specified on EXHIBIT B, payment shall be net thirty (30) days from presentation of invoice.

6. **INDEPENDENT CONTRACTOR.** CONTRACTOR shall perform all of its services under this Agreement as an independent contractor and not as an employee of COUNTY. CONTRACTOR understands and acknowledges that it shall not be entitled to any of the benefits of a COUNTY employee, including but not limited to vacation, sick leave, administrative leave, health insurance, disability insurance, retirement, unemployment insurance, workers' compensation and protection of tenure.

7. **STANDARD OF PERFORMANCE.** CONTRACTOR represents that it has the skills, expertise, and licenses/permits necessary to perform the services required under this Agreement. Accordingly,

CONTRACTOR shall perform all such services in the manner and according to the standards observed by a competent practitioner of the same profession in which CONTRACTOR is engaged. All products of whatsoever nature, which CONTRACTOR delivers to COUNTY pursuant to this Agreement, shall be prepared in a first class and workmanlike manner and shall conform to the standards of quality normally observed by a person practicing in CONTRACTOR's profession. CONTRACTOR shall correct or revise any errors or omissions, at COUNTY'S request without additional compensation. Permits and/or licenses shall be obtained and maintained by CONTRACTOR without additional compensation.

8. **TAXES.** COUNTY shall not be responsible for paying any taxes on CONTRACTOR's behalf, and should COUNTY be required to do so by state, federal, or local taxing agencies, CONTRACTOR agrees to promptly reimburse COUNTY for the full value of such paid taxes plus interest and penalty, if any. These taxes shall include, but not be limited to, the following: FICA (Social Security), unemployment insurance contributions, income tax, disability insurance, and workers' compensation insurance.

9. **CONFLICT OF INTEREST.** CONTRACTOR covenants that CONTRACTOR presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Agreement. CONTRACTOR further covenants that in the performance of this Agreement, no person having any such interest shall be employed by CONTRACTOR.

10. **RESPONSIBILITIES OF COUNTY.** COUNTY shall provide all information reasonably necessary by CONTRACTOR in performing the services provided herein.

11. **OWNERSHIP OF DOCUMENTS.** COUNTY shall be the owner of the following items incidental to this Agreement upon production, whether or not completed: all data collected, all documents of any type whatsoever, and any material necessary for the practical use of the data and/or documents from the time of collection and/or production whether or not performance under this Agreement is completed or terminated prior to completion. CONTRACTOR shall not release any materials under this section except after prior written approval of COUNTY.

No materials produced in whole or in part under this Agreement shall be subject to copyright in the United States or in any other country except as determined at the sole discretion of COUNTY. COUNTY shall have the unrestricted authority to publish, disclose, distribute, and otherwise use in whole or in part, any reports, data, documents or other materials prepared under this Agreement.

12. **RECORDS, AUDIT, AND REVIEW.** CONTRACTOR shall keep such business records pursuant to this Agreement as would be kept by a reasonably prudent practitioner of CONTRACTOR's profession and shall maintain such records for at least four (4) years following the termination of this Agreement. All accounting records shall be kept in accordance with generally accepted accounting practices. COUNTY shall have the right to audit and review all such documents and records at any time during CONTRACTOR's regular business hours or upon reasonable notice. **In accordance with Federal Government Accounting Standards, CONTRACTOR will only seek reimbursement from COUNTY for expenses that are allowable under the provisions of OMB Circular A-87. Additionally, CONTRACTOR is required to have an audit that compiles with OMB Circular A-133. Within 60 days of the opinion date, CONTRACTOR will provide COUNTY with a copy of the single audit conducted in accordance with OMB Circular A-133.**

13. **INDEMNIFICATION AND INSURANCE.** CONTRACTOR shall agree to defend, indemnify and save harmless the COUNTY and to procure and maintain insurance in accordance with the provisions of EXHIBIT C attached hereto and incorporated herein by reference.

14. **NONDISCRIMINATION.** COUNTY hereby notifies CONTRACTOR that COUNTY's Unlawful Discrimination Ordinance (Article XIII of Chapter 2 of the Santa Barbara County Code) applies to this Agreement and is incorporated herein by this reference with the same force and effect as if the ordinance were specifically set out herein and CONTRACTOR agrees to comply with said ordinance.

15. **NONEXCLUSIVE AGREEMENT.** CONTRACTOR understands that this is not an exclusive Agreement and that COUNTY shall have the right to negotiate with and enter into contracts with others providing the same or similar services as those provided by CONTRACTOR as the COUNTY desires.

16. **ASSIGNMENT.** CONTRACTOR shall not assign any of its rights nor transfer any of its obligations under this Agreement without the prior written consent of COUNTY and any attempt to so assign or so transfer without such consent shall be void and without legal effect and shall constitute grounds for termination.

17. **TERMINATION.**

A. **By COUNTY.** COUNTY may, by written notice to CONTRACTOR, terminate this Agreement in whole or in part at any time, whether for COUNTY's convenience or because of the failure of CONTRACTOR to fulfill the obligations herein. Upon termination, CONTRACTOR shall deliver to COUNTY all data, estimates, graphs, summaries, reports, and all other records, documents or papers as may have been accumulated or produced by CONTRACTOR in performing this Agreement, whether completed or in process.

1. For Convenience. COUNTY may terminate this Agreement upon thirty (30) days written notice. Following such notice, CONTRACTOR shall promptly cease work.

Notwithstanding any other payment provision of this Agreement, COUNTY shall pay CONTRACTOR for service performed to the date of termination to include a prorated amount of compensation due hereunder less payments, if any, previously made. In no event shall CONTRACTOR be paid an amount in excess of the full price under this Agreement nor for profit on unperformed portions of service. CONTRACTOR shall furnish to COUNTY such financial information as in the judgment of COUNTY is necessary to determine the reasonable value of the services rendered by CONTRACTOR. In the event of a dispute as to the reasonable value of the services rendered by CONTRACTOR, the decision of COUNTY shall be final. The foregoing is cumulative and shall not effect any right or remedy which COUNTY may have in law or equity.

2. For Cause. Should CONTRACTOR default in the performance of this Agreement or materially breach any of its provisions, COUNTY may, at COUNTY's sole option, terminate this Agreement by written notice, which shall be effective upon receipt by CONTRACTOR.

B. **By CONTRACTOR.** Should COUNTY fail to pay CONTRACTOR all or any part of the payment set forth in EXHIBIT B, CONTRACTOR may, at CONTRACTOR's option terminate this agreement if such failure is not remedied by COUNTY within thirty (30) days of written notice to COUNTY of such late payment.

18. **SECTION HEADINGS.** The headings of the several sections, and any Table of Contents appended hereto, shall be solely for convenience of reference and shall not affect the meaning, construction or effect hereof.

19. **SEVERABILITY.** If any one or more of the provisions contained herein shall for any reason be held to be invalid, illegal or unenforceable in any respect, then such provision or provisions shall be deemed severable from the remaining provisions hereof, and such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

20. **REMEDIES NOT EXCLUSIVE.** No remedy herein conferred upon or reserved to COUNTY is intended to be exclusive of any other remedy or remedies, and each and every such remedy, to

the extent permitted by law, shall be cumulative and in addition to any other remedy given hereunder or now or hereafter existing at law or in equity or otherwise.

21. **TIME IS OF THE ESSENCE.** Time is of the essence in this Agreement and each covenant and term is a condition herein.

22. **NO WAIVER OF DEFAULT.** No delay or omission of COUNTY to exercise any right or power arising upon the occurrence of any event of default shall impair any such right or power or shall be construed to be a waiver of any such default or an acquiescence therein; and every power and remedy given by this Agreement to COUNTY shall be exercised from time to time and as often as may be deemed expedient in the sole discretion of COUNTY.

23. **ENTIRE AGREEMENT AND AMENDMENT.** In conjunction with the matters considered herein, this Agreement contains the entire understanding and agreement of the parties and there have been no promises, representations, agreements, warranties or undertakings by any of the parties, either oral or written, of any character or nature hereafter binding except as set forth herein. This Agreement may be altered, amended or modified only by an instrument in writing, executed by the parties to this Agreement and by no other means. Each party waives their future right to claim, contest or assert that this Agreement was modified, canceled, superseded, or changed by any oral agreements, course of conduct, waiver or estoppel.

24. **SUCCESSORS AND ASSIGNS.** All representations, covenants and warranties set forth in this Agreement, by or on behalf of, or for the benefit of any or all of the parties hereto, shall be binding upon and inure to the benefit of such party, its successors and assigns.

25. **COMPLIANCE WITH LAW.** CONTRACTOR shall, at his sole cost and expense, comply with all County, State and Federal ordinances and statutes now in force or which may hereafter be in force with regard to this Agreement. The judgment of any court of competent jurisdiction, or the admission of CONTRACTOR in any action or proceeding against CONTRACTOR, whether COUNTY be a party thereto or not, that CONTRACTOR has violated any such ordinance or statute, shall be conclusive of that fact as between CONTRACTOR and COUNTY.

26. **CALIFORNIA LAW.** This Agreement shall be governed by the laws of the State of California. Any litigation regarding this Agreement or its contents shall be filed in the County of Santa Barbara, if in state court, or in the federal district court nearest to Santa Barbara County, if in federal court.

27. **EXECUTION OF COUNTERPARTS.** This Agreement may be executed in any number of counterparts and each of such counterparts shall for all purposes be deemed to be an original; and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

28. **AUTHORITY.** All parties to this Agreement warrant and represent that they have the power and authority to enter into this Agreement in the names, titles and capacities herein stated and on behalf of any entities, persons, or firms represented or purported to be represented by such entity(ies), person(s), or firm(s) and that all formal requirements necessary or required by any state and/or federal law in order to enter into this Agreement have been fully complied with. Furthermore, by entering into this Agreement, CONTRACTOR hereby warrants that it shall not have breached the terms or conditions of any other contract or agreement to which CONTRACTOR is obligated, which breach would have a material effect hereon.

29. **PRECEDENCE.** In the event of conflict between the provisions contained in the numbered sections of this Agreement and the provisions contained in the Exhibits, the provisions of the Exhibits shall prevail over those in the numbered sections.

