



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4770
TDD: (408) 454-4123

September 21, 1999

AGENDA: October 5, 1999

BOARD OF SUPERVISORS

Santa Cruz County
701 Ocean Street
Santa Cruz, CA 95061

RE: APPROVAL OF FUNDING APPLICATION FOR A MEDI-CAL OUTREACH PROJECT

Dear Board Members:

The Health Services Agency requests approval of the attached \$185,449 application for State funding for a Medi-Cal outreach project. If funded, the project will support various activities to increase enrollment of uninsured children from low-income families into no-cost or low cost health insurance through Medi-Cal or the State's Healthy Families program. The application, which was due September 10, was submitted subject to your Board's approval.

The State Department of Health Services estimates that there are over 2,000 children from low-income families in Santa Cruz County who are eligible for health insurance coverage through Medi-Cal or the Healthy Families program. The goal of the proposed outreach project is to enroll 560 uninsured children into these State programs by June 30, 2000. The Health Services Agency submitted the attached funding application as fiscal agent and lead agency on behalf of the local Santa Cruz County Health Care Outreach Coalition. The Coalition was formed in 1997 from a common desire to expand health care coverage for local uninsured residents, focusing specifically on children. In addition to HSA, Coalition partners that would receive project funding include the Human Resources Agency, Pajaro Valley Unified School District Healthy Start, Valley Resource Center, Growth and Opportunity/Migrant Head Start, and the County Office of Education.

If the funding application is successful, HSA will return to your Board to accept and appropriate project funds and for approval of related project agreements.

It is therefore RECOMMENDED that your Board:

0204

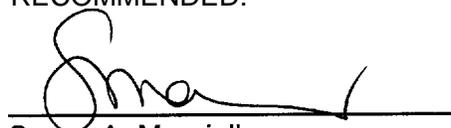
Approve the attached \$185,449 funding application for a Medi-Cal outreach project and authorize its submission to the State.

Sincerely,



Charles M. Moody, HSA Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
HSA Administration
HRA Administration



COUNTY OF SANTA CRUZ⁷²⁰⁵

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1400 EMELINE AVENUE
SANTA CRUZ, CA 95061-0962

FAX: (408) 454-4982 TDD: (408) 454-4123

Community Health and Prevention Programs

] Health Education 454-4141
] AIDS Program 454-2437
] Homeless Persons Health Project 454-2080

September 10, 1999

Michael J. Neff, Chief
Department of Health Services
Office of Medi-Cal Procurement
1801 Seventh Street, first Floor
P.O. Box 942732
Sacramento, CA 94234-7406

Dear Mr. Neff.

The Santa Cruz County Health Care Outreach Coalition is submitting the attached Healthy Families/Medi-Cal for Children Application for a total amount of \$185,449. We are looking forward to continuing our local outreach efforts to increase enrollment of Santa Cruz County's eligible children in Healthy Families and Medi-Cal for Children.

If you have any questions, please do not hesitate to contact me, Jeri Ross, at (831) 454-4301, FAX (831) 454-4982 or email jross@health.co.santa-cruz.ca.us.

Sincerely,

Jeri Ross, MPH
Departmental Administrative Analyst

**HEALTHY FAMILIES/MEDI-CAL FOR CHILDREN
OUTREACH
REQUEST FOR APPLICATION**

0206

APPLICANT COVER SHEET

APPLICANT INFORMATION		<i>Circle one only:</i> Single Entity		Cooperative Alliance
Company Name: Santa Cruz County Health Care Outreach Coalition				
Name of Project Director: Jeri Ross		Title: Health Services Agency Dept. Admin. Analyst		
Telephone: (831) 454-4301	Fax: (831) 454-4982	E-Mail: jross@health.co.santa-cruz.ca.us		
Name of Contact Person (if different than Project Director):		Title:		
Telephone:	Fax:	E-Mail:		
Mailing Address: 1400 Emeline Avenue, Bldg. K, 3rd Floor				
City: Santa Cruz	County: Santa Cruz	Zip: 95060		
Street Address: (same as above)				
City:	County:	Zip:		
FINANCIAL OFFICER				
Name: David McCollum		Title: Health Services Agency Fiscal Officer		
Telephone: (831) 454-4324	Fax: (831) 454-4488	E-Mail:		
Mailing Address 1080 Emeline Avenue				
City: Santa Cruz	County: Santa Cruz	Zip: 95060		
FUNDING REQUEST	TARGET POPULATION(s)	GEOGRAPHIC AREA(s)		
\$ 185,449	Low income children and families	San Lorenzo valley, Beach Flat Neighborhood, Watsonville/Pajaro Valley		
OTHER APPLICANT INFORMATION				
Nonprofit Corporation Number		Federal Tax Identification Number 94-6000534		
OFFICIAL SIGNATURE 				9/9/99
EXECUTIVE DIRECTOR Health Services Agency Administrator				DATE
Charles M. Moody NAME (Typed)				

ABSTRACT

The proposed project activities to be funded by the Healthy Families and Medi-Cal for Children Outreach contract will compliment and build on existing Santa Cruz County Health Care Outreach Coalition (SCCHCOC) outreach activities. The Coalition was formed in 1997 from a common desire to expand health care coverage for uninsured residents of Santa Cruz County, focusing specifically on children. It includes the following agencies: Santa Cruz County Human Resources Agency, Santa Cruz County Health Services Agency, Central Coast Alliance for Health, Food and Nutrition Services (**WIC**), Community Action Board, Santa Cruz Community Counseling Center (Headstart), Valley Resource Center (Healthy Start) Pajaro Valley Unified School District Healthy Start, County Office of Education, Planned Parenthood Mar Monte, Santa Cruz Women's Health Center, Second Harvest Food Bank, Growth and Opportunities Migrant Head Start, Adelante and All Kids by Two.

