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June 16, 2014

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Emily Roberts
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Mey Winata

San Mateo County Health System/ Family Health Services
Attn: James Miller
2000 Alameda de las Pulgas, Suite 200
San Mateo, CA 94403

Dear Mr. Miller,

Congratulations, Prenatal to Three Initiative has successfully completed First 5 San Mateo County's Annual Review process!

We appreciate your time and cooperation during this process. Your updated Scope of Work, Budget, and Budget Narrative for the period of 7/1/14 – 6/30/15 have been approved and are enclosed as part of your contract amendment. Please sign and return both copies of the full contract amendment to First 5 San Mateo County. We will return one copy to you once signed by our Commission Chair. These documents are now part of your contract; please keep them on file for reference throughout the year. If you have any questions about the annual review process please feel free to contact your program specialist.

Please know that we are truly grateful for your work. Your ongoing dedication, commitment and partnership are appreciated.

Sincerely,

Kitty Lopez
Executive Director

cc: Emily Roberts, Program Specialist
F5SMC Fiscal Department

**AMENDMENT TO THE AGREEMENT
BETWEEN
FIRST 5 SAN MATEO COUNTY
AND
SAN MATEO HEALTH SYSTEM/FAMILY HEALTH SERVICES
(Prenatal to Three Initiative)**

THIS AMENDMENT ("Amendment"), is entered into this first day of July, 2014, by and between First 5 San Mateo County and San Mateo Health System/Family Health Services to extend the term of their Agreement and increase the maximum amount of the Agreement.

RECITALS

- A. First 5 San Mateo County and San Mateo Health System/Family Health Services entered into a thirty-month Agreement effective January 1, 2012 through June 30, 2014, regarding the Prenatal to Three Initiative (the "Original Agreement").

Now therefore, it is hereby agreed by the parties that:

1. Section # 3 - Agreement Term and Termination of the Original Agreement is replaced in its entirety with the following:

Agreement Term and Termination

Subject to Paragraph 4(C) and Paragraph 5, each of which may require performance after the Agreement term is completed or the Agreement is terminated, the term of this Agreement shall be from January 1, 2012 to June 30, 2015. Grantee further agrees that the requirements of this Agreement pertaining to records in Paragraph 12, and intellectual property in Paragraph 13, and controlling law in Paragraph 17, shall survive the termination of this Agreement.

The Executive Director, after consultation with the Chair of the Commission, may at any time from execution of Agreement, terminate this Agreement, with or without cause upon 30 days written notice specifying the effective date of such termination. In the event of termination, all finished or unfinished documents, data, studies, maps, photographs, reports, and materials (hereafter referred to as materials) prepared by Grantee under this Agreement shall become the property of the Commission and shall be promptly delivered to the Commission. In the event of termination, Grantee shall be paid for all work satisfactorily performed until termination. In the event that the Commission makes any advance payments, Grantee agrees to refund any amounts in excess of the amount owed by the Commission at the time of the Agreement termination. Such payment shall be that portion of the full payment, which is determined by comparing the work/services completed satisfactorily to the work/services required by the Agreement.

2. Section # 4 – Payments of the Original Agreement is replaced in its entirety with the following:

- A. **Maximum Amount** In full consideration of Grantee's performance of the services described in Exhibit A-1, the amount that the Commission shall be obligated to pay for services rendered under this Agreement shall not exceed THREE MILLION FIVE HUNDRED SEVEN THOUSAND EIGHT HUNDRED SIXTY ONE DOLLARS (\$3,507,861).
- B. **Rate of Payment** The rate of payment shall be as specified in Exhibit B-2. The Commission reserves the right to withhold payment if the Commission determines that the quantity or quality of the work performed as described in Exhibit A-1 is unacceptable. In the event that any advance or unearned payments are received by Grantee, Grantee shall hold such payments in trust for the benefit of the Commission and shall return or refund to the Commission any and all amounts held that are in excess of the amount owed by the Commission at the time of Agreement termination.
- C. **Time Limit for Submitting** Grantee expenditures will be paid on a reimbursement basis only. On either a monthly or quarterly basis, the Grantee shall submit actual expenses in a Reimbursement Request Form. This Report shall be submitted within 30 days after the end of each month or quarter being reported on for each funded fiscal year under this Agreement in accordance with the provisions of Exhibit B-2. Guidelines from the Grantee Handbook for the submittal of the monthly or quarterly Reimbursement Request Form will be provided on request.
- D. **Availability of Funds** Payment for all services provided pursuant to this Agreement is contingent upon the availability of funds under Proposition 10. In the event such funds are not provided or not available to the First 5 San Mateo County, the Commission shall not be liable for any payment under this Agreement. In such event, the Commission may terminate this agreement for unavailability of State funds. If that occurs, the Commission shall request that the Executive Director inform the Grantee of such unavailability as soon as it is known, and, to the extent Proposition 10 funds remain and it is legally possible, the Commission shall pay all outstanding amounts due. In no event will the Commission be required to make payments under this Agreement from non-Proposition 10 Commission funds.
- E. **Supplantation** Funds pursuant to this Agreement are provided pursuant to Proposition 10 and are intended to supplement, expand upon, and enhance activities funded from existing sources. Grantee shall not use funds under this Agreement to supplant existing resources or services.
3. Section # 5 – Program Monitoring and Evaluation dates of the Original Agreement is replaced in its entirety with the following:

Program Monitoring and Evaluation

Grantee shall track the achievement of program objectives and the process and outcome measures for this project as they are described in the scope of work in Exhibit A-1. Grantee shall cooperate with the Commission, the Staff and/or a Staff Designee hired to aid in the evaluation process. Grantee shall collect client level data for each funded year and shall participate in a countywide and statewide evaluation of the effectiveness of Proposition 10 efforts, whether it occurs during or after the term of this contract. As requested by the Executive Director, Staff and/or designee, the Grantee shall submit reports in the form of those included in the Grantee Handbook according to the following monitoring and evaluation dates:

A. Progress Report and Comprehensive Evaluation Tools due on:

1. July 30, 2012
 2. January 30, 2013;
 3. July 30, 2013;
 4. January 30, 2014;
 5. July 30, 2014;
 6. January 30, 2015;
 7. July 30, 2015
4. Exhibit A is replaced in it's entirety with Exhibit A-1, attached hereto. All references to "Exhibit A" in the Original Agreement are hereby revised to refer to "Exhibit A-1."
5. Exhibit B-1 is replaced in it's entirety with Exhibit B-2, attached hereto. All references to "Exhibit B-1" in the Amendment are hereby revised to refer to "Exhibit B-2."
6. The following attachments are included hereto and incorporated by reference herein:
- Attachment A-3 – Detailed Scope of Work Year 2014-2015 (twelve months)
 - Attachment B-3 – Detailed Budget Request Year 2014-2015 (twelve months)
 - Attachment B-4 – Detailed Budget Narrative Year 2014-2015 (twelve months)
7. Except as modified herein, all other terms and conditions of the Original Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands to this Agreement.