30. **BUSINESS ASSOCIATE.** The County is considered to be a "Hybrid Entity" under the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. 1320d et seq. and its implementing regulations including but not limited to 45 Code of Federal Regulations parts 142, 160, 162, and 164, ("Privacy Rule and Security Rule"). The Contractor is considered to be a "Business Associate" under the Privacy Rule. Contractor must also comply with the Security Rule as a Business Associate, if under this Agreement, it receives, maintains or transmits any health information in electronic form in connection with a transaction covered by part 162 of title 45 of the Code of Federal Regulations.

The County and Contractor acknowledge that HIPAA mandates them to enter into a business associate agreement in order to safeguard protected health information that may be accessed during the performance of this Agreement. The parties agree to the terms and conditions set forth in Exhibit E - HIPAA Business Associate Agreement.

31. **NONAPPROPRIATION CLAUSE:** In the event that funds are not appropriated, budgeted, or otherwise made available in the consecutive years of this Agreement, then COUNTY shall immediately notify CONTRACTOR of such occurrence and the Agreement may be terminated by COUNTY. Subsequent to the termination of this Agreement under this provision, COUNTY shall have no obligation to make payments with regards to the remainder of the term.

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Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Santa Barbara County Education Office**.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on the date executed by COUNTY.

COUNTY OF SANTA BARBARA

By: _____
Chair, Board of Supervisors

Date: _____

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

CONTRACTOR – Santa Barbara County Education Office

By: _____
Deputy

By: _____
SocSec or TaxID Number: ON FILE

APPROVED AS TO FORM:
STEPHEN SHANE STARK
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W GEIS, CPA
AUDITOR-CONTROLLER

By: _____
Deputy County Counsel

By: _____
Deputy

APPROVED AS TO FORM:
RAY AROMATORIO

By: _____
Risk Program Administrator

EXHIBIT A

STATEMENT OF WORK

I. Purpose/Term:

The purpose of this Agreement is for CONTRACTOR to provide Outreach, Enrollment, Retention, and Utilization (OERU) services for Healthy Families (HF) and Medi-Cal (MC) to address the 7,000 uninsured and potentially HF/MC eligible children in Santa Barbara County pursuant to the Department of Health Services (DHS) OERU Allocation Request for Plan and Budget (RFPB) submitted in October 2006.

The term of this Agreement is from date of contract execution, and no sooner than January 1, 2007 through June 30, 2009.

II. Background:

Based on recent legislation, the State Department of Health Services (DHS) made funds available to counties to implement innovative OERU activities for uninsured children eligible for, but not enrolled in, California's HF or MC Programs. Accessing this allocation required counties to submit a 3-year plan and budget 1) assessing the demographics of un-enrolled children, 2) describing current Children's Health Initiative efforts, 3) listing the collaborative partners involved and 4) describing planned activities, target audience and performance measures for outreach, streamlined enrollment, retention and utilization in form of a work plan. As required, the RFPB submitted by Santa Barbara County builds on the existing Children's Health Initiative efforts.

COUNTY submitted the required RFPB to DHS and was allocated the necessary funding for these services. CONTRACTOR has been a community leader in children's health issues and has the necessary infrastructure to support the DHS OERU allocation activities described in the RFPB. The program design builds on the framework of the existing Health Linkages program and augments it to fully address the issues the community stakeholders identified regarding the 7,000 uninsured and potentially eligible children for HF/MC.

The health insurance outreach, enrollment, utilization and retention activities provided by the Health Linkages Program in partnership with the Family Resource Centers provide the focal point of the plan.

III. Program Summary:

COUNTY is subcontracting the day-to-day project oversight and management of the County's OERU activities to Santa Barbara County Education Office Health Linkages Program. CONTRACTOR will subcontract with Children's Health Initiative partners and other community-based organizations to accomplish the objectives of the RFPB through the CDHS OERU allocation. Identified subcontractors are participants in the Family Support (FSI) and Oral Health Initiative (OHI) and already work closely with the Health Linkages referral and case management system, or have been identified as having particular access to identified target populations.

The Health Linkages Program under the County Office of Education has developed a screening, referral, case management and tracking system as part of the First 5 funded Family Support and Oral Health initiatives and has emerged as a leader in local OERU activities. Health

Linkages has also worked closely with the Department of Social Services and the Regional Health Authority in developing an automated enrollment system, training a network of Certified Application Assistors and streamlining the enrollment process for families.

Through the OERU planning process, the existing collaboration was enhanced by including new partners, such as the County's Alcohol and Drug Program and the *Centro Binacional Para el Desarrollo Indigena Oaxaqueno* to add additional outreach and enrollment gateways. The plan also allocates funds for working with 2-1-1 on a bi-lingual outreach campaign and for conducting outreach at non-traditional sites and during non-traditional hours.

Diringer & Associates is an active partner in our Children's Health Initiative and experienced health access evaluator for Children's Health Initiatives state-wide. Mr. Diringer recently authored a report for the California Endowment on Health Care Access on the Central Coast. The firm has been chosen for this project based on its local and state-wide experience.

Below is a list of the identified subcontractors/OERU plan components:

Contract Agency	Justification	Scope
Diringer & Associates	CHI Partner	Data collection and evaluation to conduct program evaluation and monitor subcontractor activities.
Local Media Agency (tbd)	No existing partner	Marketing
Translation Services (tbd)	No existing partner	Translation for outreach materials.
Family Service Agency	FSI/OH Partner	Contract for .75 FTE ORU Case Manager
Isla Vista Youth Project	FSI/OH Partner	.25 FTE ORU Case Manager
Santa Ynez Valley People Helping People	FSI/OH Partner	.25 FTE ORU Case Manager
Santa Maria Valley Youth & Family Center	FSI/OH Partner	.75 FTE ORU Case Manager
Guadalupe Union School District	FSI/OH Partner	.25 FTE ORU Case Manager
People's Self-Help Housing	Special Target Population Partner	.25 FTE ORU Case Manager
Centro Binacional	Special Target Population Partner	1.0 FTE ORU Case Manager

IV. Program Goals/OERU Activities:

All county activities that are funded by State allocations must further each of the four objectives listed below.

1. Increase outreach to educate targeted families about Medi-Cal and Healthy Families health coverage programs, eligibility criteria, and how to enroll;

2. Increase enrollment of eligible children in Medi-Cal and Healthy Families;
3. Increase the number of children who retain Medi-Cal and Healthy Families coverage at the annual renewal; and
4. Increase utilizations of benefits by children enrolled in Medi-Cal and Healthy Families.

These general OERU objectives will be accomplished via the DHS approved work plan included as Attachment A1. A summary of specific objectives is included in the table below.

Santa Barbara County DHS OERU Allocation Performance Objectives*

	<i>Tracking Mechanism</i>	<i>Year 1 Progress</i>	<i>Year 2 Progress</i>	<i>Year 3 Progress</i>	<i>Total Progress</i>
Outreach	Service Tracking Logs Event Calendars Presentation Calendars SBRHA Calculator	1,400	3,000	3,000	7,400
Enrollment	Insurance Enrollment Logs Referral Logs SBC First 5 Evaluation Team (GEMS) Service Tracking Logs	750	1,500	1,500	3,750
Retention	SBC First 5 Evaluation Team (GEMS) Case Management Logs SBRHA database	80% <i>(of enrolled in year 1)</i>	85% <i>(of enrolled Yr 1 & Yr 2)</i>	90% <i>(of enrolled in Yrs 1-3)</i>	n/a
Utilization <i>Establishment of a Medical and Dental Home</i>	SBC First 5 Evaluation Team (GEMS) Case Management Logs SBRHA database Presentation Calendars	50% <i>(of enrolled in year 1)</i>	65% <i>(of enrolled in year 1 and Yr 2)</i>	80% <i>(of enrolled in years 1-3)</i>	n/a

*numbers contained in this chart are unduplicated persons each year, except for the % in Retention and Utilization, which are cumulative

V. Reporting Requirements:

Progress reports and invoices must be provided in the format prescribed by DHS and must be accompanied by the OERU Quarterly Coversheet. These templates are available at www.dhs.ca.gov/OERU under Allocation Administrative Policies. The coversheet serves as a check-off list for CONTRACTOR to ensure that invoices, subcontractor invoices, and progress reports are submitted accurately.

CONTRACTOR will submit necessary reports/invoices within 30 days of the close of the quarter. For example, for the period of January 1, 2007 – March 31, 2007, the submission date from CONTRACTOR to the COUNTY is April 30, 2007.

Quarterly - CONTRACTOR will provide Quarterly Progress Reports to COUNTY, which quantify and document progress-to-date on Scope of Work objectives and performance goals for the quarter being reported on the template provided by DHS. For more information on Quarterly

Progress Reports please see Attachment 5 of the RFPB which is located at www.dhs.ca.gov/OERU under Allocation Program Guidelines. CONTRACTOR must measure the success of the OERU activities against the projected outcomes referenced in Section IV and in Attachment A1 of this document.

Annually – CONTRACTOR must submit an annual report to COUNTY outlining its progress in meeting OERU goals for the current fiscal year and a description of the outreach plan for the future fiscal year. DHS will develop a standardized reporting format for each objective that will be provided by the State via an OERU Program All County Letter. The first annual report required from the CONTRACTOR will cover January 1, 2007, through December 31, 2007, and is due to COUNTY January 15, 2008.

Other Required Reports – If additional reports are determined necessary by COUNTY or DHS, CONTRACTOR will be notified via the Designated Representative with instructions for a required report. Such reports may include a revised format for the quarterly report to be submitted with the final invoice or to provide information requested by the legislature or the COUNTY.

VI. Oversight and Performance Management:

CONTRACTOR will provide monthly updates to COUNTY regarding outreach, enrollment, retention, and utilization activities. A summary of the outreach, enrollment, retention, and utilization activities and progress toward stated goals must accompany each invoice. The format of the summary information must be submitted in hard copy with the invoice and electronically in an agreed upon format so that the information can be readily incorporated into the COUNTY performance monitoring report to DHS. CONTRACTOR will indicate on the coversheet for the invoice/progress report whether or not technical assistance or other assistance from the COUNTY/DHS is needed.