The overall goal of this outreach project is to increase enrollment in **HF/MC** by targeting low-income families and their children within Santa Cruz County who may be eligible for Healthy Families and Medi-Cal for Children and who are not currently enrolled in either program.

Specific objectives include conducting direct outreach in three targeted geographic areas of the county, San Lorenzo Valley, Beach Flats and **Watsonville/Pajaro Valley**, where low-income families reside and their children are disproportionately enrolled in Healthy Families/Medi-Cal for Children (**HF/MC**). In order to effectively reach the low-income families in these identified geographic areas, effective outreach strategies proposed for implementation include mass media, school-based outreach, outstationing and community street-based outreach.

The mass media campaign will be based on efforts to develop and promote messages designed to reach the local low-income target population with an emphasis on Latinos. Campaign strategies include utilizing bilingual print advertisements in the county's daily and weekly newspapers, Spanish language radio **PSAs**, ads and informational talk shows. Bulk mailing of bilingual **HF/MC** informational fliers will be distributed to 40,000 residents in identified low-income neighborhoods as well.

School-based outreach will be implemented with efforts provided at Healthy Start sites in school districts where low-income children attend school, San Lorenzo Valley Unified School District (SLWSD) and Pajaro Valley Unified School District (PWSD). Also outreach and enrollment will be conducted at schools that have been identified as having a large number of children in the Free and Reduced Lunch Program and that are not participating in the SLWSD or PWSD Healthy Start Programs.

Outstation sites will be established staffed by a bilingual, bicultural Eligibility Worker at Community Based Organizations (**CBOs**) that already provide services to the target population. Plans include targeting those **CBOs** in the Beach Flats neighborhood and the public health CHDP clinic.

Community street-based outreach will concentrate on conducting outreach and enrollment activities where low-income families reside, work and attend cultural and community events with a focus on the migrant farm workers in Watsonville and Pajaro Valley. Efforts include utilizing a mobile van to reach isolated migrant camps, conducting outreach and enrollment at low-income housing projects, providing presentations at Growers Association meetings, licensed migrant Head Start home child care provider meetings, at migrant parent Head Start meetings and conducting door-to-door outreach and enrollment in neighborhoods where migrant families live and attend cultural community events.

IDENTIFICATION OF GEOGRAPHIC **AREA** AND TARGET POPULATION

The target population for the Healthy Families and Medi-Cal for Children Outreach Project will include Santa Cruz County children and their families that may be Healthy Families or Medi-Cal eligible but due to a variety of factors are not enrolled. Outreach efforts are aimed to reach **low**-income populations in geographic service areas where the highest degree of poverty exists including school districts where children of low-income families attend school. The following chart based on the 1990 census for Santa Cruz County, denotes poverty status by ethnicity:

	All	White	Black	American Indian	Pacific Islander	Other	Hispanic
Total Population	228,734	182,849	2,632	1,821	8,512	23,920	46,797
# at poverty level	23,770	17,385	379	309	687	5,010	8,530
% at poverty level	10.3%	9.0%	14.4%	17.0%	8.1%	20.0%	18.2%

The county has a population of 228,734 as reported in the 1990 census. The two major cities are Santa Cruz in north county and Watsonville in south county. Low-income populations targeted for this project reside in the Beach Flats neighborhood in the city of Santa **Cruz**, Watsonville and in the unincorporated, rural parts of the county including San Lorenzo Valley, a rural area in the Santa Cruz Mountains and Pajaro Valley in south county.

The county's overall unemployment rate ranges from 8% during summer to 13% or more during winter months. According to the Santa Cruz County United Way Community Assessment Report 1998, **Watsonville/Pajaro** Valley's average unemployment rate is the highest in the county at **16%**, which is three times the national average.

The county's fastest growing ethnic group is **Latino**, comprising over 20% of the county's population. According to the Census Bureau, the county's Hispanic population grew 32% between 1990 and 1997, while the total population rose just 4.7%. During the peak agricultural months, migrant farm workers augment the population by at least 5,000 people. A majority of Hispanic immigrants living in the county are legal residents and live in Watsonville and Pajaro Valley. Hispanics comprise about 73% of Watsonville's population. The median family income for Watsonville residents is \$32,000 compared with \$43,000 for the county and 31% of Watsonville's population is under the age of 18 compared with 24% countywide.

The State Department of Health Services 1997 statistics reflect 26,201 Medi-Cal enrollees in Santa Cruz County. Extrapolation of data, based on population by county, indicates the number of eligible uninsured children in Santa Cruz County to be 2,401. The lower and upper limit ranges are 471 and 4,332. Based on June 19, 1999 data, 932 children have been enrolled in Healthy Families since program implementation July 1, 1998. Funding for this project will focus efforts to enroll eligible and uninsured children in the county by targeting low-income families in geographic areas with disproportionately low enrollment, especially Hispanic populations, that reside in Watsonville, the rural areas of Pajaro Valley, the Beach Flats neighborhood and the rural areas of San Lorenzo Valley.