**San Mateo Health System/
Family Health Services**
2000 Alameda de las Pulgas
San Mateo, CA 94403

First 5 San Mateo County
1700 S. El Camino Real, Ste 405
San Mateo, CA 94402

| | |
|------------|------------------|
| _____ | _____ |
| Print Name | Commission Chair |
| _____ | _____ |
| Signature | Date |
| _____ | 19540-6263 |
| Date | _____ |
| _____ | Budget Unit |
| Tax ID # | _____ |

EXHIBIT A-1

SAN MATEO HEALTH SYSTEM/FAMILY HEALTH SERVICES (Prenatal to Three Initiative)

PROJECT SERVICES

Pursuant to the Agreement for Services between First 5 San Mateo County (F5SMC) and San Mateo Health System/Family Health Services, effective as of January 1, 2012, Grantee shall provide Services as described in this Exhibit A-1 over the term of this Agreement.

Grantee commits to align their program with First 5 San Mateo County's strategic approach to collaborate with existing services. In doing so, resources are maximized with the goal of implementing comprehensive and integrated services which support the Commission's adopted Strategic Plan for children and families in San Mateo County.

Attachments to Exhibit A-1 reflect the detailed scope of work for the term of this Agreement.

1. Enroll eligible families in need of services and make the appropriate referrals to Pre-3, Black Infant Health, Perinatal Addiction Outreach Team, Behavioral Health and Recovery Services or other programs within the Health System.
2. Screen Medi-Cal eligible individuals to identify risk for maternal mental health issues (e.g., maternal depression), infant mental health issues (e.g., failure to thrive, disorganized attachment), parent-child relationship problems (e.g., failure to bond, child abuse risk), infant/child health concerns and developmental problems/delays.
3. Provide follow-up services to families beyond initial screening and assessment through home visiting, behavioral health assessment and treatment, psychotherapy groups, substance abuse treatment, readiness and transition services, readiness and transition services; parenting classes, and Touchpoints support groups.
4. Provide outreach and case management to African-American families in North County.
5. Provide psychiatric medication assessment and management to pregnant and breastfeeding mothers.
6. Offer consultation and education to community providers, psychiatric residents, and staff psychiatrists, including technical assistance to primary care physicians.
7. Coordinate the involvement of multiple agencies in providing services to high-risk families.
8. Communicate the importance of the first 5 years of life and collaborate to improve systems integration, decrease duplicative services, and create lasting, beneficial systems improvements.
9. Participate in the design of the evaluation and in the implementation of data collection activities as required by the evaluation design.
10. Ensure the general public is aware of the benefits of Proposition 10 tax dollars.

EXHIBIT B-2

SAN MATEO HEALTH SYSTEM/FAMILY HEALTH SERVICES (Prenatal to Three Initiative)

PAYMENTS

Pursuant to the Agreement for Services between First 5 San Mateo County and SAN MATEO HEALTH SYSTEM/FAMILY HEALTH SERVICES, effective of January 1, 2012, the Commission shall pay Grantee, as described in this Exhibit B-2, over the term of the Agreement.

Exhibit B-2 and its attachments reflect the budget for the Agreement term.

1. The Commission shall reimburse Grantee for services provided not to exceed the maximum award, whereby the Grantee submitting a Reimbursement Request Form to the Commission. After review and approval of the Grantee's Reimbursement Request Form, Grantee shall be reimbursed for reasonable costs incurred in providing services required by the Agreement.

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

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

Guidelines for progress reports, program expenditure reporting, and reimbursement for services are contained in the Grantee Handbook and Grantee's reporting shall include a descriptive narrative, tracking of the approved timeline and work plan (scope of work), and a detailed financial accounting of all grant funds spent in comparison with the approved budget.

2. Payment is contingent on the performance of the services described in Exhibit A-1 to the full satisfaction of the Executive Director, on behalf of the Commission.
3. The amount that the Commission shall be obligated to pay for services rendered under this Agreement shall not exceed THREE MILLION FIVE HUNDRED SEVEN THOUSAND EIGHT HUNDRED SIXTY ONE DOLLARS (\$3,507,861) for the Agreement term.
4. Payment is contingent upon satisfactory performance, appropriate grant management, and timely reporting.
5. Contractor shall expend funds received, in accordance with the budget as described in Attachments B-1, B-2, B-3, and B-4, attached hereto and incorporated by reference herein, or as approved later by Commission Chair or his/her designee.

| First 5 San Mateo County Scope of Work Period: July 1, 2014 to June 30, 2015 | | | | |
|---|--|--|---------------------------|---|
| Lead Agency Name: San Mateo County Health System | | | | |
| Project Name: Family Health Services Prenatal to Three Initiative (Pre-3) | | | | |
| Goal: Enroll eligible families in need of services | | | | |
| Measurable Objective #1: Maintain or increase the number of low-income enrollments. | | | | |
| Total Unduplicated Clients Served Under This Objective: 1,500 families enrolled* | | | | |
| ✓ Children 0-5: 900 Children* | | ✓ Parents/Caregivers of 0-5s: 1,500 Parents/Caregivers* | Providers of 0-5s: | Other: |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 | Receive referrals for families in need of services. | Pre-3 Administrative Staff | Pre-3 Registry | ▶ 1,500 parents/caregivers and 900 children will be enrolled |
| 2 | Encourage enrollment among low-income clients. | Pre-3 Administrative Staff | Pre-3 Registry | ▶ 85%+ of enrolled clients have a valid Medi-Cal number |
| 3 | Ensure maintenance of home visiting frequency at 6 and 12 month intervals. | Pre-3 Grant Coordinator | Pre-3 Registry | ▶ Exceed a median of 2 visits and an average of 3 visits at mid-year ▶ Exceed a median of 3 visits and an average of 3.5 visits per year |
| * | Includes funded and non-funded staff performance | | | |