VII. General Provisions

- A. CONTRACTOR is responsible for the day-to-day project oversight and management of the county's OERU activities.
- B. CONTRACTOR acknowledges that reimbursements for costs incurred under the allocation plan will be made on a quarterly basis in arrears.
- C. CONTRACTOR acknowledges that quarterly reporting and invoicing will be implemented in the format required by CDHS.
- D. CONTRACTOR will monitor the DHS OERU website for any invoicing and reporting changes. <http://www.dhs.ca.gov/OERU>
- E. Modification of Services - CONTRACTOR shall obtain the expressed written consent from the COUNTY for any variation in the provision of services described in this agreement. Approval for such modification of services will not require further Board of Supervisors approval if it is to provide additional services within OERU guidance and within the approved budget.
- F. Modification of Performance Measures - COUNTY and CONTRACTOR will evaluate the effectiveness of the measures established in Section IV within 90 days of the effective date of this agreement. If necessary to obtain meaningful data about service delivery, the

performance measures will be amended by mutual agreement between the Designated Representatives of this agreement.

- G. Budget Variances - CONTRACTOR shall obtain the expressed written consent from the COUNTY for any variation in the line item amounts detailed in Attachment B1 of this agreement. Reasonable and necessary changes will be considered, but in no event will the overall budget amount be exceeded without a formal amendment to the contract.
- H. CONTRACTOR shall return to COUNTY upon expiration or termination of this contract any equipment or furniture loaned to CONTRACTOR as well as any other equipment purchased or provided to CONTRACTOR under this contract.
- I. Inappropriate Use of Funds – The funding can only be used for OERU activities and use of this funding must meet all conditions for claiming Title XIX and Title XXI funding. CONTRACTOR is prohibited from duplicate invoice billing for the Assistance Fees. The CONTRACTOR, by signing the DHS OERU Allocation RFPB, certified that there is an appropriate plan in place to ensure that state funds will not be inappropriately used. This prohibition shall remain in effect throughout the entire term of this allocation agreement. If the CONTRACTOR violates this prohibition, the COUNTY may immediately terminate this allocation agreement, and the CONTRACTOR must repay the COUNTY the amount of all payments received under this agreement. This prohibition is applicable for the entire term of this contract and is applicable to all
Subcontractors/Collaborative Partners.
- J. OERU allocation funding will not be used to pay for Healthy Kids premiums.
- K. CONTRACTOR must use the allocation funding to supplement and not supplant currently established investments and public/private partnerships in children's health coverage, outreach, enrollment, retention, and utilization activities. CONTRACTOR must align State allocation funding with the current efforts to enhance outreach; and streamline enrollment, retention, and utilization activities performed in Santa Barbara County.
- L. The COUNTY may recoup or withhold all or part of CONTRACTOR's fees in the event of non-performance or audit exception.
- M. CONTRACTOR will cooperate with COUNTY regarding any necessary administrative documentation requests necessary for county, state, and federal documentation policies.

**Request for Plan and Budget
Outreach, Enrollment, Retention, Utilization and Evaluation Work Plan**

County: Santa Barbara

FY 2006 - 2007
(October 1, 2006 - June 30, 2007)

FY 2007 - 2008
(July 1, 2007 – June 30, 2008)

FY 2008 - 2009
(July 1, 2008 – June 30, 2009)

Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Outreach – Utilize existing points of service to increase awareness of Medi-Cal and Healthy Families health coverage programs for children.

Strategy: Conduct outreach (in-reach) to parents and families utilizing existing public programs, such as alcohol and drug programs, mental health services, and food stamps to provide information about Medi-Cal and Healthy Families health coverage programs for children.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Reach 400 parents utilizing public programs.	Parents utilizing public programs.	<ol style="list-style-type: none"> Develop procedure to share information regarding clients across agencies Provide bi-lingual handouts targeted to parents of uninsured children Train staff to screen for children's health insurance status 	<p>1/07— 3/07</p> <p>3/07— 6/07</p> <p>2/07— 6/07</p>	Children's Health Initiative Program Manager; Health Linkages; Certified Application Assistors (CAAs); ADMHS; Public Health; and other local Clinics DSS WIC Family Resource Center CAAs	<p>Service Tracking Logs</p> <p>Calendar of Training Activities</p>	<ol style="list-style-type: none"> Number of materials developed and distributed Number of family/parent contacts Number of Training Activities

Request for Plan and Budget Outreach, Enrollment, Retention, Utilization and Evaluation Work Plan

County: Santa Barbara

FY 2006 - 2007
(October 1, 2006 - June 30, 2007)

FY 2007 - 2008
(July 1, 2007 – June 30, 2008)

FY 2008 - 2009
(July 1, 2008 – June 30, 2009)

Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Outreach- Increase outreach to parents and families to educate them about Medi-Cal and Healthy Families availability for their children using existing community-based points of services and home visitations programs county-wide.

Strategy: Utilize existing systems of care, such as the Early Mental Health, Oral Health, Welcome Every Baby and Family Support initiatives to provide coordinated outreach to all families served.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Reach 1,000 parents utilizing community-based services.	Family Resource Center clients Early Mental Health partner clients Welcome Every Baby clients Early Childhood Oral Health clients Medical/dental providers clients	<ol style="list-style-type: none"> 1. Create and translate outreach materials. 2. Provide bi-lingual handouts targeted to parents of uninsured children at home visits and available at community sites 3. Train initiative staff to screen for children's health insurance status Provide outstationed CAAs to enroll clients in HF/MC.	2/07— 4/07 4/07— 6/07 2/07— 6/07 2/07— 6/07	Children's Health Initiative Program Manager; ECMH-SN Staff; Family Resource Center CAAs; Welcome Every Baby staff; Early Childhood Oral Health staff; Homeless and Domestic Violence Shelters; Other CBOs without CAAs; Health Linkages CAA	Service Tracking Logs Calendar of training events SBRHA Calculator	<ol style="list-style-type: none"> 1. Number of materials developed and distributed 2. Number of family/parent contacts 3. Number of training activities

Request for Plan and Budget Outreach, Enrollment, Retention, Utilization and Evaluation Work Plan

County: Santa Barbara

FY 2006 - 2007
(October 1, 2006 - June 30, 2007)

FY 2007 - 2008
(July 1, 2007 – June 30, 2008)

FY 2008 - 2009
(July 1, 2008 – June 30, 2009)

Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Outreach - Provide outreach with easily accessible contact number for parents and families emphasizing a positive (non-stigmatizing) approach to publicly funded insurance.

Strategy: Collaborate with local 2-1-1 social services information line to furnish Healthy Family/Medi-Cal outreach materials and media event opportunities.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Conduct two media outreach campaigns including existing 2-1-1 social services information line to promote and refer families to HF/MC.	Families without Health Insurance	<ol style="list-style-type: none"> 1. Utilize existing 211 outreach efforts to provide information on HF/MC. 2. Create outreach materials with 211 number for distribution. 3. Train 211 staff to screen for medical ins. coverage and provide HF/MC enrollment referrals. 	<p>1/07—6/07</p> <p>3/07—6/07</p> <p>1/07—3/07</p>	2-1-1-staff (Family Service Agency); Children's Health Initiative Program Manager	Calendar / schedule of events	<ol style="list-style-type: none"> 1. Number of materials developed and distributed 2. Number of outreach activities conducted 3. Number of training activities conducted 4. Percent increase in 2-1-1 calls

Request for Plan and Budget Outreach, Enrollment, Retention, Utilization and Evaluation Work Plan

County: Santa Barbara

FY 2006 - 2007
(October 1, 2006 - June 30, 2007)

FY 2007 - 2008
(July 1, 2007 – June 30, 2008)

FY 2008 - 2009
(July 1, 2008 – June 30, 2009)

Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: - Enrollment - By June 2007, 500 families will receive application assistance and 750 new children will be enrolled in the Healthy Families and Medi-Cal programs.

Strategy: Develop, train and coordinate county-wide Network of Certified Application Assistors (CAAs)

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
<p>Increase the number of certified CAAs to assist families in communities with the highest need and lowest enrollment.</p> <p>Increase FRC and community CAA capacity from 63 to make a total of 74 CAAs countywide.</p>	<p>Cuyama Valley, Santa Maria Valley, Carpinteria, Oaxacan / farm worker Community All low income Santa Barbara residents</p>	<ol style="list-style-type: none"> 1. Hire CHI Program Manager to support coordination, QI, ongoing training and referral to case management system 2. Translate CAA training into Spanish for bilingual Oaxacan CAA services 3. Train 2 additional CAAs in SM, 1 in Carpinteria and 1 bilingual Oaxacan promotores. 4. Train additional 7 CAAs countywide. Plan and conduct current CAA update and systems training. 	<p>12/06— 1/07</p> <p>1/07— 3/07</p> <p>3/07— 6/07</p> <p>3/07— 6/07</p> <p>1/07 – 6/07</p>	<p>Children's Health Initiative Program Manager; SBRHA; Centro bi-nacional promotores; Community-based partner staff in Carpinteria, SM, and Cuyama</p>	<p>Training calendar</p> <p>First 5 Evaluation Database; CAA Health Insurance Enrollment Logs; SBRHA Calculator</p>	<ol style="list-style-type: none"> 1. Translated materials 2. Track total number of CAA's certified for each area indicated 3. Track increase in Healthy Family and Medi-Cal enrollments 4. Track total number of training sessions

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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Enrollment- Increase number of children enrolled in Healthy Family/Medi-Cal programs through clinic, hospital emergency room and school-based enrollment referrals.

Strategy: Coordinated identification of uninsured children through pre-, elementary and high school enrollment, health screenings and referrals.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Develop referral and follow-up system in County school districts and with all major clinics/hospitals providing ER services	School-aged children Families without medical insurance	<ol style="list-style-type: none"> 1. Identify target schools and clinics 2. Establish easy referral system to local CAAs. 3. Develop a system utilizing “Express Lane Eligibility” for Medi-Cal at school sites. 	<p>2/07—6/07</p> <p>2/07—6/07</p> <p>2/07—6/07</p>	Children’s Health Initiative Program Manager; Health Linkages CAAs; Clinic staff; School nurses; CAAs; School District staff	Referral logs; Service Tracking Logs; SBRHA Calculator Data; CAA Health Insurance Enrollment Logs	<ol style="list-style-type: none"> 1. Number of successful referrals 2. Number of children enrolled in HF/MC 3. School district data

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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Retention – Increase the number of children who retain MC/HF coverage at the annual renewal and decrease the number of children dis-enrolled.