APPLICANT CAPABILITY

The Santa Cruz County Health Care Outreach Coalition (SCCHOC) was formed in 1997 from a common desire to expand health care coverage for uninsured residents of Santa Cruz County, focusing specifically on children. Membership of the SCCHOC includes multiple community agencies that have a successful history of serving low-income populations for years with sensitivity to bilingual, bicultural and literacy issues and who face barriers to accessing services due to residing in geographically isolated areas of the county. The philosophy and mission of the SCCHOC, working in partnership with the community, is to promote, advocate and provide services to improve health care access for the underserved and **marginalized** residents of Santa Cruz County. As a guiding premise, Coalition agencies utilize outreach strategies designed to “meet the people where they are” for planning and service delivery.

The SCCHOC outreach efforts are being funded by an 18 month (February 1, 1999-June 30, 2,000) David and **Lucile** Packard Foundation grant for \$157,740 and a 12 month (Jan 1, 1999-Dec 31, 1999) Medi-Cal Outreach Contract for \$ 135,978.

The Santa Cruz County Health Services Agency (HSA) will serve as the fiscal and lead agency related to project activities and contract management. HSA with an annual budget of over \$57 million provides mandated and optional public and mental health services to all county residents, including those with health needs and no ability to pay for services. It is the philosophy of the agency to make every attempt to connect those in the community that have health needs with available resources. HSA has been administering these services since 1973 and receives funding from state, federal and local resources, all of which require quarterly and/or annual fiscal program reports as well as year-end final reports and/or audits.

Implementation of project activities will also include working closely with the Santa Cruz County Human Resources Agency (HRA), a collaborative partner in the SCCHOC with an annual budget of \$67 million. HRA serves low-income families and youth, abused and neglected children, the medically uninsured, vulnerable adults with disabilities and the elderly. **HRA** administers county welfare services, social services, job training programs and child care services. **HRA's** commitment to increase access to Medi-Cal enrollment by establishing outstation sites at community health clinics and hospitals has a successful track record. According to data from the Medi-Cal Policy Institute published June 1999, Santa Cruz County rated second of **all** the counties in the state with 17% of Medi-Cal applications being completed at outstation sites in 1996-97.

Specific coalition partners that will be responsible for implementing project activities in conjunction with the support and direction from the SCCHOC are: HSA, HRA, Growth and Opportunities/Migrant Head Start, Pajaro Valley Unified School District Healthy Start (PWSD), Valley Resource Center (VRC) and the County Office of Education (COE).

- **Growth and Opportunities** is a non-profit child care development program that has been serving Santa Cruz County and providing outreach services since 1992. Services include child care, health education and social services to migrant families. The program renders services to 350 migrant children annually through child care centers and licensed home providers.
- **PVUSD Healthy Start** provides school-based comprehensive health services to improve students' health status, increase students access to services and prevent childhood injuries and illnesses. The PWSD has been providing services at 6 schools of which 51% are **Latino** and whose families are employed as farm laborers. Over 75% of the staff are bilingual and

provide contact with students and families through direct service delivery, home visits and school events.

- **VRC** manages the Healthy Start program for the San Lorenzo Valley Unified School District (SLWSD). Since 1996, VRC has been providing school-based services at 6 schools with an enrollment of approximately 2,300 K-12 students of which a significant number are **low-income**. The SLWSD Healthy Start staff work closely with 30-50 families a year to link them with health related and other services utilizing a case management approach that includes providing transportation to health and dental appointments.
- **Santa Cruz County Office of Education(COE)** has been providing leadership for over a century implementing school-site programs that currently reach approximately 45,000 students in 56 schools with 2,100 teachers.

Key staff responsible for implementing the project will be **Jeri Ross**, MPW HSA Departmental Administrative Analyst, **Claudine Wildman**, HRA South County Site Benefits Manager and **Debbie Friedman**, Project Coordinator for the Health Care Outreach Coalition. Ms. Ross has over 8 years of experience implementing HJV outreach programs. Ms. **Wildman** has a degree in Social Work and has extensive experience working with community based and government agencies. Ms. Friedman has a degree in Health Science and has been the executive director of health related non-profit community agencies. Other key staff members will be the bilingual, bicultural staff hired with funds from the **HF/MC** for Children contract that include an HSA Health Program Specialist (HPS), an HRA Eligibility Worker **III** (EW), a Growth and Opportunities Outreach Worker and Healthy Start Family Advocate/Intake Workers.

The Medi-Cal/Healthy Families (**HF/MC**) Project Coordinator hired through this contract will be responsible for coordinating and facilitating implementation of the outreach activities and strategies outlined in this proposal with oversight and direction from the Coalition. The **HF/MC** Project Coordinator will collaborate with the Coalition Project Coordinator to ensure coordination, prevent duplication and ensure the best utilization of resources.

Implementing project activities will build infrastructure sustainability for maintaining and increasing enrollment of eligible children in **HF/MC** by educating the communities served about **HF/MC** benefits, networking with community agencies that provide services to the target populations to establish on-going supportive relationships and from the leadership provided by the Coalition. Many of the **CBOs** that serve the target population are supported by Medi-Cal Administrative Activities (**MAA**) funding, which also is an incentive for continued participation.