| First 5 San Mateo County | | | | |
|---|--|--|---------------------------------------|---|
| Scope of Work Period: July 1, 2014 to June 30, 2015 | | | | |
| Lead Agency Name: San Mateo County Health System | | | | |
| Project Name: Family Health Services Prenatal to Three Initiative | | | | |
| Goal: Screen Medi-Cal eligible individuals to identify risk for maternal mental health issues (e.g., maternal depression), infant mental health issues (e.g., failure to thrive, disorganized attachment), parent-child relationship problems (e.g., failure to bond, child abuse risk), infant/child health concerns and developmental problems/delays. | | | | |
| Measurable Objective #2: Parents are screened for functioning, child interaction, stress, depression, and anxiety | | | | |
| Total Unduplicated Clients Served Under This Objective: Clients are denoted in Objective 4a-4f | | | | |
| Children 0-5: | Families of 0-5s: | Providers of 0-5s: | ✓Other: Use of screening tools | |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 | Screen new mothers for postnatal depression. | Pre-3 Nursing and Community Worker Staff (FHS) | Edinburgh Postnatal Depression Scale | ▶ 100% of mothers will be screened with the Edinburgh Postnatal Depression Scale |
| 2 | Screen parents in psychotherapeutic groups for depression. | MH Group Facilitator | Beck Depression Inventory | ▶ 90%+ of parents attending MH groups will be assessed for depression using the BDI |
| 3 | Screen parents in psychotherapeutic groups for anxiety. | MH Group Facilitator | Beck Anxiety Inventory | ▶ 90%+ of parents attending MH groups will be assessed for anxiety using the BAI |
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| First 5 San Mateo County Scope of Work Period: July 1, 2014 to June 30, 2015 | | | |
|--|---|---|---|
| Lead Agency Name: San Mateo County Health System | | | |
| Project Name: Family Health Services Prenatal to Three Initiative | | | |
| Goal: Provide follow-up services to families beyond screening and assessment | | | |
| Measurable Objective #3a: Medi-Cal eligible families with children 0-5 receive effective home visiting. | | | |
| Total Unduplicated Clients Served Under This Objective: 2,000 clients* , 1,450 clients (F5SMC-funded FHS Staff) | | | |
| ✓Children 0-5: | ✓Families of 0-5s: 2,000 Parents with Medi-Cal eligibility | Providers of 0-5s: | Other: |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 Conduct home visits to support positive parenting and to provide primary prevention. | Pre-3 Nursing and Community Worker Staff (FHS) | Family Health Services Information System (FHSIS) | <ul style="list-style-type: none"> ▶ All FHS Pre-3 staff will provide home visiting services to 2000+ families ▶ All FHS Pre-3 staff will provide 7,000+ home visits ▶ F5SMC-funded FHS Pre-3 staff will provide services to 1450+ clients ▶ F5SMC-funded FHS Pre-3 staff will provide 4,000+ home visits |
| 2 Evaluate effectiveness of home visits. | Pre-3 Grant Coordinator | Comprehensive Evaluation Forms, Progress Reports | <ul style="list-style-type: none"> ▶ 90% of mothers will initiate breastfeeding ▶ 90% of babies are placed on their backs to sleep |
| * Includes funded and non-funded staff performance | | | |

| First 5 San Mateo County Scope of Work Period: July 1, 2014 to June 30, 2015 | | | | |
|--|---|------------------------------------|----------------------------------|--|
| Lead Agency Name: San Mateo County Health System | | | | |
| Project Name: Family Health Services Prenatal to Three Initiative | | | | |
| Goal: Provide follow-up services to families beyond screening and assessment | | | | |
| Measurable Objective #3b: Medi-Cal eligible families with children 0-5 receive effective behavioral health assessment and treatment services. | | | | |
| Total Unduplicated Clients Served Under This Objective: 200 Parents/Caregivers | | | | |
| ✓Children 0-5: | ✓Families of 0-5s: 200 Parents/Caregivers with Medi-Cal eligibility | Providers of 0-5s: | Other: | |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 | Provide behavioral health assessment and treatment to parents and children. | BHRS Clinicians | BHRS Billing Registry | <ul style="list-style-type: none"> ▶ Funded staff will provide assessment and/or treatment to 200+ clients ▶ Funded staff will provide 4000+ services ▶ Funded staff will provide 75+ home visits |
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| First 5 San Mateo County Scope of Work Period: July 1, 2014 to June 30, 2015 | | | | |
|---|--|---|---|--|
| Lead Agency Name: San Mateo County Health System | | | | |
| Project Name: Family Health Services Prenatal to Three Initiative | | | | |
| Goal: Provide follow-up services to families beyond screening and assessment | | | | |
| Measurable Objective #3c: Medi-Cal eligible parents with children 0-5 attend effective psychotherapeutic groups. | | | | |
| Total Unduplicated Clients Served Under This Objective: 40 parents | | | | |
| ✓Children 0-5: 20-30 (This is an estimate by kp based on 40 parents participating in groups) | | ✓Families of 0-5s: 40 Parents/Caregivers with Medi-Cal eligibility | | Providers of 0-5s: |
| | | | | Other: |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 | Provide behavioral health therapy groups to high-risk families, including those with dual diagnosis. | BHRS Clinicians | BHRS Therapy Group Database/ Ages and Stages Questionnaire (ASQ) | <ul style="list-style-type: none"> ▶ 40+ parents participate in mental health therapy groups ▶ 80%+ of parents will attend at least three group sessions ▶ 100% of children 0-5 in families attending at least five group sessions will be assessed using the ASQ |
| 2 | Evaluate effectiveness of behavioral health therapy groups to high-risk families, including those with dual diagnosis. | Pre-3 Grant Coordinator | Beck Depression Inventory/ Beck Anxiety Inventory | <ul style="list-style-type: none"> ▶ Achieve a decrease in depressive symptoms on Beck Depression Inventory ▶ Achieve a decrease in anxiety symptoms on Beck Anxiety Inventory |

| First 5 San Mateo County Scope of Work Period: July 1, 2014 to June 30, 2015 | | | | |
|--|--|---|---------------------------|--|
| Lead Agency Name: San Mateo County Health System | | | | |
| Project Name: Family Health Services Prenatal to Three Initiative | | | | |
| Goal: Provide follow-up services to families beyond screening and assessment | | | | |
| Measurable Objective #3d: Medi-Cal eligible parents with children 0-5 receive effective substance abuse treatment, readiness and transition services. | | | | |
| Total Unduplicated Clients Served Under This Objective: 100 Parents/Caregivers | | | | |
| ✓Children 0-5: | | ✓Families of 0-5s: Parents/Caregivers with Medi-Cal eligibility | Providers of 0-5s: | Other: |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 | Provide substance abuse treatment readiness and transition services. | Perinatal Addiction Outreach Team | Pre-3 Billing Registry | <ul style="list-style-type: none"> ▶ Funded staff will provide substance abuse treatment readiness and transition services to 100+ clients ▶ Funded staff will provide 520+ visits |