Strategy: Enhance current case management efforts to conduct culturally and linguistically appropriate retention activities and provide increased contact with families through development of communication systems between insurers and CAA Case Managers.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Develop a tracking system that includes referral to CAA Case Managers for case management activities to ensure retention of children in HF/MC.	Children enrolled in Medi-Cal and Healthy Families	1. Create system, to contact families, quarterly update current addresses and identify children's annual renewal date.	2/07— 6/07	Children's Health Initiative Program Manager; CAA; SBRHA; Healthy Family/Medi-Cal insurance staff	CAA Health Insurance Enrollment Logs; SBRHA Calculator Data; Case Management Files	1. System developed to confirm number of quarterly contacts and address changes.
		2. Create system for insurance staff to notify CAA Case Managers so that they can contact and assist clients at risk for disenrollment.	2/07— 6/07			2. System developed for insurance staff to notify CAA Case Managers of families at risk for disenrollment.
		3. Develop CAA Case Management protocol for contacting families at risk for disenrollment and assisting them in renewal applications and in reducing other risk factors for disenrollment.	2/07— 6/07			3. System developed to confirm renewal contacts.

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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Utilization- Increase appropriate utilization of benefits by children enrolled in Medi-Cal and Healthy Families.

Strategy: Develop a system for monitoring, tracking and follow- up of children’s health care utilization.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Have coordinated county-wide case management system in place, including follow-up to referrals, and communication between partners.	All children enrolled in MC/HF whose families receive case management services by FRCs.	<ol style="list-style-type: none"> Develop a system to coordinate all case management activities regarding health insurance utilization. Develop and provide referral and tracking forms, as well as follow-up policies and procedures for CAA/case manager. 	<p align="center">2/07—6/07</p> <p align="center">2/07—6/07</p>	Children’s Health Initiative Program Manager; SBRHA; Community-based and county case management staff; CAAs	Case management logs; Service tracking logs; First 5 Evaluation Database; SBRHA Database; Other HF/MC data	<ol style="list-style-type: none"> Number of children who remain appropriately enrolled and utilize health care services. Number of children whose parents report they have a medical and dental home.

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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Utilization—Increase appropriate utilization of services by children eligible for Healthy Families and Medi-Cal programs.

Strategy: Conduct culturally and linguistically appropriate outreach events and activities to promote appropriate utilization of health care services and provide health education.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Ensure that families of newly enrolled and already enrolled children understand the services available, how to navigate the medical services system, and the importance of preventive care.	All HF/MC enrolled children	<ol style="list-style-type: none"> 1. Create and establish procedures to conduct welcome calls and distribute health care pamphlets to families of newly enrolled children. 2. Develop protocol to provide Parent Education that trains parents about healthcare seeking strategies for preventative and primary care. "What to do when your child gets sick" 3. Create and establish procedures to conduct follow up calls 6 weeks after welcome to ascertain if assistance is needed to schedule health care 	<p>3/07— 6/07</p> <p>3/07— 6/07</p> <p>5/07— 6/07</p>	<p>Children's Health Initiative Program Manager</p> <p>Health Linkages staff; Roving CAA</p> <p>CAAs; Case Managers</p>	<p>Service Tracking Logs; Presentation Calendar</p>	<ol style="list-style-type: none"> 1. Number of welcome letters and phone calls. 2. Number of family/parent contacts. 3. Number of appointments scheduled. 4. Number of materials & newsletters distributed.

		appointments. 4. Monthly newsletter for SBRHA MC/HF clients	1/07-6/07		
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Goal: Increase enrollment of services by children eligible for Healthy Families and Medi-Cal programs.

Objective: Outreach – Utilize existing points of service to increase awareness of Medi-Cal and Healthy Family health coverage programs for children.

Strategy: Conduct outreach to parents and families utilizing other public programs, such as alcohol and drug programs, mental health services, or food stamps to educate them about Medi-Cal and Healthy Families health coverage programs for their children.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Reach 700 parents utilizing public programs.	Parents utilizing public programs.	<ol style="list-style-type: none"> Provide bi-lingual hand-out targeted to parents of uninsured children Train staff to screen for children's health insurance status 	<p>7/07—6/08</p> <p>7/07—6/08</p>	CHI Program Manager; ADMHS Public Health; and other local Clinics; DSS; WIC	<p>Service Tracking Logs</p> <p>Calendar of Training Activities</p>	<ol style="list-style-type: none"> Number of materials developed and distributed Number of family/parent contacts Number of training activities

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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Outreach- Increase outreach to parents and families educate them about Medi-Cal and Healthy Families availability for their children using existing community-based points of services and home visitations programs county-wide.

Strategy: Utilize existing systems of care, such as the Early Mental Health, Oral Health, Home Visitation Family Support initiatives to provide coordinated outreach to all families served.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Reach 2,000 parents utilizing community-based services.	Family Resource Center clients Early Mental Health partner clients Welcome Every Baby clients ECOH clients Medical/dental providers clients	<ol style="list-style-type: none"> Provide bi-lingual hand-out targeted to parents of uninsured children at home visits and available at community sites Train initiative staff to screen for children's health insurance status Provide outstationed CAAs to assist clients to enroll in HF/MC. 	<p>7/07— 6/08</p> <p>7/07— 6/08</p> <p>7/07— 6/08</p>	Children's Health Initiative Program Manger;; Early Mental Health--SN Staff; Family Support Staff; Welcome Every Baby staff; Early Childhood Oral Health staff; Homeless and Domestic Violence Shelters; Other CBOs w/o CAAs	<p>Service Tracking Logs</p> <p>Calendar of Training Events</p>	<ol style="list-style-type: none"> Number of materials developed and distributed Number of family/parent contacts Number of training activities

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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Outreach- Increase outreach to parents and families to educate them about Medi-Cal and Healthy Families health coverage in marginalized communities and non-traditional settings.

Strategy: Schedule outreach events with faith-based groups, large employers (such as Chumash Casino, local vintners, agricultural growers), community-based organizations serving the Oaxacan, as well as other indigenous farm worker and underserved low-income populations.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Provide information on HF/MC at 6 community events and presentations to promote and refer families to HF/MC.	Oaxacan and other Indigenous farm-worker populations Low-income underserved Latino families in Cuyama Valley Santa Maria Valley, Santa Ynez Valley and Carpinteria	<ol style="list-style-type: none"> Organize HF/MC presentations at community events with the Centro Bi-nacional Utilize faith-based partners for HF/MC presentations to under-served populations Identify community events for underserved 	<p>7/07— 6/08</p> <p>7/07— 6/08</p> <p>7/07— 6/08</p>	Children’s Health Initiative Program Manager; Centro bi-nacional promotores; Cuyama Family Resource Center staff; Santa Maria community-based organizations	Calendar schedule of events, presentations conducted.	<ol style="list-style-type: none"> Sign-in sheets or estimated attendance. Number of materials distributed.

		populations for HF/MC presentations.				
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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Outreach- Provide outreach with easily accessible contact number for parents and families emphasizing a positive (non-stigmatizing) approach to publicly funded insurance.

Strategy: Collaborate with local 2-1-1 help line for outreach materials and opportunities.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Conduct 1 major outreach campaigns using 2-1-1 materials and other venues.	All	1. Analyze first year efforts. 2. Utilize outreach materials with 211 number for distribution. 3. Train 211 staff to screen for medical ins. coverage and provide HF/MC enrollment referrals. 4. Display posters in buses. 5. Create incentive materials for use in outreach activities. 6. Radio campaign.	7/07—6/08 7/07—6/08 7/07—6/08 7/07—6/08 7/07—6/08 7/07—6/08	2-1-1-staff (Family Service Agency); Children's Health Initiative Program Manager	Calendar / schedule of events	1. Number of materials distributed 2. Number of outreach activities conducted 3. Number of training activities conducted 4. Percentage increase in 2-1-1 calls

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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: - Enrollment - By June 2008, 1000 families will receive application assistance and 1,500 new children will be enrolled in the Healthy Families and Medi-Cal programs.

Strategy: Develop, train and coordinate county-wide Network of CAA's.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
<p>Increase the number of certified CAAs from to assist families in communities with the highest need and lowest enrollment.</p> <p>Increase FRC and community CAA capacity from 74 to make a total of 91 CAAs countywide.</p>	<p>Cuyama Valley, Santa Maria Valley, Carpinteria, Oaxacan / farm worker Community</p> <p>All of Santa Barbara County</p>	<ol style="list-style-type: none"> 1. Train 1 additional CAA in Cuyama, 4 in SM, 1 in Carpinteria and 1 bilingual Oaxacan promotores 2. Train 10 additional CAAs countywide. 3. Establish monthly regional meetings for coordination and support of CAA network. 	<p>7/07— 6/08</p> <p>7/07 - 6/08</p> <p>7/07— 6/08</p>	<p>Children's Health Initiative Program Manager; SBRHA; Centro Bi-nacional Promotores; Community-based partner staff in Carpinteria, SM, and Cuyama DSS</p>	<p>Training calendar; First 5 Evaluation Database; CAA Health Insurance Enrollment Logs; SBRHA Calculator</p>	<ol style="list-style-type: none"> 1. Track total number of CAA's certified for each area indicated 2. Track increase in Healthy Family and Medi-Cal enrollments 3. Track total number of training sessions 4. CAA Network meeting calendar and attendance.

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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Enrollment- Increase number of children enrolled in Healthy Family/Medi-Cal programs through clinic, hospital emergency room and school-based enrollment referrals.