SCOPE OF WORK

The Santa Cruz County Health Care Outreach Coalition proposes this comprehensive community outreach project designed to target low-income Santa Cruz County families in order to increase enrollment in Healthy Families and Medi-Cal. Proposed project implementation is based on outreach efforts utilized by local and statewide agencies at reaching low-income populations that have proven to be effective. According to the California HealthCare Foundation Lessons Learned About Outreach Report, June 1999, multiple outreach efforts that reinforce each other have substantially increased the number of families enrolled. Project plans based on this multi-approach strategy include: developing a media campaign that appeals to the target population; increasing enrollment efforts at Healthy Start school-based sites; expanding outstation sites at community based organizations (CBOs) that serve the target population; conducting community, street-based outreach in areas where low-income families reside, work and attend community and cultural events.

In developing the project's outreach approaches to increase HF/MC enrollment, identified gaps in existing efforts were identified and addressed. Activities funded by the Packard grant have been focused predominantly on a broad-based communitywide education approach via media, creating a health care access information line, agency staff trainings and distribution of HF/MC information. The Medi-Cal Outreach Program, which is slated to end as of December 31, 1999, has supported efforts to establish outstation sites at CBOs that serve the target population. This project would expand these efforts to include CBOs that are currently not participating. Current outreach efforts do not include a very crucial component, community street-based outreach that targets the Latino low-income populations in the Beach Flats and Watsonville/Pajaro Valley areas, which would be made possible with funding from this project. It is the intent of the Healthy Families/Medi-Cal for Children Outreach Project to focus outreach efforts on completing eligibility assessments and HF/MC applications for those families that are hardest to reach, reluctant to enroll their children and experience the greatest barriers to enrollment.

Media Campaign: Media campaign efforts will be based on developing and promoting messages and strategies designed to reach the local low-income target population with an emphasis on Latinos. Campaign strategies include utilizing bilingual print advertisements in the county's daily and weekly newspapers, Spanish language radio PSAs, ads, and informational talk shows with community leaders discussing HF/MC program benefits, the importance of health insurance, immigration and public charge issues, where to get assistance with enrollment and the benefits of preventive health care services. Media efforts also will include a bulk mailing strategy targeting 40,000 residents in identified low-income neighborhoods. Bilingual mailers will provide messages that address the ease of application, types of available health care benefits, qualifying income charts, information about public charge/immigration and the local health care access information phone numbers.

School-based Outreach: The SLWSD and PWSD consists of 12 schools with a combined enrollment of 22,800 (K-12) students. A family health assessment is completed on all families entering the Healthy Start Program within these school districts that includes assessing health insurance needs. Proposed outreach efforts will expand duties for the Healthy Start Family Advocate/Intake Worker at 7 school Healthy Start sites. Healthy Start Family Advocate/Intake Workers do not assist with HF/MC applications but refer families to Certified Application Assistors (CAAs). These 7 staff people will be trained to be CAAs and will assist with completing applications during the family health assessment sessions as well as conducting follow-up with families to provide application assistance throughout the school year. The Healthy Start Family Advocate/Intake Workers will also be responsible for promoting HF/MC through outreach at schools events, parent-teacher meetings and via school publications. It is proposed that the County Office of Education hire a bilingual Project Technician (.25 FTE) to

provide outreach and enrollment at school-sites that have been identified as having a large number of children in the Free and Reduced Lunch Program and that are not participating in the SLWSD or PWSH Healthy Start Program.

Outstation Sites: It is anticipated that outstationing a bilingual, bicultural Eligibility Worker III (.50 FTE) at CBOs that already provide services to the target population to process applications will further expedite and increase HF/MC enrollment. In order to expand outreach to the predominately low-income Latino Beach Flats neighborhood, which currently is not being reached, outstation sites will be established at CBOs that provide services to this neighborhood. Funding for this project would also provide additional resources to follow up with families who bring their children to the public health clinic for CHDP exams.

Community Street-based Outreach: Implementing community street-based outreach where low-income families reside, work and attend cultural and community events focusing primarily on the migrant farm workers in Pajaro Valley will be a major component of project activities. The bilingual, bicultural Health Program Specialist (1.0 FTE) who will be a CA4 will be conducting outreach and enrollment at low-income housing projects, at migrant camps utilizing the Health Services Agency's Mobile Outreach Van in conjunction with the Perinatal Outreach and Education Program (POE) and at community events. It is anticipated that by combining efforts to serve migrant farm workers with educational information related to family and women's health issues, attraction to the van will be enhanced. The van will also be utilized at cultural and community events including "A Day in the Park" information and enrollment exhibits at the Watsonville Plaza, Cinco de Mayo celebrations and at the Beach Flats Health Fair. The van offers a confidential space to complete applications, which will enhance enrollment possibilities. Street-based outreach strategies will also include providing incentives such as pencils etc. to attract children and families to the van or booths at community events.

The bilingual, bicultural Outreach Worker from Growth and Opportunities Migrant Head Start (.30 FTE) and the COE Project Technician (.25) who will be CAAs will conduct presentations and application assistance at Growers Association meetings, migrant parent Head Start meetings and licensed home child care provider meetings and speak directly with parents as they pick up their children from child care. Topics will address public charge and other concerns and barriers to HF/MC enrollment identified by migrant farm workers. The Outreach Worker will also target neighborhoods in the Watsonville area where a significant farm worker population resides in order to conduct door-to-door outreach. Migrant farm worker children would benefit from a year-round health plan because they are not insured at all or are uninsured during the winter months. Outreach contacts and presentation topics would emphasize the benefits of HF/MC to address this need.