| First 5 San Mateo County Scope of Work Period: July 1, 2014 to June 30, 2015 | | | | |
|--|---|------------------------------------|----------------------------------|--|
| Lead Agency Name: San Mateo County Health System | | | | |
| Project Name: Family Health Services Prenatal to Three Initiative | | | | |
| Goal: Provide follow-up services to families beyond screening and assessment | | | | |
| Measurable Objective #3e: Medi-Cal eligible parents with children 0-5 attend effective parenting classes. | | | | |
| Total Unduplicated Clients Served Under This Objective: 100 parents/Caregivers (kp estimate); Three 12-session SMFC classes, Four 8-session Positive Discipline Classes | | | | |
| ✓Children 0-5: | ✓Families of 0-5s: Parents with Medi-Cal eligibility | Providers of 0-5s: | Other: | |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 | Provide three 12 to 14-session parenting classes using the Strengthening Multicultural Families and Communities curriculum. | Parent Education Coordinator | Parenting Class Database | <ul style="list-style-type: none"> ▶ Provide 3 Strengthening Multicultural Families and Communities classes ▶ 20+ parents will attend Strengthening Multicultural Families and Communities classes |
| 2 | Evaluate effectiveness of parenting classes using the Strengthening Multicultural Families and Communities curriculum. | Pre-3 Grant Coordinator | F5 Parent Survey | <ul style="list-style-type: none"> ▶ Pending receipt of data from F5SMC, parents will demonstrate improvement on the F5 Parent Survey |
| 3 | Provide four 8 week parenting classes focused on Positive Discipline. | Parent Education Coordinator | Parenting Class Database | <ul style="list-style-type: none"> ▶ Provide 4+ Positive Discipline classes ▶ 40+ parents will attend Positive Discipline classes |
| 4 | Evaluate effectiveness of parenting classes using the Positive Discipline curriculum. | Pre-3 Grant Coordinator | F5 Parent Survey | <ul style="list-style-type: none"> ▶ Pending receipt of data from F5SMC, parents will demonstrate improvement on the F5 Parent Survey |

| First 5 San Mateo County Scope of Work Period: July 1, 2014 to June 30, 2015 | | | | |
|---|--|---|---------------------------|--|
| Lead Agency Name: San Mateo County Health System | | | | |
| Project Name: Family Health Services Prenatal to Three Initiative | | | | |
| Goal: Provide follow-up services to families beyond screening and assessment | | | | |
| Measurable Objective #3f: Parents in the community with children 0-5 attend Touchpoints support groups. | | | | |
| Total Unduplicated Clients Served Under This Objective: 70 Parents/Caregivers | | | | |
| ✓Children 0-5: | | ✓Families of 0-5s: Parents/Caregivers with Medi-Cal eligibility | | Providers of 0-5s: |
| Other: | | | | |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 | Provide 3 Touchpoints support groups to parents of children 0-5. | Parent Education Coordinator | Touchpoints Database | ▶ 200 parents will attend Touchpoints parent support groups |
| 2 | Retain parents within Touchpoints support groups to parents of children 0-5. | Parent Education Coordinator | Touchpoints Database | ▶ 55% of parents will attend three or more sessions ▶ 35% of parents will attend six or more sessions |

| First 5 San Mateo County Scope of Work Period: July 1, 2014 to June 30, 2015 | | | | |
|---|--|------------------------------------|-------------------------------------|---|
| Lead Agency Name: San Mateo County Health System | | | | |
| Project Name: Family Health Services Prenatal to Three Initiative | | | | |
| Goal: Provide services to a diverse community by providing outreach to underserved populations. | | | | |
| Measurable Objective #4: Provide outreach and case management to African American families in North County | | | | |
| Total Unduplicated Clients Served Under This Objective: 25 African American families | | | | |
| ✓Children 0-5: Item 2 | ✓Families of 0-5s: Item 1 Families; Items 2-5 - Parents/Caregivers | Providers of 0-5s: | Other: | |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 | Provide outreach and case management to African American families in North County | Black Infant Health Program | BIH Database | ► Provide case management to 25 African American families ► Provide 600 service contacts |
| 2 | Provide developmental screening of children | Black Infant Health Program | Ages and Stages Questionnaire (ASQ) | ► 90% of children aged four months to five years will be assessed for development using the ASQ |
| 3 | Improve breastfeeding rate among African American mothers. | Black Infant Health Program | BIH Outcome Database | ► 80% of mothers will initiate breastfeeding |
| 4 | Provide information to African American mothers on Sudden Infant Death Syndrome (SIDS) prevention. | Black Infant Health Program | BIH Outcome Database | ► 90% of babies are placed on their backs to sleep |
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| First 5 San Mateo County Scope of Work Period: July 1, 2014 to June 30, 2015 | | | | |
|---|---|------------------------------------|----------------------------------|---|
| Lead Agency Name: San Mateo County Health System | | | | |
| Project Name: Family Health Services Prenatal to Three Initiative | | | | |
| Goal: Provide psychiatric medication assessment and management and then transition clients to San Mateo County Adult Mental Health Services or community providers for continuing medication management. | | | | |
| Measurable Objective #5: Decrease symptoms in pregnant women and breastfeeding mothers through psychiatric assessment and medication management | | | | |
| Total Unduplicated Clients Served Under This Objective: 100 pregnant or breastfeeding women | | | | |
| Children 0-5: | <input checked="" type="checkbox"/> Families of 0-5s: Pregnant and breastfeeding women | Providers of 0-5s: | Other: | |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 | Provide psychiatric medication assessment and management. | Psychiatrist | BHRS Billing Registry | ► Provide 100 pregnant or breastfeeding women with psychiatric medication assessment and management |
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| First 5 San Mateo County Scope of Work Period: July 1, 2014 to June 30, 2015 | | | | |
|--|---|---|----------------------------------|--|
| Lead Agency Name: San Mateo County Health System | | | | |
| Project Name: Family Health Services Prenatal to Three Initiative | | | | |
| Goal: Offer consultation and education to community providers, psychiatric residents, and staff psychiatrists, including technical assistance to primary care physicians. | | | | |
| Measurable Objective #6: Offer continuing consultation and education to community providers, psychiatric residents, and staff psychiatrists. | | | | |
| Total Unduplicated Clients Served Under This Objective: 30 community providers, psychiatric residents, and/or staff psychiatrists | | | | |
| Children 0-5: | Families of 0-5s: | <input checked="" type="checkbox"/> Providers of 0-5s: 30 Community providers, psychiatric residents, staff psychiatrists | Other: | |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 | Offer continuing consultation and education to community providers, psychiatric residents, and staff psychiatrists. | Psychiatrist | Consultation log | ► Provide continuing consultation and education to 30 community providers, psychiatric residents, and/or staff psychiatrists |
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| First 5 San Mateo County Scope of Work Period: July 1, 2014 to June 30, 2015 | | | |
|--|------------------------------------|----------------------------------|---|
| Lead Agency Name: San Mateo County Health System | | | |
| Project Name: Family Health Services Prenatal to Three Initiative | | | |
| Goal: Coordinate the involvement of multiple agencies in providing services to high-risk families. | | | |
| Measurable Objective #7: Establish formal mechanisms for County-wide coordination of services for high-risk families. | | | |
| Total Unduplicated Clients Served Under This Objective: All interested partners | | | |
| Children 0-5: | Families of 0-5s: | ✓Providers of 0-5s: | Other: |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 Develop/maintain MOUs with YFES, IHSD, CHI, and other providers. | Service Coordinator | MOU | ► Maintain a minimum of two MOUs per year |
| | | | |