Strategy: Coordinated identification of uninsured children through pre-, elementary and high school enrollment, health screenings and referrals.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Develop referral and follow-up system in County school districts and with all major clinics/hospitals providing ER services	School-aged children Families without medical insurance	1. Identify target schools/clinics	7/07	Children's Health Initiative Program Manager; Roving CAA Clinic staff; School nurses; CAAs; School district staff	Referral logs; Service Tracking Logs; SBRHA Calculator Data; CAA Health Insurance Enrollment Logs	1. Number of successful referrals 2. Number of children enrolled in HF/MC 3. School District Data
		2. Train school and clinic staff on easy referral system to local CAAs.	7/07—8/07			
		3. Provide follow-up information on MC/HF enrollment after health screenings in county schools and medical providers.	9/07—6/08			
		4. Utilize "Express Lane Eligibility" for Medi-Cal at school sites.	9/07—6/08			

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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Retention: Increase the number of children who retain Medi-Cal and Healthy Families coverage at the time of annual renewal.

Strategy: In collaboration with SBRHA, MRMIB, and DSS develop notification system to case manager to assist families with process.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Automated notification system is in place and Case Managers will be notified if client is in danger of being disenrolled.	All children enrolled in MC/HF	CAA s utilize developed notification system and contact referred clients at risk for disenrollment by telephone or mail and offer to assist with renewal application or other barriers.	7/07—6/08	SBRHA; Children's Health Initiative Program Manager; Healthy Family/Medi-Cal insurance staff	SBRHA Calculator; Service Tracking Logs; First 5 Evaluation Database ; CAA Health Insurance Enrollment Log	<ol style="list-style-type: none"> 1. Number of renewals completed. 2. Number of clients contacted. 3. Number of disenrolled clients

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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Utilization- Increase appropriate utilization of benefits by children enrolled in Medi-Cal and Healthy Families.

Strategy: Develop a system for monitoring, tracking and follow- up of children’s health care utilization.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Have coordinated county-wide case management system in place, including follow-up to referrals, and communication between partners.	All children enrolled in MC/HF whose families receive case management services.	<ol style="list-style-type: none"> 1. Coordinate all case management activities regarding health insurance utilization. 2. Provide referral and tracking forms, as well as follow-up policies and procedures. 	<p>7/07—6/08</p> <p>7/07—6/08</p>	Children’s Health Initiative Program Manager; SBRHA Case management staff	Case management logs; Service Tracking Logs; First 5 Evaluation Database; SBRHA Database; Other HF/MC data	<ol style="list-style-type: none"> 1. Number of children who utilize appropriate health care services. 2. Number of children whose parents report they have a medical and dental home. 3. ER usage.

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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Utilization- Increase appropriate utilization of benefits by children enrolled in Medi-Cal and Healthy Families by educating parents about proper health insurance usage and health care services.

Strategy: Offer culturally and linguistically appropriate presentations to parents, including non-traditional settings.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Hold 5 classes for parents in Spanish, English and Oaxacan using the curriculum "What to Do When Your Child Gets Sick" In Carpinteria, Santa Maria, and Guadalupe	Spanish speaking parents Oaxacan parents All	<ol style="list-style-type: none"> 1. Translate curriculum for Oaxacan population 2. Schedule presentation at existing parent meetings 3. Train promotores. 	<p>7/07— 10/07</p> <p>10/07— 6/08</p> <p>10/07— 6/08</p>	Children's Health Initiative HI Program Manager; Roving CAA; Family Resource Center staff; Centro bi-nacional Health Promotores	Calendar of events/presentations conducted; Attendance Sign-up Sheets; Workshop Evaluations	<ol style="list-style-type: none"> 1. Number of participants sign in sheets or estimated attendance. 2. Number of materials developed and distributed. 3. ER Usage

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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Utilization—Increase appropriate utilization of services by children eligible for Healthy Families and Medi-Cal programs.

Strategy: Conduct culturally and linguistically appropriate outreach events and activities to promote utilization of services and provide health education.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Ensure that families of newly enrolled and already enrolled children understand the services available, how to navigate the medical services system, and the importance of preventive care.	All HF/MC enrolled children	<ol style="list-style-type: none"> 1. Conduct welcome calls and distribute health care pamphlets to families of newly enrolled children. 2. Provide Parent Education that trains parents about healthcare seeking strategies for preventative and primary care. 3. Conduct follow-up calls 6 weeks after welcome to ascertain if assistance is needed to schedule health care appointments. 	<p>7/07— 6/08</p> <p>7/07— 6/08</p> <p>7/07— 6/08</p>	Children's Health Initiative Program Manager; Health Linkages CAAs; Case Managers	Service Tracking Logs; Presentation Calendar	<ol style="list-style-type: none"> 1. Number of welcome letters and phone calls. 2. Number of family/parent contacts. 3. Number of appointments scheduled. 4. Number of materials distributed.

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Goal: Increase enrollment of services by children eligible for Healthy Families and Medi-Cal programs.

Objective: Outreach – Utilize existing points of service to increase awareness of Medi-Cal and Healthy Family health coverage programs for children.

Strategy: Conduct outreach to parents and families utilizing other public programs, such as alcohol and drug programs, mental health services, or food stamps to educate them about Medi-Cal and Healthy Families health coverage programs for their children.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Reach 700 parents utilizing public programs.	Parents utilizing public programs.	<ol style="list-style-type: none"> 1. Provide bi-lingual hand-out targeted to parents of uninsured children 2. Train staff to screen for children’s health insurance status 	<p>7/08—6/09</p> <p>7/08—6/09</p>	Children’s Health Initiative Program Manager; Health Linkages; Certified Application Assistors (CAAs); ADMHS; Public Health; and other local Clinics DSS WIC Family Resource Center CAAs	Service Tracking Logs; Calendar of Training Activities	<ol style="list-style-type: none"> 1. Number of materials developed and distributed 2. Number of family/parent contacts 3. Number of training activities

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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Outreach- Increase outreach to parents and families educate them about Medi-Cal and Healthy Families availability for their children using existing community-based points of services and home visitations programs county-wide.

Strategy: Utilize existing systems of care, such as the Early Mental Health, Oral Health, Welcome Every Baby and Family Support initiatives to provide coordinated outreach to all families served.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Reach 2,000 parents utilizing community-based services.	Family Resource Center clients Early Mental Health partner clients Welcome Every Baby clients ECOH clients Medical/dental providers clients	<ol style="list-style-type: none"> 1. Provide bi-lingual hand-out targeted to parents of uninsured children at home visits and available at community sites 2. Train initiative staff to screen for children's health insurance status 3. Provide outstationed CAAs to assist parents in enrollment in HF/MC. 	<p>7/08— 6/09</p> <p>7/08— 6/09</p> <p>7/08— 6/09</p>	Children's Health Initiative Program Manager; ECMH-SN Staff; Family Resource Center CAAs; Welcome Every Baby staff; Early Childhood Oral Health staff; Homeless and Domestic Violence Shelters; Other CBOs without CAAs;Health Linkages CAA	Service Tracking Logs; Calendar of Training Events; SBRHA Calculator	<ol style="list-style-type: none"> 1. Number of materials distributed 2. Number of family/parent contacts 3. Number of training activities.

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Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Outreach- Increase outreach to parents and families to educate them about Medi-Cal and Healthy Families health coverage in marginalized communities and non-traditional settings.

Strategy: Schedule outreach events with faith-based groups, large employers (such as Chumash Casino, local vintners, agricultural growers), community-based organizations serving the Oaxacan, as well as other indigenous farm worker and underserved low-income populations.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Provide information on HF/MC at 6 community events and presentations to promote and refer families to HF/MC.	Oaxacan and other Indigenous farm-worker populations Low-income underserved Latino families in Cuyama Valley Santa Maria Valley, Santa Ynez Valley and Carpinteria	<ol style="list-style-type: none"> 1. Organize HF/MC presentations at community events with the Centro Bi-nacional 2. Utilize faith-based partners for HF/MC presentations to underserved populations 3. Utilize community events for underserved populations for HF/MC presentations. 	<p>7/08— 6/09</p> <p>7/08— 6/09</p> <p>7/08— 6/09</p>	Children's Health Initiative Program Manager; Centro bi-nacional promotores; Cuyama Family Resource Center staff; Santa Maria community-based organizations	Calendar schedule of events; presentations conducted.	<ol style="list-style-type: none"> 1. Sign-in sheets or estimated attendance. 2. Number of materials distributed.

Request for Plan and Budget Outreach, Enrollment, Retention, Utilization and Evaluation Work Plan

County: Santa Barbara

FY 2006 - 2007
(October 1, 2006 - June 30, 2007)

FY 2007 - 2008
(July 1, 2007 – June 30, 2008)

FY 2008 - 2009
(July 1, 2008 – June 30, 2009)

Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: - Enrollment - By June 2008, 1000 families will receive application assistance and 1,500 new children will be enrolled in the Healthy Families and Medi-Cal programs.

Strategy: Develop, train and coordinate county-wide Network of CAA's.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Maintain the number of certified CAAs to assist families in communities with the highest need and lowest enrollment. Maintain and increase FRC and community CAA capacity from 91 to make a total of 100 CAAs countywide.	Cuyama Valley, Santa Maria Valley, Carpinteria, Oaxacan / farm worker Community All of Santa Barbara County	1. Maintain or train 1 additional CAA in Cuyama, 4 in SM, 1 in Carpinteria and 1 bilingual Oaxacan promotores 2. Maintain or train additional CAAs to have countywide total of 100CAAs.	7/08— 6/09 7/08— 6/09	Children's Health Initiative Program Manager; SBRHA; Centro Bi-nacional Promotores; Community-based partner staff in Carpinteria, SM, and Cuyama	Training calendar; First 5 Evaluation Database; CAA Health Insurance Enrollment Logs; SBRHA Calculator	1. Track total number of CAA's certified for each area indicated 2. Track increase in Healthy Family and Medi-Cal enrollments 3. Track total number of training sessions

Request for Plan and Budget Outreach, Enrollment, Retention, Utilization and Evaluation Work Plan

County: Santa Barbara

FY 2006 - 2007
(October 1, 2006 - June 30, 2007)

FY 2007 - 2008
(July 1, 2007 – June 30, 2008)

FY 2008 - 2009
(July 1, 2008 – June 30, 2009)

Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Enrollment- Increase clinic, hospital emergency room and school-based follow-up enrollment.