Establishing on-going trusting relationships with low-income families will be a major factor in project success. In order to accomplish this goal, staff funded by this project will function as advocates, providing information and referral to multiple community services during their outreach at schools, CBOs and on the streets. Information will be client-centered and designed based on the needs of each family. Copies of the Access Book, a comprehensive resource guide developed by the Coalition that includes information about AIM, CHDP, CCS, Healthy Families, Medi-Cal, Medi-Cruz, HIPC, PACT and MRMIP, will be given to and reviewed with families. Retention efforts will be based on a case management approach that promotes on-going support for families throughout the application process including completing the application, following-up on application approval and clarifying eligibility status and what steps to take to maintain eligibility. Ticker files will be created, maintained and reviewed by project staff in order to provide timely, relevant information about benefits to the clients that they serve.

Some of the identified barriers to HF/MC enrollment for low-income residents include: lack of knowledge regarding program benefits and eligibility requirements, lack of transportation,

limited access to eligibility offices due to inconvenient locations and hours of service, mistrust of government agencies, fear related to immigration and public charge issues, lack of appropriate language specific and/or low-literacy materials and the complicated enrollment process. It is the intent of this project to reduce or eliminate enrollment barriers in order to be successful at achieving project goals by conducting outreach in difficult to reach geographic areas of the county including utilizing mobile van outreach to migrant camps; building on trusted relationships that already exist with staff at schools and at **CBOs** that offer services to the target population; utilizing bilingual, bicultural staff outreach workers as peer educators and client advocates; providing opportunities for families to learn about and enroll in **HF/MC** with the assistance of trained staff in their neighborhoods where they live, their children attend school and where they attend community cultural events on days and at times that are convenient for them; by providing information about public charge, immigration and other community services in language specific, easy to understand, low-literacy materials and through radio and television media to accommodate those persons who are not able to read.

The target population will benefit from project implementation by learning more about **HF/MC** program services and gaining easy access to assistance with **HF/MC** enrollment. These efforts will also help reduce further health care problems and costs through prevention, early intervention and treatment.

The facilitation of activities will be accomplished with broad direction from the **SCCMOC** which will meet monthly to conduct collaborative planning, provide oversight of project activities and evaluation of project efforts. The **HF/MC** Project Coordinator (.75 FTE) will be responsible for management of daily operations. Success of project activities will be monitored and determined by maintaining records of number of materials distributed, outreach contacts made, assisted applications and increased numbers of enrolled children. Sub-contractors will be required to submit monthly statistical reports to HSA that includes names of applicants in order to account for work completed. The HSA **HF/MC** Project Coordinator will monitor the contract, supervise work progress and submit monthly progress reports to the State. HSA will be responsible for creating a database with names of enrolled children for tracking and evaluating the success of efforts.

**Santa Cruz County Health Care Outreach Coalition
Healthy Families/Medi-Cal for Children Outreach Project
Scope of Work**

The contractor shall work toward achieving the following goals and will accomplish the following objectives. This shall be done by performing the specified implementation activities and utilizing evaluation methods to measure process and/or outcome.

Goal 1: Low-income families that reside predominantly in three geographic areas of the county (San Lorenzo Valley, Beach Flats, Watsonville/Pajaro Valley) will have increased awareness and information about HF/MC through intensive outreach efforts utilizing media, school-based outreach, outstationing and community street-based outreach strategies.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE MILESTONES	EVALUATION METHOD PROCESS AND/OR OUTCOME OBJECTIVES
<p>1. By 06/30/00 to implement and complete a media campaign that includes 56 ads in 2 daily newspapers and 84 ads in 3 weekly newspapers; 1 80 30 second radio spots on 2 FM and 1 AM Spanish radio stations; 4 talk shows on 2 Spanish radio stations; bulk mailing of 40,000 bilingual fliers to low-income neighborhoods.</p>	<p>1a. HF/MC Project & Coalition ad and oversee purchase contracts and run schedules with newspapers. 1b. HF/MC Project & Coalition Coordinators produce radio spot ads, oversee air-time contracts, air-time schedules with radio stations. 1c. HF/MC Project & Coalition Coordinators organize talk show topics, speakers and air-times with Spanish radio stations. 1d. The HF/MC Project & Coalition Coordinators produce bilingual bulk mail flier, oversee distribution.</p>	<p>10/15/99 - 04/30/00 10/15/99 - 04/30/00 11/01/99 - 04/30/00 11/01/99 - 12/15/99</p>	<p>1a. Ad copy and newspaper run schedules. 1b. Radio ad content, air-time schedule and stations selected. 1c. Radio station agenda topics, speakers, schedules and stations selected. 1d. Bilingual flier, distribution lists and a log of number of fliers mailed.</p>

Santa Cruz County Health Care Outreach Coalition
 Healthy Families/Medi-Cal for Children Outreach Project
 Scope of Work