| First 5 San Mateo County Scope of Work Period: July 1, 2014 to June 30, 2015 | | | | |
|---|---|------------------------------------|---|---|
| Lead Agency Name: San Mateo Health System | | | | |
| Project Name: Family Health Services Prenatal to Three Initiative | | | | |
| Goal: Advance F5SMC's Communications and Systems Change efforts to promote optimal early childhood development for children 0-5 in San Mateo County. | | | | |
| Measurable Objective #8: Communicate the importance of the first 5 years of life and collaborate to improve systems integration, decrease duplicative services, and create lasting, beneficial systems improvements. | | | | |
| Total Unduplicated Clients Served Under This Objective: | | | | |
| Children 0-5: | Families of 0-5s: | Providers of 0-5s: | ✓Other: Systems Change | |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 | Distribute First 5 Monthly Materials to project clients | Pre-3 Grant Coordinator, All Staff | | |
| 2 | Distribute First 5's Kit for New Parents | Pre-3 Grant Coordinator, All Staff | | |
| 3 | Participate in F5SMC's Learning Circles and other collaborative efforts | Pre-3 Grant Coordinator, All Staff | | |
| 4 | Document how any changes in funding and scope of work between Cycle 1 and Cycle 2 have impacted service provision | Pre-3 Grant Coordinator, All Staff | Mid-year and annual F5SMC Progress Report Narrative | |
| 5 | Document measures to increase efficiencies and reduce duplication within service delivery | Pre-3 Grant Coordinator, All Staff | Mid-year and annual F5SMC Progress Report Narrative | |
| 6 | In partnership with F5SMC, identify opportunities for coordination of care with other home visiting programs | Pre-3 Grant Coordinator, All Staff | Sign-in sheets, Meeting notes | |

| First 5 San Mateo County | | | | |
|--|--|--|---|--|
| Scope of Work Period: July 1, 2014 to June 30, 2015 | | | | |
| Lead Agency Name: San Mateo Health System | | | | |
| Project Name: Family Health Services Prenatal to Three Initiative | | | | |
| Goal: Demonstrate the effectiveness of the project strategies through participation in an independently administered process and outcome evaluation. | | | | |
| Measurable Objective #9: Participate in the design of the evaluation and in the implementation of data collection activities as required by the evaluation design. | | | | |
| Total Unduplicated Clients Served Under This Objective: | | | | |
| Children 0-5: | Families of 0-5s: | Providers of 0-5s: | ✓Other: Evaluation information | |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 | Complete the Demo+ Form and Parent Survey on parents participating in group-based parent education workshops or trainings through Strengthening Multicultural Families, Positive Discipline or Black Infant Health programs | Workshop or training leaders | Demo+ and Parent Survey forms | |
| 2 | Complete the Intake and Follow-up forms (including Family Concerns and Referrals, and Service Receipt and Barriers) on families receiving Home Visiting services, as detailed in the F5SMC Pre-3 Comprehensive Evaluation Plan, FAQs, and Continuing Client flowchart | Pre-3 Home Visiting staff, including FHS, BHRS, BIH, and PAOT | Intake and Follow-up forms | |
| 3 | Complete the ASQ forms on children receiving home visiting services as indicated by the age of the child and relevant FHS, BHRS, BIH, and PAOT service delivery protocols. | Pre-3 Home Visiting staff, including FHS, BHRS, BIH, and PAOT | Scannable ASQ forms | |
| 4 | Participate in the In-Depth Evaluation of Care Coordination by identifying and working with willing clients and service providers to complete case studies. | Pre-3 Grant Coordinator; direct service providers | TBD | |
| 5 | Complete the F5SMC Comprehensive Evaluation Systems Change Survey | Pre-3 Grant Coordinator; other program representatives as relevant | Online Survey | |
| 6 | Submit all scannable forms to SRI and/or F5SMC at least twice annually, on January 30 and July 30. | Pre-3 Grant Coordinator | Scannable data collection forms | |
| 7 | Include in your twice-yearly progress reports aggregate results of the following, by service component: Edinburgh Post Partum Depression Scale; Beck Anxiety Inventory; Beck Depression Inventory; PSI-SF (if pilot of PSI-SF is conducted); SOCRATES; Attendance in F5SMC leadership/governance (including WMG Roundtable) and learning circle meetings; Number and content of promotional materials developed and distributed (e.g., Kits for New Parents, posters, brochures); Data on participants in Touchpoints [Use Data Submission Worksheet]; Data on participants in BHRS mental health support groups [Use Data Submission Worksheet] | Pre-3 Grant Coordinator | Progress Report Narrative; Scannable aggregate data submission worksheets | |
| 8 | Participate in evaluation database trainings if necessary | Pre-3 Grant Coordinator | TBD | |

| First 5 San Mateo County Scope of Work Period: July 1, 2014 to June 30, 2015 | | | |
|--|------------------------------------|--|--|
| Lead Agency Name: San Mateo Health System | | | |
| Project Name: Family Health Services Prenatal to Three Initiative | | | |
| Goal: Ensure the general public is aware of the benefit of Proposition 10 tax dollars. | | | |
| Measurable Objective #10: Inform the public about how and where Prop. 10 funds are invested in San Mateo County. | | | |
| Total Unduplicated Clients Served Under This Objective: | | | |
| Children 0-5: | Families of 0-5s: | Providers of 0-5s: | ✓Other: General public |
| Major activities and timelines (Timeline ongoing unless otherwise indicated) | Staff or agency responsible | Documentation instrument: | Target service # for activity (may be duplicated): |
| 1 Place a placard announcing project funding by F5SMC in a prominent area where services take place. Timeline = Ongoing. | Pre-3 Grant Coordinator, All Staff | Placard placement | |
| 2 Recognize F5SMC by placing the F5SMC logo and/or the phrase "Funding provided by First 5 San Mateo County" in annual report, public education materials, outreach materials, and media communications. Timeline = Ongoing. | Pre-3 Grant Coordinator, All Staff | Copies of materials and press releases | |
| 3 Place F5SMC tobacco-free premises placard in a prominent area where funded services take place. | Pre-3 Grant Coordinator, All Staff | Placard placement | |
| 4 Make tobacco education and cessation resources provided by F5SMC readily available to those served by the agency and to staff of the agency | Pre-3 Grant Coordinator, All Staff | Copies of materials provided by F5SMC | |



First 5 San Mateo County BUDGET REQUEST FORM

Complete this form to show the budget for the entire project for the fiscal year. If there are subcontractors or collaborative agency budgets involved, please complete an additional budget request form for each and identify the subcontractor.

| | |
|-----------------------|--|
| Agency Name: | SMC Health System, Family Health Services |
| Program/Project Name: | Prenatal To Three Initiative |
| Amount of Request: | \$1,004,000 |
| Budget Period: | July 1, 2014 - June 30, 2015 |
| Submission Date: | 4/14/2014 |

** List Leveraged Amount Available-Non F5SMC funds available to support the project, excluding the amount being requested from the Commission. At the bottom of the form under section VII, please list the funding source for all funds included in this column and any amounts from this column that are not yet secured.