Strategy: Coordinated identification of uninsured children through pre-, elementary and high school enrollment, health screenings and referrals from hospital emergency rooms.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Develop referral and follow-up system in County school districts and with all major clinics/hospitals providing ER services	School-aged children Families without medical insurance	1. Contact target schools and clinics	7/08	Children's Health Initiatives Program Manager Health Linkages CAAs; Clinic staff; School nurses CAAs; School district staff; SBRHA; DSS	Referral logs; Service Tracking Logs; SBRHA Calculator Data; CAA Health Insurance Enrollment Logs	1. Number of successful referrals 2. Number of children enrolled in HF/MC
		2. Review easy referral system to local CAAs.	7/08			
		3. Provide follow-up information on MC/HF enrollment after health screenings in county schools and medical providers referrals.	7/08—6/09			
		4. Utilize "Express Lane Eligibility" for Medi-Cal at school sites.	7/08—6/09			

**Request for Plan and Budget
Outreach, Enrollment, Retention, Utilization and Evaluation Work Plan**

County: Santa Barbara

FY 2006 - 2007
(October 1, 2006 - June 30, 2007)

FY 2007 - 2008
(July 1, 2007 – June 30, 2008)

FY 2008 - 2009
(July 1, 2008 – June 30, 2009)

Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Retention: Increase the number of children who retain Medi-Cal and Healthy Families coverage at the time of annual renewal.

Strategy: In collaboration with SBRHA, MRMIB, and DSS develop notification system to case manager to assist families with process.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Automated notification system is in place and Case Managers will be notified if client is in danger of being disenrolled.	All children enrolled in HF/MC	CAA s utilize developed notification system and contact referred clients at risk for disenrollment by telephone or mail and offer to assist with renewal application or other barriers.	7/08—6/09	SBRHA; Children's Health Initiative Program Manager Healthy Family/Medi-Cal insurance staff	SBRHA Calculator; Service Tracking Logs; First 5 Evaluation Database ; CAA Health Insurance Enrollment Logs	<ol style="list-style-type: none"> 1. Number of renewals completed. 2. Number of clients contacted. 3. Number of disenrolled clients

**Request for Plan and Budget
Outreach, Enrollment, Retention, Utilization and Evaluation Work Plan**

County: Santa Barbara

FY 2006 - 2007
(October 1, 2006 - June 30, 2007)

FY 2007 - 2008
(July 1, 2007 – June 30, 2008)

FY 2008 - 2009
(July 1, 2008 – June 30, 2009)

Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Utilization- Increase appropriate utilization of benefits by children enrolled in Medi-Cal and Healthy Families.

Strategy: Develop a system for monitoring, tracking and follow- up of children's health insurance utilization.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Have coordinated county-wide case management system in place, including follow-up to referrals, and communication between partners.	All children enrolled in MC/HF whose families receive case management services.	<ol style="list-style-type: none"> 1. Coordinate all case management activities regarding health insurance utilization. 2. Provide referral and tracking forms, as well as follow-up policies and procedures. 	<p>7/08—6/09</p> <p>7/08—6/09</p>	Children's Health Initiative Program Manager;SBRHA Case management staff	Case management logs; Service Tracking Logs; First 5 Evaluation Database; SBRHA Database; Other HF/MC Data	<ol style="list-style-type: none"> 1. Number of children who utilize appropriate health care services. 2. Number of children whose parents report they have a medical and dental home. 3. ER usage

**Request for Plan and Budget
Outreach, Enrollment, Retention, Utilization and Evaluation Work Plan**

County: Santa Barbara

FY 2006 - 2007
(October 1, 2006 - June 30, 2007)

FY 2007 - 2008
(July 1, 2007 – June 30, 2008)

FY 2008 - 2009
(July 1, 2008 – June 30, 2009)

Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Utilization- Increase appropriate utilization of benefits by children enrolled in Medi-Cal and Healthy Families by educating parents about proper health insurance usage and health care services.

Strategy: Offer culturally and linguistically appropriate presentations to parents, including non-traditional settings.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Hold 5 classes for parents in Spanish, English and Oaxacan using the curriculum "What to Do When Your Child Gets Sick."	Spanish speaking parents Oaxacan parents All	<ol style="list-style-type: none"> 1. Utilize translated curriculum 2. Schedule presentations at existing parent meetings 3. Provide follow-up services for referrals to CAAs for enrollment into HF/MC. 	<p align="center">7/08—6/09</p> <p align="center">7/08—6/09</p> <p align="center">7/08—6/09</p>	Children's Health Initiative Program Manager; Roving CAA Family Resource Center staff; Centro bi-nacional Health Promotores	Calendar schedule of events/presentations conducted; Attendance sign-in sheets; Workshop Evaluations	<ol style="list-style-type: none"> 1. Number of participants sign in sheets or estimated attendance. 2. Number of materials developed and distributed. 3. ER usage.

Request for Plan and Budget Outreach, Enrollment, Retention, Utilization and Evaluation Work Plan

County: Santa Barbara

FY 2006 - 2007
(October 1, 2006 - June 30, 2007)

FY 2007 - 2008
(July 1, 2007 – June 30, 2008)

FY 2008 - 2009
(July 1, 2008 – June 30, 2009)

Goal: Increase enrollment of children in the Healthy Families and Medi-Cal programs.

Objective: Utilization—Increase appropriate utilization of services by children eligible for Healthy Families and Medi-Cal programs.

Strategy: Conduct culturally and linguistically appropriate outreach events and activities to promote utilization of services and provide health education.

Major Outcome Objectives	Target Population(s) Served	Major Deliverables, Functions, Tasks and Activities	Timeline	Responsible Staff and or Partner(s)	Evaluation Methods	Performance Measures and Data Collection
Ensure that families of newly enrolled and already enrolled children understand the services available, how to navigate the medical services system, and the importance of preventive care.	All HF/MC enrolled children	<ol style="list-style-type: none"> 1. Conduct welcome calls and distribute health care pamphlets to families of newly enrolled children. 2. Provide Parent Education that trains parents about healthcare seeking strategies for preventative and primary care. 3. Conduct follow-up calls 6 weeks after welcome to ascertain if assistance is needed to schedule health care appointments. 	<p>7/08— 6/09</p> <p>7/08— 6/09</p> <p>7/08— 6/09</p>	Children's Health Initiative Program Manager; Health Linkages CAAs; Case Managers	Service Tracking Logs; Presentation Calendar	<ol style="list-style-type: none"> 1. Number of welcome letters and phone calls. 2. Number of family/parent contacts. 3. Number of appointments scheduled. 4. Number of materials distributed.

EXHIBIT B

PAYMENT ARRANGEMENTS

Periodic Compensation (with attached Schedule of Fees)

- A. For CONTRACTOR services to be rendered under this contract, CONTRACTOR shall be paid a total contract amount, including cost reimbursements, not to exceed \$916,742.00.
- B. Payment for services and /or reimbursement of costs shall be made upon CONTRACTOR's satisfactory performance, based upon the scope and methodology contained in **EXHIBIT A** as determined by COUNTY. Payment for services and/or reimbursement of costs shall be based upon the costs, expenses, overhead charges and hourly rates for personnel, as defined in **Attachment B1** (Schedule of Fees). Invoices submitted for payment that are based upon **Attachment B1** must contain sufficient detail to enable an audit of the charges and provide supporting documentation if so specified in **EXHIBIT A**.
- C. **Quarterly**, CONTRACTOR shall submit to the COUNTY DESIGNATED REPRESENTATIVE an invoice or certified claim on the County Treasury for the service performed over the period specified. These invoices or certified claims must cite the assigned Board Contract Number. **The quarterly invoices must correspond to the approved FY budget that was submitted in response to the Request for Plan and Budget. A summary of the outreach, enrollment, retention, and utilization activities and progress toward stated goals must accompany each invoice. The format of the summary information must be submitted in hard copy with the invoice and electronically in an agreed upon format so that the information can be readily incorporated into the COUNTY performance monitoring report to DHS.** COUNTY REPRESENTATIVE shall evaluate the quality of the service performed and if found to be satisfactory and within the cost basis of **Attachment B1** shall initiate payment processing. COUNTY shall pay invoices or claims for satisfactory work within 30 days of presentation. **For the quarter ending June 30 of each year, the invoice shall be estimated and presented to the COUNTY by June 20 of each year. If for some reason there is late billing from a prior quarter in the fiscal year, the late billing must also be presented to the COUNTY by June 20 of each year.**
- D. COUNTY's failure to discover or object to any unsatisfactory work or billings prior to payment will not constitute a waiver of COUNTY's right to require CONTRACTOR to correct such work or billings or seek any other legal remedy.

Subcontractor: Santa Barbara County Education Office

Proposal Expenses	County Allocation Funding			
	Fiscal Year 2006-2007	Fiscal Year 2007-2008	Fiscal Year 2008-2009	Total
Personnel				
CHI Supervisor	5,127	3,689	3,948	12,764
Benefits @ 35%	1,793	1,290	1,381	4,464
CHI Program Manager	22,491	41,305	45,478	109,274
Benefits @ 35%	7,872	14,457	15,917	38,246
CHI Hlth Adv"Roving"CAA	17,125	36,648	39,213	92,986
Benefits @ 35%	5,994	12,827	13,725	32,546
CHI Support Staff	10,189	10,902	11,665	32,756
Benefits @ 28%	2,853	3,053	3,266	9,172
Total Personnel	73,444	124,171	134,593	332,208
Operating Expenses				
Rent	1,250	2,500	2,500	6,250
Office Expenses	2,600	3,200	3,200	9,000
Equipment	4,000	1,000	1,000	6,000
Training	1,500	3,000	3,000	7,500
Conferences/Meetings	500	1,000	1,000	2,500
Travel	2,500	5,000	5,000	12,500
Outreach Materials	4,000	2,000	2,000	8,000
Automated enrollment	5,000	5,000	0	10,000
Sub-total Operating Expenses	21,350	22,700	17,700	61,750
Indirect costs <u>7.87</u> %	15,501	25,427	25,956	66,884
Total Operating Expenses	36,851	48,127	43,656	128,634
Other:				
Consultants				
Project Evaluation	15,000	10,000	7,000	32,000
Media Campaign	5,215	3,384	1,972	10,571
Translation Services	2,000	2,000	0	4,000
Subcontractor 1: FSA	20,390	41,300	43,296	104,986
Subcontractor 2: IVYP	7,136	14,479	15,179	36,794
Subcontractor 3: SYVPH	6,496	13,136	13,770	33,402
Subcontractor 4: SMVYF	14,364	28,647	30,010	73,021
Subcontractor 5: GUSD	6,766	13,703	14,365	34,834
Subcontractor 6: PSHH	6,797	13,767	14,432	34,996
Subcontractor 7: CB	18,009	35,795	37,492	91,296
Total other cost	102,173	176,211	177,516	455,900
TOTAL:	212,468	348,509	355,765	916,742

Line Item Budget Narrative

Personnel

Full-Time Staff

CHI Supervisor

Current annual salary of \$68,960.