EVALUATION METHOD PROCESS AND/OR OUTCOME OBJECTIVES	TIMELINE MILESTONES	IMPLEMENTATION ACTIVITIES	MEASURABLE OBJECTIVES
2a. Monthly statistical reports reporting number of newsletters and fliers distributed submitted to HF/MC Project Coordinator.	10/15/99 - 05/15/00	2a. Healthy Start Family Advocate/Intake Workers and the COE Technician provide HF/MC information for distribution in newsletters, web pages and posting on marquees.	2. By 06/30/00 to implement and complete school-based outreach within 2 school districts via 7 Healthy Start sites and at 13 school sites that serve a large number of children in the Free and Reduced Lunch Program that includes distributing HF/MC information to 615 families per month (8 months x 615 families = 4,920) using newsletters, notices on school marquees, parent/teacher meetings, school events such as health fairs, CHDP and dental clinics.
2b. Monthly statistical reports reporting number of presentations and number of families reached submitted to HF/MC Project Coordinator.	11/01/99 - 03/31/00	2b. Healthy Start Family Advocate/Intake Workers and the COE Technician organize topics and presentations at parent/teacher meetings.	3. By 06/30/00 to establish 3 outstation sites within geographic areas that serve low-income families.
2c. Monthly statistical reports reporting number of events, locations and number of materials distributed.	10/15/99 - 06/15/00	2c. Healthy Start Family Advocate/Intake Workers and the COE Technician attend and distribute HF/MC information and applications at school events.	3a. Hire bilingual, bicultural EW III (.50FTE).
3a. EW III monthly workplan.	10/15/99 - 11/15/99	3b. HF/MC Project Coordinator and EW III conduct site visits at CBO's that serve target population.	3b. HF/MC Project Coordinator
3b. HF/MC Project Coordinator workplan.	11/01/99 - 12/15/99		

Santa Cruz County Health Care Outreach Coalition
 Healthy Families/Medical for Children Outreach Project
 Scope of Work

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE MILESTONES	EVALUATION METHOD PROCESS AND/OR OUTCOME OBJECTIVES
<p>4. By 06/30/00 to implement and complete community street-based outreach that includes conducting 10 outreach visits at low-income housing projects reaching 50 families; 6 outreach visits to migrant camps reaching 50 families, present at 6 Grower Association meetings reaching 500 migrant farm workers; conduct door-to-door outreach in 4 Watsonville neighborhoods reaching 50 families; present at 8 Migrant Head Start parent meetings reaching 125 families; present at 8 Licensed Home Child Care provider meetings reaching 50 providers; attend 4 cultural and community events reaching 200 families.</p>	<p>3c. HF/MC Project Coordinator and HRA Site Benefits Manager develop outstation site MOU and procedures.</p> <p>3d. HF/MC Project Coordinator and EW III establish outstation site schedules.</p> <p>4a. Hire bilingual, bicultural HPS (1.0 FTE).</p> <p>4b. HF/MC Project Coordinator, Migrant Head Start Director and COE Program Manager develop outreach plans, create staff schedules, statistical reporting forms and presentation agendas.</p> <p>4c. HF/MC Project Coordinator, Migrant Head Start Director and COE Program Manager establish contact with outreach sites at housing projects, growers associations and migrant camps.</p>	<p>11/15/99 - 12/31/99</p> <p>11/15/99 - 12/31/99</p> <p>10/15/99 - 12/15/99</p> <p>11/01/99 - 11/30/99</p> <p>11/15/99 - 12/01/99</p>	<p>3c. Copy of MOU's and procedures for outstation sites.</p> <p>3d. EW III monthly workplan.</p> <p>4a. HPS and Migrant Head Start Outreach Worker staff monthly workplan.</p> <p>4b. HF/MC Project Coordinator, HPS, Migrant Head Start Outreach Worker and COE Project Technician monthly workplan.</p> <p>4c. HF/MC Project Coordinator monthly workplan.</p>

Santa Cruz County Health Care Outreach Coalition
Healthy Families/Medi-Cal for Children Outreach Project
Scope of Work

0217

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE MILESTONES	EVALUATION METHOD PROCESS AND/OR OUTCOME OBJECTIVES
	4d. HPS, Migrant Head Start Outreach Workers and COE Project Technician implement outreach plans.	11/15/99 – 06/30/00	4d. Monthly statistical report of number of families reached, number of materials distributed, number of presentations given submitted to HF/MC Project Coordinator.

**Santa Cruz County Health Care Outreach Coalition
Healthy Families/Med-Cal for Children Outreach Project
Scope of Work**

Goal 2: The number of eligible children enrolled in HF/MC will be increased due to outreach efforts focused on application assistance at school-based sites, outstation sites and during community street-based outreach activities.