| I. PERSONNEL | | | A. Amount Requested | B. Leveraged Amount Available** | C. Total Program Budget (A+B) |
|-------------------------------|------------------|--------|---------------------|---------------------------------|-------------------------------|
| Position Title | Salary Range | # FTEs | | | |
| A. Public Health Nurses | 100,901-\$115,78 | 2.00 | \$ 219,606 | \$ 658,822 | \$ 878,428 |
| B. Psychiatric Social Workers | \$91,139 | 0.96 | \$ 54,348 | \$ 230,460 | \$ 284,808 |
| C. Case Manager (BIH) | \$89,976 | 0.40 | \$ 35,990 | \$ 53,986 | \$ 89,976 |
| D. Parent Educ. Coord. | \$67,584 | 0.50 | \$ 33,428 | \$ 34,156 | \$ 67,584 |
| E. Grant Coordinator | \$91,021 | 0.25 | \$ 22,755 | \$ 68,266 | \$ 91,021 |
| F. Medical Office Assistant | \$50,112 | 0.50 | \$ 25,643 | \$ 24,469 | \$ 50,112 |
| G. Service Coordinator | \$85,482 | 0.25 | \$ 21,371 | \$ 64,111 | \$ 85,482 |
| H. Psychiatrist | \$186,035 | 0.38 | \$ 31,286 | \$ 154,749 | \$ 186,035 |
| Benefits @ 40 % | | | \$ 177,771 | \$ 580,059 | \$ 757,829 |
| | | | | | |
| Subtotal - Personnel | | | \$ 622,198 | \$ 1,869,078 | \$ 2,491,275 |

| II. OPERATING EXPENSES | | | A. Amount Requested | B. Leveraged Amount Available ** | C. Total Program Budget (A+B) |
|----------------------------------|--|--|---------------------|----------------------------------|-------------------------------|
| A. Rent and Utilities | | | \$ 34,309 | \$ 43,249 | \$ 77,558 |
| B. Office Supplies and Materials | | | \$ 1,500 | \$ 4,300 | \$ 5,800 |
| C. Telephone/Communications | | | \$ - | | \$ - |
| D. Postage/Mailing | | | \$ - | | \$ - |
| E. Printing/Copying | | | \$ - | | \$ - |
| F. Equipment Lease | | | \$ - | | \$ - |
| G. Travel | | | \$ 19,000 | \$ - | \$ 19,000 |
| H. Training/Conference | | | \$ 2,000 | \$ 1,000 | \$ 3,000 |
| I. Consultants (itemize): | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |
| | | | \$ - | | \$ - |

| | | | |
|---|-------------------|-------------------|-------------------|
| J. Subcontractors (itemize): | \$ - | | \$ - |
| <i>Star Vista (5 Community Workers)</i> | \$ 201,888 | \$ 134,592 | \$ 336,480 |
| K. Other (itemize): | \$ - | | \$ - |
| <i>Taxi vouchers/Bus Tickets</i> | \$ 16,081 | | \$ 16,081 |
| <i>Incentives</i> | \$ 16,694 | | \$ 16,694 |
| <i>Child Care</i> | \$ 15,666 | | \$ 15,666 |
| Subtotal - Operating Expenses | \$ 307,138 | \$ 183,141 | \$ 490,279 |

| III. CAPITAL EXPENDITURES | A. Amount Requested | B. Leveraged Amount Available ** | C. Total Program Budget (A+B) |
|--|---------------------|----------------------------------|-------------------------------|
| Itemize and describe items requested. Competitive bids may be requested by the Commission prior to contract. This section can be left blank if no capital requests are being made. | | | |
| A. | \$ - | | \$ - |
| Subtotal - Capital Expenditures | \$ - | \$ - | \$ - |

| IV. INDIRECT COSTS | A. Amount Requested | B. Leveraged Amount Available ** | C. Total Program Budget (A+B) |
|--|---------------------|----------------------------------|-------------------------------|
| 12% | \$ 74,664 | \$ 224,289 | \$ 298,953 |
| (Attach copy of approved indirect cost rate proposal if percentage exceeds 12%, or submit a proposal for approval) | | | |
| Subtotal - Indirect Costs | \$ 74,664 | \$ 224,289 | \$ 298,953 |

| V. TOTAL PROGRAM COSTS | A. Amount Requested | B. Leveraged Amount Available ** | C. Total Program Budget (A+B) |
|--------------------------|---------------------|----------------------------------|-------------------------------|
| Total of sections I - IV | \$ 1,004,000 | \$ 2,276,508 | \$ 3,280,507 |

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project.

| | |
|--|---|
| Human Services Agency, Redwood City | Parenting class space |
| Jewish Family and Children's Services | Parenting class space |
| Municipal Building/Library, East Palo Alto | Parenting Class and Touchpoints group space |
| Redwood City Main Library | Touchpoints group space |
| San Bruno Library | Touchpoints group space |

VII. LEVERAGED FUNDS ARE FROM: Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are not yet secured.

Approximately 59% of funds are leveraged using Federal Financial Participation (Medi-Cal and Early Periodic Screening, Diagnosis, and Treatment), 40% is General Fund balance, and 1% is supported by a Bella Vista Foundation grant (\$25,000).

| | | | |
|-----------------------|-----------|---------------------|-----------------|
| Date Prepared: | 4/14/2014 | Prepared By: | James V. Miller |
|-----------------------|-----------|---------------------|-----------------|

| First 5 San Mateo County Use Only | | | |
|-----------------------------------|--|---------------------|--|
| Date Approved: | | Approved By: | |



First 5 San Mateo County BUDGET REQUEST FORM

Complete this form to show the budget for the **entire** project for the fiscal year. If there are subcontractors or collaborative agency budgets involved, please complete an additional budget request form for each and identify the subcontractor.

| | |
|-----------------------|-------------------------------------|
| Agency Name: | Star Vista |
| Program/Project Name: | Prenatal To Three Initiative |
| Amount of Request: | \$201,888 |
| Budget Period: | July 1, 2014 - June 30, 2015 |
| Submission Date: | 4/14/2014 |

** List Leveraged Amount Available-Non F5SMC funds available to support the project, excluding the amount being requested from the Commission. At the bottom of the form under section VII, please list the funding source for all funds included in this column and any amounts from this column that are not yet secured.