Year 1 is staffed at 10% (6 month period), 1/1/07 - 6/30/07.

Year 1 is staffed at 10%, Year 2 and Year 3 is staffed at 5%.

Year 2 and Year 3 reflect a 7% increase in wages each year.

CHI Program Manager Salary

Current annual salary of \$55,946.

Year 1 is staffed at 50% plus 20 additional days.

Year 2 and Year 3 reflect a 7% increase in wages each year.

DHS allocation is utilized for .72 FTE in Year 1, .69 FTE in Year 2, and .71 FTE in Year 3.

The remainder of the Program Manager's salary is paid for by matching funds from the Santa Barbara Regional Health Authority for coordination of the Healthy Kids program.

CHI Health Advocate "Roving" CAA 1.0 FTE (New OERU Case Manager)

Current annual salary \$34,250.

Year 2 and Year 3 reflect a 7% increase in wages each year.

CHI Administrative Assistant

Current annual salary of \$40,756.

Year 1 is staffed at 50%, Year 2 and Year 3 is staffed at 25%.

Year 2 and Year 3 reflect a 7% increase in wages each year.

Part-Time Staff

n/a

Benefits

Supervisor, Program Manager, and Health Advocate benefits are 35% of salary.

Administrative Assistant benefits are 28% of salary

Operating Expenses

Rent

Percentage of office space rent in Santa Maria Health Linkages office @ \$208.33 monthly.

Office Expenses

Communications costs (internet, desk phones, cell phones).

Office supplies including desk supplies for two employees.

Equipment

Two laptop computers, including peripherals and printers; PowerPoint projector.

Training

Three regional OERU trainings in North, South, and Mid-Santa Barbara county for new and existing CAAs. (Six Year 2 and Year 3.)

Conferences/ Meetings

Expenses for two state conferences per year (one Year 1), and bi-monthly Case Managers meetings.

Travel

Countywide mileage expenses for Program Manager and Roving CAA.

At least one round trip weekly from Santa Maria to Santa Barbara (120 miles).

Outreach Materials

(Co of SB Std Terms Ver 4-21-95)

Informational flyers, brochures and other incentive materials to distribute at health screenings, outreach locations and training activities. Parent education curriculum and materials (flip charts).

Automated enrollment

Enhancements to Santa Barbara Regional Health Authority's eligibility calculator to include tracking application status and reenrollment information. These enhancements will increase enrollment and retention in Year 1 and Year 2. We expect continued benefit in Year 3, although the enhancements will have been completed prior to the start of Year 3.

Indirect costs

The CDE has been granted authority by the ED to review and approve indirect cost rates for California LEA (county office). The indirect cost rates are calculated in a standardized manner using the indirect cost rate work sheet (Form ICR) in the standardized account code structure (SACs) software. LEA's annually submit Form ICR to the CDE along with their year end financial reports. Once all the LEA year end financial data have been collected and reviewed by the CDE, a listing of approved indirect cost rates posted. The indirect cost rate is 7.87% of the total contract amount.

Other:

Consultants

Project Evaluation

Diringer & Associates

Subcontracted evaluation services and software to conduct program evaluation and monitor Subcontractor activities.

Media Campaign

Outreach media campaign utilizing media outlets and deliverables to deliver key messages regarding enrollment in insurance products and healthcare utilization.

Translation Services

Professional translation services to furnish Spanish language outreach materials to Spanish-speaking clients.

Subcontractor 1: FSA

Contract for .75 FTE OERU case manager with Family Services Agency.

Year 2 and Year 3 reflect a 5% increase in wages each year.

Includes .05 FTE supervision, operating expenses at \$1,600 per FTE, plus indirect cost at 15%
Remainder of salaries paid by FSA.

Subcontractor 2: IVYP

.25 FTE OERU case manager with Isla Vista Youth Project.

Year 2 and Year 3 reflect a 5% increase in wages each year.

Includes .05 FTE supervision, operating expenses at \$1,600 per FTE, plus indirect cost at 15%
Remainder of salaries paid by IVYP.

Subcontractor 3: SYVPHP

.25 FTE OERU case manager with Santa Ynez Valley People Helping People.

Year 2 and Year 3 reflect a 5% increase in wages each year.

Includes .05 FTE supervision, operating expenses at \$1,600 per FTE, plus indirect cost at 15%
Remainder of salaries paid by SYVPHP.

Subcontractor 4: SMVYF

.75 FTE OERU case manager with Santa Maria Valley Youth & Family Center.

Year 2 and Year 3 reflect a 5% increase in wages each year.

Includes .05 FTE supervision, operating expenses at \$1,600 per FTE, plus indirect cost at 15%
Remainder of salaries paid by SMVYF.

Subcontractor 5: GUSD

.25 FTE OERU case manager with Guadalupe Union School District.

Year 2 and Year 3 reflect a 5% increase in wages each year.

Includes .05 FTE supervision, operating expenses at \$1,600 per FTE, plus indirect cost at 15%
Remainder of salaries paid by GUSD.

Subcontractor 6: PSHH

.25 FTE OERU case manager with People's Self-Help Housing.

Year 2 and Year 3 reflect a 5% increase in wages each year.

Includes .05 FTE supervision, operating expenses at \$1,600 per FTE, plus indirect cost at 15%
Remainder of salaries paid by PSHH.

Subcontractor 7: CB

1.0 FTE OERU with Centro Binacional.

Year 2 and Year 3 reflect a 5% increase in wages each year.

Includes .05 FTE supervision, operating expenses at \$1,600 per FTE, plus indirect cost at 15%
Remainder of salaries paid by CB.

STANDARD INDEMNIFICATION AND INSURANCE PROVISIONS

for contracts NOT requiring professional liability insurance

INDEMNIFICATION

CONTRACTOR shall defend, indemnify and save harmless the COUNTY, its officers, agents and employees from any and all claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities arising out of this Agreement or occasioned by the performance or attempted performance of the provisions hereof; including, but not limited to, any act or omission to act on the part of the CONTRACTOR or his agents or employees or other independent contractors directly responsible to him; except those claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities resulting from the sole negligence or willful misconduct of the COUNTY.

CONTRACTOR shall notify the COUNTY immediately in the event of any accident or injury arising out of or in connection with this Agreement.

Without limiting the CONTRACTOR's indemnification of the COUNTY, CONTRACTOR shall procure the following required insurance coverages at its sole cost and expense. All insurance coverage is to be placed with insurers which (1) have a Best's rating of no less than A: VII, and (2) are admitted insurance companies in the State of California. All other insurers require the prior approval of the COUNTY. Such insurance coverage shall be maintained during the term of this Agreement. Failure to comply with the insurance requirements shall place CONTRACTOR in default. Upon request by the COUNTY, CONTRACTOR shall provide a certified copy of any insurance policy to the COUNTY within ten (10) working days.

1. Workers' Compensation Insurance: Statutory Workers' Compensation and Employers Liability Insurance shall cover all CONTRACTOR's staff while performing any work incidental to the performance of this Agreement. The policy shall provide that no cancellation, or expiration or reduction of coverage shall be effective or occur until at least thirty (30) days after receipt of such notice by the COUNTY. In the event CONTRACTOR is self-insured, it shall furnish a copy of Certificate of Consent to Self-Insure issued by the Department of Industrial Relations for the State of California. This provision does not apply if CONTRACTOR has no employees as defined in Labor Code Section 3350 et seq. during the entire period of this Agreement and CONTRACTOR submits a written statement to the COUNTY stating that fact.
2. General and Automobile Liability Insurance: The general liability insurance shall include bodily injury, property damage and personal injury liability coverage, shall afford coverage for all premises, operations, products and completed operations of CONTRACTOR and shall include contractual liability coverage sufficiently broad so as to include the insurable liability assumed by the CONTRACTOR in the indemnity and hold harmless provisions of the Indemnification Section of this Agreement between COUNTY and CONTRACTOR. The automobile liability insurance shall cover all owned, non-owned and hired motor vehicles that are operated on behalf of CONTRACTOR pursuant to CONTRACTOR's activities hereunder. CONTRACTORS shall require all subcontractors to be included under its policies or furnish separate certificates and endorsements to meet the standards of these provisions by each subcontractor. COUNTY, its officers, agents, and employees shall be Additional Insured status on any policy. A cross liability clause, or equivalent wording, stating that coverage will apply separately to each named or additional insured as if separate policies had been issued to each shall be included in the policies. A copy of the endorsement evidencing that the policy has been changed to reflect the Additional Insured status must be attached to the certificate of insurance. The limit of liability of said policy or policies for general and automobile liability insurance shall not be less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate. Any deductible or Self-Insured Retention {SIR} over \$10,000 requires approval by the COUNTY.

Said policy or policies shall include severability of interest or cross liability clause or equivalent wording. Said policy or policies shall contain a provision of the following form:

"Such insurance as is afforded by this policy shall be primary and if the COUNTY has other valid and collectible insurance, that other insurance shall be excess and non-contributory."

