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Request (PDR).*

*Please refer those wishing to place a
PDR to the City Clerk's Office.*

**2011 CONTRACT FOR HUMAN SERVICES
BETWEEN THE CITY OF LAKEWOOD AND
Tacoma Pierce County Health Department (TPCHD)**

THIS AGREEMENT is entered into this 27th day of June, 2010, by and between the City of Lakewood, Washington, a code city duly organized and existing pursuant to laws of the State of Washington, hereinafter referred to as the "City", and **TPCHD**, hereinafter referred to as the "Agency".

WHEREAS, the City has determined the need to have certain human services performed for its citizens; and,

WHEREAS, the City desires to have the Agency perform such services pursuant to certain terms and conditions, now, therefore,

IN CONSIDERATION OF the mutual benefits and conditions hereinafter contained, the parties hereto agree as follows:

1. Scope of Services to be Performed by Agency. The Agency shall perform those services described on "Exhibit A", attached hereto and incorporated herein by this reference as if fully set forth, generally known by the project title of "**Access to Care Dental Outreach.**" In performing such services, the Agency shall at all times comply with all Federal, State, and local statutes, ordinances and rules applicable to the performance of such services and the handling of any funds used in connection therewith. The Agency shall request, in writing, prior approval from the City whenever the Agency desires to amend the scope of services.

2. Identified Community Support. In order to recognize the participation and involvement of the City in the funding of this Agreement, and to insure that those people who benefit from the activities and services of the Agency are aware of the City's involvement, the Agency shall, when possible, include the words "*funded in part by the City of Lakewood*" on flyers, pamphlets, brochures, advertisements, annual reports or other printed information prepared by or for the Agency advertising or promoting the activities and services of the Agency pertaining to the particular program funded by the City. Such advertisements shall be filed with the City of Lakewood Parks, Recreation and Community Services Department, Human Services Division.

3. Compensation and Methods of Payment. The City shall pay the Agency for services rendered as set forth on "Exhibit B", Revised Budget and Budget Narrative, attached hereto and incorporated herein by this reference. The total amount to be paid shall not exceed \$10,500. Compensation shall be paid by the City following receipt of a properly completed Invoice in the form attached hereto as "Exhibit C", Request for Reimbursement. If the amount of the total compensation is in an amount not to exceed \$5,000, the Agency may, upon completion of the contracted services, submit a request to the City for the entire amount due at one time, which request shall be submitted to the City by the 15th day of December, 2011, and shall be processed for payment by the City in the normal course after that date, in accordance with the terms hereof. If the agency chooses not to submit a request for the total amount at one time, the payment schedule below applies. If the amount of the total compensation is more than \$10,500, the Agency shall submit requests to the City for payment as follows:

- Monthly, on the 15th day of the month.
- Bimonthly (every two months), on the _____ day of the month in which such request is submitted.
- Quarterly, on the ____ day of the month in which such request is submitted.
- Other: _____.

The requests for such payment shall be processed for payment by the City in the normal course after that date, in accordance with the terms hereof. Any/all requests for reimbursement shall not exceed the proportionate amount of contracted outputs identified and set forth on "Exhibit D" Output Report Form.

4. Agency Budget. The Agency shall apply the funds received under this Agreement with the maximum limits set forth in this Contract solely to the services specified in Paragraph 1, above, and according to the approved budget of the Agency. Prior approval from the City is required whenever the Agency desires to amend its budget by transferring funds among the budget categories.

5. Duration of Contract. This Contract shall be in full force and effect for a period commencing on the 1st day of January, 2011 and ending on the 31st day of December, 2011, unless sooner terminated under the provisions hereinafter specified.

6. Independent Contractor. The Agency and City agree that the Agency is an independent contractor with respect to the services provided pursuant to this Contract. Nothing in this Contract shall be considered to create the relationship of employer and employee between the parties hereto. Neither the Agency nor any employee of the Agency shall be entitled to any benefits accorded City employees by virtue of the services provided under this Contract. The City shall not be responsible for withholding or otherwise deducting federal income tax or social security payments or contributing to the State Industrial Insurance Program, or otherwise assuming the duties of an employer with respect to the Agency, or any other employee of the Agency.