| I. PERSONNEL | | | A. Amount Requested | B. Leveraged Amount Available** | C. Total Program Budget (A+B) |
|-----------------------------|--------------|--------|---------------------|---------------------------------|-------------------------------|
| Position Title | Salary Range | # FTEs | | | |
| A. Community Worker | \$67,296 | 5.00 | \$ 201,888 | \$ 134,592 | \$ 336,480 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Subtotal - Personnel | | | \$ 201,888 | \$ 134,592 | \$ 336,480 |

| II. OPERATING EXPENSES | A. Amount Requested | B. Leveraged Amount Available ** | C. Total Program Budget (A+B) |
|----------------------------------|---------------------|----------------------------------|-------------------------------|
| | | | |
| A. Rent and Utilities | | | |
| B. Office Supplies and Materials | | | |
| C. Telephone/Communications | | | |
| D. Postage/Mailing | | | |
| E. Printing/Copying | | | |
| F. Equipment Lease | | | |
| G. Travel | | | |
| H. Training/Conference | | | |
| I. Consultants (itemize): | | | |
| | | | |
| | | | |

| | | | |
|---|-------------|-------------|-------------|
| J. Subcontractors (itemize): | | | |
| <i>Star Vista (5 Community Workers)</i> | | | |
| K. Other (itemize): | | | |
| <i>Taxi vouchers/Bus Tickets</i> | | | |
| <i>Incentives</i> | | | |
| <i>Child Care</i> | | | |
| Subtotal - Operating Expenses | \$ - | \$ - | \$ - |

| III. CAPITAL EXPENDITURES | A. Amount Requested | B. Leveraged Amount Available ** | C. Total Program Budget (A+B) |
|--|---------------------|----------------------------------|-------------------------------|
| Itemize and describe items requested. Competitive bids may be requested by the Commission prior to contract. This section can be left blank if no capital requests are being made. | | | |
| A. | \$ - | | \$ - |
| Subtotal - Capital Expenditures | \$ - | \$ - | \$ - |

| IV. INDIRECT COSTS | A. Amount Requested | B. Leveraged Amount Available ** | C. Total Program Budget (A+B) |
|--|---------------------|----------------------------------|-------------------------------|
| (Attach copy of approved indirect cost rate proposal if percentage exceeds 12%, or submit a proposal for approval) | | | |
| Subtotal - Indirect Costs | \$ - | \$ - | \$ - |

| V. TOTAL PROGRAM COSTS | A. Amount Requested | B. Leveraged Amount Available ** | C. Total Program Budget (A+B) |
|---------------------------------|---------------------|----------------------------------|-------------------------------|
| Total of sections I - IV | \$ 201,888 | \$ 134,592 | \$ 336,480 |

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project.

VII. LEVERAGED FUNDS ARE FROM: Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are not yet secured.
Approximately 60% of funds are leveraged using TCM Medi-Cal funding.

| | | | |
|-----------------------|-----------|---------------------|-----------------|
| Date Prepared: | 4/30/2014 | Prepared By: | James V. Miller |
|-----------------------|-----------|---------------------|-----------------|

| | | | |
|--|--|---------------------|--|
| First 5 San Mateo County Use Only | | | |
| Date Approved: | | Approved By: | |



**First 5 San Mateo County
BUDGET NARRATIVE FORM**

| | |
|-----------------------|--|
| Agency Name: | SMC Health System, Family Health Services |
| Program/Project Name: | Prenatal To Three Initiative |
| Amount of Request: | \$1,004,000 |
| Budget period: | July 1, 2014 - June 30, 2015 |
| Submission Date: | 4/14/2014 |

| I. PERSONNEL | A. Amount Requested | Description / Explanation |
|-------------------------------|----------------------------|---|
| <u>Position Title</u> | | |
| A. Public Health Nurses | \$ 219,606 | Eight (.25 FTE) Public Health Nurses visit families at home and provide health assessment, case management and links to resources in the community. As needed, the home visitor develops individual service plans, screen mothers for postpartum depression, evaluate the family's need for continuing services, and completes developmental assessments. Families coping with issues around mental health, domestic violence, substance abuse, a medically at-risk infant, or serious resource needs may be visited until a child is five or six months old. |
| B. Psychiatric Social Workers | \$ 54,348 | Three (.32 FTE) Psychiatric Social Workers provide assessment and treatment to parents with mental health issues. Children may also be assessed and treated for emotional or developmental problems. More intensive case management services are offered to families in the child welfare system. |
| C. Case Manager (BIH) | \$ 35,990 | One (.50 FTE) Black Infant Health Case Manager delivers services to the North County that include parental support, community and provider outreach, and case management for all African-American families at risk for poor birth outcomes. |
| D. Parent Educ. Coord. | \$ 33,428 | One (.50 FTE) Parent Education Coordinator provides logistical and oversight support to over 160 parenting class and Touchpoints sessions. |
| E. Grant Coordinator | \$ 22,755 | One (.25 FTE) Grant Coordinator facilitates all aspects of the First 5-funded component of the Prenatal to 3 Initiative. This position is responsible for maintenance of budget, scope of work, reporting, evaluation, and presentation. |
| F. Medical Office Assistant | \$ 25,643 | One (.50 FTE) Medical Office Assistant assists in accurate billing needed to leverage funds and data entry to provide information for evaluation and assessment. |
| G. Service Coordinator | \$ 21,371 | One (.25 FTE) Service Coordinator provides supports to multidisciplinary teams and system coordination activities. |
| H. Psychiatrist | \$ 31,286 | One (.375 FTE) Psychiatrist conducts assessments with women who have a serious mental illness and who are in therapy with the Pre-3 Behavioral Health Team. If medication is appropriate, the Psychiatrist helps manage the parent's medication and coordinate with her primary therapist or social worker. The psychiatrist provides consultation to other medical providers in the county working with clients who are breastfeeding or pregnant and need psychotropic medication. |
| Benefits @ 40 % | \$ 177,771 | FICA, Medicare, Dental Plan, County Life Insurance, Disability, Vision, Worker's Compensation, Health Insurance, Retirement, State Unemployment; Full program costs are calculated at 45%, First 5 is budgeted at 40%. |
| Subtotal - Personnel | \$ 622,198 | |