If the policy providing liability coverage is on a 'claims-made' form, the CONTRACTOR is required to maintain such coverage for a minimum of three years following completion of the performance or attempted performance of the provisions of this agreement. Said policy or policies shall provide that the COUNTY shall be given thirty (30) days written notice prior to cancellation or expiration of the policy or reduction in coverage.

CONTRACTOR shall submit to the office of the designated COUNTY representative certificate(s) of insurance documenting the required insurance as specified above prior to this Agreement becoming effective. COUNTY shall maintain current certificate(s) of insurance at all times in the office of the designated County representative as a condition precedent to any payment under this Agreement. Approval of insurance by COUNTY or acceptance of the certificate of insurance by COUNTY shall not relieve or decrease the extent to which the CONTRACTOR may be held responsible for payment of damages resulting from CONTRACTOR'S services of operation pursuant to the contract, nor shall it be deemed a waiver of COUNTY'S rights to insurance coverage hereunder.

In the event the CONTRACTOR is not able to comply with the COUNTY'S insurance requirements, COUNTY may, at their sole discretion and at the CONTRACTOR'S expense, provide compliant coverage.

The above insurance requirements are subject to periodic review by the COUNTY. The COUNTY's Risk Manager is authorized to change the above insurance requirements, with the concurrence of County Counsel, to include additional types of insurance coverage or higher coverage limits, provided that such change is reasonable based on changed risk of loss or in light of past claims against the COUNTY or inflation. This option may be exercised during any amendment of this Agreement that results in an increase in the nature of COUNTY's risk and such change of provisions will be in effect for the term of the amended Agreement. Such change pertaining to types of insurance coverage or higher coverage limits must be made by written amendment to this Agreement. CONTRACTOR agrees to execute any such amendment within thirty (30) days of acceptance of the amendment or modification.

EXHIBIT D

**YEAR 2000 DATE CHANGE COMPLIANCE WARRANTY
FOR GOODS AND SERVICES**

---- INTENTIONALLY OMITTED ----

**REMOVED
March 1, 2004**

THIS AGREEMENT DOES NOT INCLUDE EXHIBIT D

EXHIBIT E

HIPAA Business Associate Agreement

1. Use and Disclosure of Protected Health Information

Except as otherwise provided in this Exhibit, the Contractor may use or disclose protected health information (“PHI”)¹ to perform functions, activities or services for or on behalf of the County, as specified in the underlying agreement, provided that such use or disclosure does not violate HIPAA or other law. The uses and disclosures of PHI may not exceed the limitations applicable to the County under the regulations except as authorized for management, administrative or legal responsibilities of the Contractor. PHI includes without limitation “Electronic Protected Health Information” (“E PHI”)².

2. Further Disclosure of PHI

The Contractor shall not use or further disclose PHI other than as permitted or required by the underlying Agreement, or as required by law.

3. Safeguarding PHI

The Contractor shall use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by the underlying Agreement. Contractor shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of E PHI that Contractor creates, receives, maintains or transmits on behalf of County. The actions taken by the Contractor to safeguard E PHI shall include, but may not be limited to:

- a. Encrypting E PHI that it stores and transmits;
- b. Implementing strong access controls, including physical locks, firewalls, and strong passwords;
- c. Using antivirus software that is upgraded regularly;
- d. Adopting contingency planning policies and procedures, including data backup and disaster recovery plans; and
- e. Conducting periodic security training.

4. Unauthorized Use or Disclosure of PHI

The Contractor shall report to the County any use or disclosure of the PHI not provided for by the underlying Agreement or otherwise in violation of the Privacy Rule or Security Rule. Contractor shall report to County any security incidents within 10 days of becoming aware of such incidents. For purposes of this paragraph, “security incident” shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system.

5. Agents and Subcontractors of the Business Associate

The Contractor shall ensure that any agent, including a subcontractor, to which the Contractor provides PHI received from, or created or received by the Contractor on behalf of the County, shall comply with the same restrictions and conditions that apply through the underlying Agreement to the Contractor with respect to such information. The Contractor shall ensure that any agent to whom it provides PHI, including a subcontractor, agrees to implement reasonable and appropriate safeguards to protect such PHI. Contractor shall not use subcontractors or agents, unless it receives prior written consent from County.

6. Access to PHI

At the request of the County, and in the time and manner designated by the County, the Contractor shall provide access to PHI in a Designated Record Set to an Individual or the County to meet the requirements of 45 Code of Federal Regulations section 164.524.

7. Amendments to Designated Record Sets

E_____

¹ “Protected Health Information” means individually identifiable health information including, without limitation, all information, data, documentation and materials, including without limitation, demographic, medical and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

² “Electronic Protected Health Information” means Protected Health Information, which is transmitted by Electronic Media (as defined in the HIPAA Security and Privacy Rule) or maintained in Electronic Media.

The Contractor shall make any amendment(s) to PHI in a Designated Record Set that the County directs or at the request of the Individual, and in the time and manner designated by the County in accordance with 45 Code of Federal Regulations section 164.526.

8. Documentation of Uses and Disclosures

The Contractor shall document such disclosures of PHI and information related to such disclosures as would be required for the County to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 Code of Federal Regulations section 164.528. Contractor agrees to implement a process that allows for an accounting to be collected and maintained by Contractor and its agents or subcontractors for at least six years prior to the request, but not before the compliance date of the Privacy Rule.

9. Accounting of Disclosure

The Contractor shall provide to the County or an Individual, in the time and manner designated by the County, information collected in accordance with 45 Code of Federal Regulations section 164.528, to permit the County to respond to a request by the Individual for an accounting of disclosures of PHI in accordance with 45 Code of Federal Regulations section 164.528.

10. Records Available to Covered Entity and Secretary

The Contractor shall make available records related to the use, disclosure, security and privacy protection of PHI received from the County, or created or received by the Contractor on behalf of the County, to the County or to the Secretary of the United State Department of Health and Human Services for purposes of investigating or auditing the County's compliance with the HIPAA privacy and security regulations, in the time and manner designated by the County or the Secretary.

11. Destruction of PHI

a. Upon termination of the underlying Agreement for any reason, the Contractor shall:

- (1) Return all PHI received from the County, or created or received by the Contractor on behalf of the County required to be retained by the Privacy Rule; or
- (2) Return or destroy all other PHI received from the County, or created or received by the Contractor on behalf of the County.

This provision also shall apply to PHI in possession of subcontractors or agents of the Contractor. The Contractor, its agents or subcontractors shall retain no copies of the PHI. However, Contractor, its agents or subcontractors shall retain all protected information throughout the term of the underlying Agreement and shall continue to maintain the information required under Section 8 of this Exhibit for a period of six years after termination of the underlying Agreement.

b. In the event the Contractor determines that returning or destroying the PHI is not feasible, the Contractor shall provide the County notification of the conditions that make return or destruction not feasible. If the County agrees that the return of the PHI is not feasible, the Contractor shall extend the protections of this Exhibit to such PHI and limit further use and disclosures of such PHI for so long as the Contractor, or any of its agents or subcontractors, maintains such PHI.

12. Amendments

The Parties agree to take such action as is necessary to amend the underlying Agreement as necessary for the County to comply with the requirements of the Privacy Rule and its implementing regulations.

13. Mitigation of Disallowed Uses and Disclosures

The Contractor shall mitigate, to the extent practicable, any harmful effect that is known to the Contractor of a use or disclosure of PHI by the Contractor in violation of the requirements of the underlying Agreement or the Privacy Rule.

14. Termination of Agreement

The County shall terminate the underlying Agreement upon knowledge of a material breach by the Contractor of which the Contractor fails to cure.

15. Definitions

Terms used, but not otherwise defined, in this Exhibit shall have the same meaning as those in the Privacy Rule.

16. Interpretation

Any ambiguity in this Exhibit shall be resolved to permit County to comply with the Privacy Rule and Security Rule.

Contract Number : _____

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

D1. Fiscal Year : FY 06/07 & 07/08 & 08/09
 D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) : 044
 D3. Requisition Number :
 D4. Department Name : Social Services
 D5. Contact Person : Christina Groppetti
 D6. Phone : 346-7302

K1. Contract Type (check one): Personal Service Capital Project/Construction
 K2. Brief Summary of Contract Description/Purpose : Medi-Cal/Healthy Families OERU Activities
 K3. Original Contract Amount : \$916,742.00
 K4. Contract Begin Date :
 K5. Original Contract End Date : 6/30/09
 K6. Amendment History (leave blank if no prior amendments):

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndtAmt</u>	<u>CumAmndtToDate</u>	<u>NewTotalAmt</u>	<u>NewEndDate</u>	<u>Purpose(2-4 words)</u>
	\$	\$	\$			
K7. Department Project Number						: N/A

B1. Is this a Board Contract? (Yes/No) : yes
 B2. Number of Workers Displaced (if any) : none
 B3. Number of Competitive Bids (if any) : Sole Source Contract
 B4. Lowest Bid Amount (if bid) : n/a
 B5. If Board waived bids, show Agenda Date : N/A
 B6. ... and Agenda Item Number : #
 B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : Section 12

F1. Encumbrance Transaction Code : 1701
 F2. Current Year Encumbrance Amount : \$-0-
 F3. Fund Number : 0055
 F4. Department Number : 044
 F5. Division Number (if applicable) : 5810
 F6. Account Number : 7510
 F7. Cost Center number (if applicable) :
 F8. Payment Terms : Net 30

V1. Vendor Numbers (A=uditor; P=urchasing) : n/a
 V2. Payee/Contractor Name : Santa Barbara County Education Office
 V3. Mailing Address : P.O. Box 6307
 V4. City State (two-letter) Zip (include +4 if known) : Santa Barbara CA 93160-6307
 V5. Telephone Number : 805/964-4710
 V6. Contractor's Federal Tax ID Number (EIN or SSN) : 95-6000-940
 V7. Contact Person : Georgene Lowe
 V8. Workers Comp Insurance Expiration Date : Self -Insured 1/1/2008
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : 1/1/2008
 V10. Professional License Number : #
 V11. Verified by (name of County staff) : Rhonda Macdonald
 V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation
 Unit of Local Government

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date _____ : Authorized Signature: _____