MEASURABLE OBJECTIVES		IMPLEMENTATION ACTIVITIES		TIMELINE		EVALUATION METHOD PROCESS AND/OR OUTCOME OBJECTIVES	
1. By 06/30/00, an increase of 200 children will be enrolled in HF/MC through school-based outreach within 2 Healthy Start school districts and 13 schools that serve a large number of children in the Free and Reduced Lunch Program.		1a. Increase staff duties of Healthy Start Family Advocate/Intake Workers dedicated to application assistance.		10/15/99 – 06/30/00		1a. Healthy Start Family Advocate/Intake Workers workplan.	
1b. Hire COE Project Technician.		1b. Hire COE Project Technician.		10/15/99 – 11/15/99		1b. COE Project Technician workplan.	
1c. Family Advocate/Intake Workers and COE Project CAA's. Technician trained as CAA's.		1c. Family Advocate/Intake Workers and COE Project CAA's. Technician trained as CAA's.		10/15/99 – 11/15/99		1c. Family Advocate/Intake Workers and COE Project Technician and COE Project Technician CAA training dates and certification documents.	
1d. Family Advocate/Intake Workers and COE Project Technician enroll eligible children into HF/MC.		1d. Family Advocate/Intake Workers and COE Project Technician enroll eligible children into HF/MC.		10/15/99 – 06/30/00		1d. Monthly statistical reports submitted to HF/MC Project Coordinator.	
2. By 06/30/00 an increase of 60 children will be enrolled in HF/MC through 4 outstation sites that serve low-income families.		2a. EW III enroll eligible children into HF/MC.		12/01/99 – 06/30/00		2a. Monthly statistical reports submitted to HF/MC Project Coordinator.	

**Santa Cruz County Health Care Outreach Coalition
Healthy Families/Medi-Cal for Children Outreach Project
Scope of Work**

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE MILESTONES	EVALUATION METHOD PROCESS AND/OR OUTCOME OBJECTIVES
<p>3. By 06/30/00 an increase of 300 children will be enrolled in HF/MC through community street-based outreach efforts.</p>	<p>3a. HPS trained as CAA.</p> <p>3b. HPS, Migrant Head Start Outreach Worker and COE Project Technician enroll eligible children HF/MC.</p>	<p>12/30/99</p> <p>11/15/99 -- 06/30/99</p>	<p>3a. HPS CAA training dates and certification documents.</p> <p>3b. Monthly statistical reports submitted to HF/MC Project Coordinator.</p>

PERFORMANCE GOALS

The goal of this project is to increase **HF/MC** enrollment by 560 children. The success in meeting this goal will be measured by the number of outreach contacts, number of assisted applications, and newly enrolled applicants (number of children) into **HF/MC** by the **HPS**, **EW III**, Healthy Start Family Advocate/Intake Workers, the Growth and Opportunities Migrant Head Start Outreach Worker and the COE Project Technician.

It is anticipated that attaining the projected number of newly enrolled children can be accomplished based on several factors that include: project outreach plans that build on already existing efforts of the Coalition, Packard Grant and the Medi-Cal Outreach contract to educate and enroll eligible families; the utilization of bilingual, bicultural staff implementing multi-approach outreach strategies within specifically identified geographic areas where the target population resides and accesses services; a project implementation start date that aligns with the ending of the agricultural season when many farm workers and their families are uninsured due to unemployment; increased project efforts that emphasize application assistance and on-the-spot enrollment during outreach activities.

In the Scope of Work, timelines reflect work-in-progress and completion dates of activities. Performance goals will provide milestones in meeting project objectives for evaluation purposes as they relate to the number of outreach contacts, number of assisted applications and number of children enrolled.

Media: Mass media campaign outreach efforts enhance the public's awareness of **HF/MC** program enrollment opportunities and benefits that is difficult to quantify in actual applications completed. Evaluating planned media objectives will be based on the number of print media advertisements run in local publications, Spanish language **PSAs**, ads, talk shows aired and the numbers of bilingual fliers distributed via bulk mailings as outlined in the activities timelines in the scope of work. Numbers of calls to the health care access information line will be logged which can be a method to measure the success of reaching the public and more specifically the target population with planned mass media outreach strategies.

School-Based Outreach

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Contacts		600	600	600	600	600	600	600	300		4,500
Apps Assit		30	30	30	30	30	30	30	30		240
Apps Apprv			10	10	10	10	10	10	10	10	80
# Children			20	20	20	20	20	20	20	20	160

Outstation Sites

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Contacts			30	30	30	30	30	30	30		210
Apps Assit				20	20	20	20	20	20		140
Apps Apprv					5	5	5	5	5	5	30
# Children					10	10	10	10	10	10	60

Community Street-Based Outreach

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Contacts		150	150	150	150	150	150	150	150		1,200
Apps Assit		50	50	50	50	50	50	50	50		400
Apps Apprv			19	19	19	19	19	19	19	19	152
# Children			38	38	38	38	38	38	38	34	300

EVALUATION PLAN

The project evaluation plan will include methods to measure the achievement of objectives as outlined in the scope of work and based on the performance goals/milestones charts.

Service Measures

It is anticipated that the total number of clients served represented by number of outreach contacts will be 6,023.

Outcome Measures

It is anticipated that the total number of Healthy Families/Medi-Cal cases in the targeted geographic areas represented by the number of newly enrolled children will be 560.

Structural Measures

The number of agencies that are providing outreach services represented by the number of funded coalition members (6) and outstation sites (3) will be 9.

Materials Developed

The media campaign will produce 140 display ads, 180/30 second radio PSAs and ad spots, 4 radio talk shows and 40,000 bilingual fliers for bulk mailing. Costs to print additional professionally designed Medi-Cal brochures (5,000 English/5,000 Spanish) and Healthy Families fotonovela brochures (5,000 English/ 5,000 Spanish) funded by the Medi-Cal Outreach Contract will be included in the budget for distribution during outreach activities.