| II. OPERATING EXPENSES | A. Amount Requested | Description / Explanation |
|--------------------------------------|---------------------|--|
| A. Rent and Utilities | \$ 34,309 | Approximately \$5,000 per year for rent and utilities for 13 staff. Actual amount of rent and utilities per person is \$5,966 per FTE. Rent and utilities are calculated using the square footage times cost per square foot. In order to address budget decreases, FHS has reduced the line item by \$32,000 in FY1213 and \$29,691 in FY1314. If savings are realized in FY1213, FHS proposes restoring portions of this line item up to \$96,000 (\$32,000 + \$29,961 + \$34,309). |
| B. Office Supplies and Materials | \$ 1,500 | \$100 per year for 15 staff. |
| C. Telephone/Communications | \$ - | |
| D. Postage/Mailing | \$ - | |
| E. Printing/Copying | \$ - | |
| F. Equipment Lease | \$ - | |
| G. Travel | \$ 19,000 | Approximately \$1,266 per year in travel per 15 field staff. The mileage reimbursement rate is \$.585 per mile. |
| H. Training/Conference | \$ 2,000 | Cost to support trainings for staff in quality improvement, professional development and continuing education. It is estimated that trainings will cost in the range of \$100 to \$500 per person. |
| I. Consultants (itemize): | \$ - | |
| | \$ - | |
| | \$ - | |
| J. Subcontractors (itemize): | \$ - | |
| Star Vista (5 Community Workers) | \$ 201,888 | Two subcontracted Community Workers provide support to parents with alcohol/drug issues as members of the Perinatal Addiction Outreach Team. One subcontracted Community Workers assist the PSWs, support the more intensive case management services, and facilitate parenting classes and Touchpoints groups. Two subcontracted Community Workers assist the PHNs and visit families at home to provide case management and links to resources in the community; these workers also facilitate parenting classes and Touchpoints groups. The Community Worker salary is \$67,296; F5SMC would be providing .6 of these FTEs. |
| | \$ - | |
| K. Other (itemize): | \$ - | |
| Taxi vouchers/Bus Tickets | \$ 16,081 | Throughout the year there are nearly 1,300 class sessions; on average, travel by taxi costs approximately \$35. Approximately 35% of this \$45,500 is utilized for Taxis and Bus Tickets. |
| Incentives | \$ 16,694 | Incentives are a critical component for recruitment and retention of clients into parent classes and mental health and Touchpoints groups. Age-appropriate toys and reading material are provided to all First Five families. Parents receive gift cards for participation in evaluations and upon completion of educational milestones. This averages less than \$20 per client per year. |
| Child Care | \$ 15,666 | These funds will be disbursed to support the development, implementation, and administration of child care support for parents when they attend parent classes and support groups. |
| Subtotal - Operating Expenses | \$ 307,138 | |

| III. CAPITAL EXPENDITURES | A. Amount Requested | Description / Explanation |
|--|---------------------|---------------------------|
| A. | \$ - | |
| Subtotal - Capital Expenditures | \$ - | |

| IV. INDIRECT COSTS | A. Amount Requested | Allocation Method / Formula Used |
|----------------------------------|---------------------|--|
| 0.12 | \$ 74,664 | 12% of the total budget for personnel and benefits |
| | | |
| | | |
| Subtotal - Indirect Costs | \$ 74,664 | |

| V. TOTAL PROGRAM COSTS | A. Amount Requested |
|------------------------|---------------------|
| Total of sections I-IV | \$ 1,004,000 |

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project.

| | |
|--|---|
| Human Services Agency, Redwood City | Parenting class space |
| Jewish Family and Children's Services | Parenting class space |
| Municipal Building/Library, East Palo Alto | Parenting Class and Touchpoints group space |
| Redwood City Main Library | Touchpoints group space |
| San Bruno Library | Touchpoints group space |

VII. LEVERAGED FUNDS ARE FROM: Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are not yet secured.

Approximately 59% of funds are leveraged using Federal Financial Participation (Medi-Cal and Early Periodic Screening, Diagnosis, and Treatment), 40% is General Fund balance, and 1% is supported by a Bella Vista Foundation grant (\$25,000).

Mail signed First 5 San Mateo County Budget Request and Budget Narrative Forms to :

First 5 San Mateo County
Attn: F5SMC Program Specialist
1700 S. El Camino Real, Suite 405
San Mateo, CA 94402 – 3050

Electronic copy must also be submitted to:

F5SMC Program Specialist



**First 5 San Mateo County
BUDGET NARRATIVE FORM**

| | |
|-----------------------|--|
| Agency Name: | SMC Health System, Family Health Services |
| Program/Project Name: | Prenatal To Three Initiative |
| Amount of Request: | \$201,888 |
| Budget period: | July 1, 2014 - June 30, 2015 |
| Submission Date: | 4/14/2014 |

| I. PERSONNEL | A. Amount Requested | Description / Explanation |
|-----------------------------|----------------------------|--|
| <u>Position Title</u> | | |
| Community Worker | \$ 201,888 | Two subcontracted Community Workers provide support to parents with alcohol/drug issues as members of the Perinatal Addiction Outreach Team. One subcontracted Community Workers assist the PSWs, support the more intensive case management services, and facilitate parenting classes and Touchpoints groups. Two subcontracted Community Workers assist the PHNs and visit families at home to provide case management and links to resources in the community; these workers also facilitate parenting classes and Touchpoints groups. The Community Worker salary is \$67,296; F5SMC would be providing .6 of these FTEs. |
| | | |
| | | |
| Subtotal - Personnel | \$ 201,888 | |

| II. OPERATING EXPENSES | A. Amount Requested | Description / Explanation |
|--------------------------------------|----------------------------|----------------------------------|
| A. Rent and Utilities | | |
| B. Office Supplies and Materials | | |
| C. Telephone/Communications | | |
| D. Postage/Mailing | | |
| E. Printing/Copying | | |
| F. Equipment Lease | | |
| G. Travel | | |
| H. Training/Conference | | |
| I. Consultants (itemize): | | |
| | | |
| J. Subcontractors (itemize): | | |
| Star Vista (5 Community Workers) | | |
| | | |
| K. Other (itemize): | | |
| Taxi vouchers/Bus Tickets | | |
| Incentives | | |
| Child Care | | |
| Subtotal - Operating Expenses | \$ - | |

| III. CAPITAL EXPENDITURES | A. Amount Requested | Description / Explanation |
|--|---------------------|---------------------------|
| A. | \$ - | |
| Subtotal - Capital Expenditures | \$ - | |

| IV. INDIRECT COSTS | A. Amount Requested | Allocation Method / Formula Used |
|----------------------------------|---------------------|----------------------------------|
| | | |
| | | |
| Subtotal - Indirect Costs | \$ - | |

| V. TOTAL PROGRAM COSTS | A. Amount Requested |
|---------------------------------|---------------------|
| Total of sections I - IV | \$ 201,888 |

VI. IN KIND SUPPORT: Please identify any in-kind support that is available to this project (example: volunteer hours, donated office space or equipment). If volunteer hours are listed, please indicate the role(s) of volunteers in the project.

| | |
|--|---|
| Human Services Agency, Redwood City | Parenting class space |
| Jewish Family and Children's Services | Parenting class space |
| Municipal Building/Library, East Palo Alto | Parenting Class and Touchpoints group space |
| Redwood City Main Library | Touchpoints group space |
| San Bruno Library | Touchpoints group space |

VII. LEVERAGED FUNDS ARE FROM: Please list the funding sources and their amounts for funds identified in Column B. Also indicate which leveraged funds are not yet secured.

Approximately 59% of funds are leveraged using Federal Financial Participation (Medi-Cal and Early Periodic Screening, Diagnosis, and Treatment), 40% is General Fund balance, and 1% is supported by a Bella Vista Foundation grant (\$25,000).

Mail signed First 5 San Mateo County Budget Request and Budget Narrative Forms to:

First 5 San Mateo County
Attn: F5SMC Program Specialist
1700 S. El Camino Real, Suite 405
San Mateo, CA 94402 – 3050

Electronic copy must also be submitted to:
F5SMC Program Specialist