Activities Performed

A data collection form will be completed by funded Coalition members each month and submitted to the HF/MC Project Coordinator to assess the implementation, operation and outcomes of the proposed project objectives. The HF/MC Project Coordinator will be the primary staff assigned to evaluation and will also be responsible for compiling names of applicants and submitting monthly reports to the state with the required reporting criteria. Members of the Coalition Executive Committee will review monthly progress reports in order to participate in evaluation activities. Based on outcomes of monthly evaluation results, project activities will be assessed and adjusted with the direction of the Coalition and the HF/MC Project Coordinator in order to better accomplish stated objectives

0222

Healthy Families/Medi-Cal for Children Project
Budget
October 15, 1999-June 30, 2000

Position	Salary Range	Percent Time	Total
PERSONNEL			
Dept Admin Analyst/Project Coordinator	\$39,084-\$52,056	.75 FTE	\$23,970
Health Program Specialist	\$28,788-\$35,940	1.0 FTE	\$24,446
Eligibility Worker III	\$28,812-\$35,688	.50 FTE	\$12,640
Differential Pay			\$1,913
Subtotal Personnel			\$62,969
Fringe Benefits @33%			\$20,780
Total Personnel Costs			\$83,749
OPERATING EXPENSES			
Travel and Per Diem			\$3,000
Office Expense			\$1,500
Audit			\$2,000
Printing			\$5,000
Incentives			\$2,000
Sub-total Operating Expenses			\$13,500
Other Costs (Media)			\$27,880
Sub-Contracts			
Valley Resource Center			\$16,183
Healthy Start PVUSD			\$18,978
Growth & Opportunities			\$9,090
County Office of Education			\$9,772
Total Sub-Contracts			\$54,023
Indirect Costs			\$6,297
TOTAL PROJECT			\$185,449

Healthy **Families/Medi-Cal** for Children Project
Budget Justification
October **15, 1999-June 30, 2000**

PERSONNEL

Departmental Administrative Analyst/Project Coordinator (.75 FTE) \$23,970

The Departmental Administrative Analyst will coordinate this project and act as project director. This position will oversee the budget, scope of work, project evaluation and reports, will supervise the HSA Health Program Specialist, will provide liaison to the State and will complete administrative details of all operations.

Health Program Specialist (1.0 FTE) \$24,446

The bilingual, bicultural HSA Health Program Specialist will provide direct outreach activities at low-income housing projects, migrant camps and at community events. The HPS will be trained as a CAA and provide application assistance and on-going follow-up with families to inform them of eligibility status and benefits.

Eligibility Worker III (.50 FTE) \$12,640

The bilingual, bicultural HRA Eligibility Worker III will staff outstation sites at CBOs that serve the target population in order to complete enrollment for eligible families and children and to provide on-going follow-up with families to inform them of eligibility status and benefits.

Differential Pay \$1,913

The pay differential rate for bilingual skills is .50 for level 1 and .70 for level 2. All of the above staff positions are classified as bilingual with the Departmental Administrative Analyst at level 1 and the HPS and EW III at level 2.

Fringe Benefits \$20,780

Fringe Benefits are calculated at 33% include retirement, FICA, employee insurance and benefits, Worker's Compensation and State unemployment insurance.

OPERATING EXPENSES

Travel and Per Diem \$3,000

Mileage is calculated at the rate of .31 per mile and estimates for travel expense are based on an average monthly mileage of 500 miles for the HPS, 500 for the EW III and 140 miles for the Departmental Administrative Analyst.

Office Expense \$1,500

Office expenditures include purchasing supplies and duplicating services.

Audit \$2,000

Audit costs are associated with conducting the state required independent financial audit to be obtained at the completion of the fiscal year.

Printing \$5,000

Expenditures will include costs associated with printing the Medi-Cal and fotonovela brochures.

Incentives \$2,000

Expenditures will include purchasing incentive items to distribute during outreach activities to low-income families and their children including pencils, stickers, etc.

Other costs \$27,880

Other cost expenditures will be utilized for producing mass media including newspaper ads, radio ads and to pay for costs associated with bulk mailing.

SUB-CONTRACTS

Valley Resource Center \$16,183

The sub-contract with the Valley Resource Center includes salary for 4 Healthy Start Family Advocate/ Intake Workers (Total .50 FTE) at \$11,934 with 25% benefits \$2,984. Total Personnel: \$14,918. Operating expenses: \$349 Indirect cost @ 6% \$916.

Healthy Start Paiaro Valley Unified School District \$18,978

The sub-contract with the Healthy Start PVUSD includes salary for 3 Healthy Start Family Advocate/Intake Workers (Total .60 FTE) at \$13,710 with 33% benefits \$4,524. Total Personnel: \$18,234 Indirect cost @ 4.08 % \$744.

Growth and Opportunities Migrant Head Start \$9,090

The sub-contract with Growth and Opportunities Migrant Head Start includes salary for 1 Outreach Worker (.30) at \$5,100 with 25% benefits \$1,275. Total Personnel: \$6,375 Operating expenses: \$2,200 Indirect cost @ 6% \$515.

County Office of Education \$9,772

The sub-contract with the County Office of Education includes salary for 1 Project Technician (.25 FTE) at \$3,309 and 1 Program Supervisor (.10 FTE) at \$2,700 with 30% benefits \$1,801. Total Personnel: \$7,810 Operating expense: \$1,409 Indirect cost @ 6% \$553.

Indirect Cost \$5,498

Indirect cost is calculated @ 10% of the total personnel costs less fringe benefits.

TOTAL BUDGET: \$185,449