7. Indemnification and Defense. The Agency shall defend and indemnify, and save harmless the City, its agents and employees, from and against any and all liability arising from injury or death to persons or omissions of the Agency, its agents, servants, officers or employees, irrespective of whether in connection with such act or omission it is alleged or claimed that an act of the City, or its agents or employees caused or contributed thereto. In the event that the City shall elect to defend itself against any claim or suit arising from such injury, death or damage, the Agency shall, in addition to indemnifying and holding the City harmless from any liability, indemnify the City for any and all expense incurred by the City in defending such claim or suit, including attorney's fees.

8. Insurance.

A. The Agency shall procure and maintain in full force throughout the duration of the Contract commercial comprehensive general liability insurance with a minimum coverage of \$1,000,000.00 per occurrence combined single limit and \$2,000,000.00 in the aggregate for personal injury and property damage and non-owned automobile. The said policy shall name the City as an additional named insured on the insurance policies, and **A COPY OF THE ENDORSEMENT NAMING THE CITY AS AN ADDITIONAL INSURED SHALL BE ATTACHED TO THE CERTIFICATE OF INSURANCE.**

B. In addition to the insurance provided for in Paragraph A above, the Agency shall maintain or insure that its professional employees or contractors maintain professional liability insurance in the event that services delivered pursuant to this Contract, either directly or indirectly, involve providing professional services. Such professional liability insurance shall be maintained in an amount not less than \$500,000.00 combined single limit per claim and in the aggregate. For the purposes of this paragraph "professional service" shall mean services provided by a physician, licensed psychologist, or other licensed professional.

C. Certificates of coverage as required by Paragraph A and B above shall be delivered to the City within fifteen (15) days of execution of this contract. Further, it is the responsibility of the Agency to ensure a valid certificate of insurance is in effect at all times throughout the course of this contract. Requests for reimbursement under this contract may be withheld until such time as a valid certificate of insurance is provided to the City.

9. Record Keeping and Reporting.

A. The Agency shall maintain accounts and records, including personnel, property, financial and programmatic records which sufficiently and properly reflect all direct and indirect costs of any nature expended and services performed in the performance of this Contract and other such records as may be deemed necessary to the City to ensure proper accounting for all funds contributed by the City for the performance of this Contract and compliance with this Contract. The Agency shall notify the City within ten (10) days of any change in program personnel.

B. These records shall be maintained for a period of seven (7) years after termination hereof unless permission to destroy them is granted by the office of the archivist in accordance with Chapter 40.14 RCW and by the City.

C. The Agency shall provide monthly activity reports to the City containing program goals and outputs in the format attached hereto as "Exhibit D", "Outputs Report." **Payment for services will not be made if Output Reports are not received by the last day of the following month in which services were provided. Output Reports shall be submitted monthly regardless of the payment schedule selected.**

D. The Agency shall provide activity reports to the City containing actual outcomes, indicators and an evaluation of the program. **Such reports shall generally follow the format of the "Outcome Based Program Evaluation Report" form attached hereto as Exhibit E. The Agency shall employ a data collection system in accordance with Exhibit F, attached hereto. Payment for services shall not be made if the Outcome Based Program Evaluation Reports are not received by the dates indicated below. The reports shall be submitted to the City in the frequency and by the dates indicated as follows:**

- Midyear, on the 31st day of July, 2011 (School based/pre-approved programs)
- Annual, on the 31st day of January, 2012.

E. The Agency, at the request of the City, shall make public presentations regarding the program funded by the City. Such presentation shall be prepared in advance and approved by the City.

F. The City of Lakewood places a high priority on collaboration. As such, the Agency shall provide representation at the monthly Collaboration Meeting.

10. Audits and Inspections. The records and documents with respect to all matters covered by this Contract shall be subject at all times to inspection, review or audit during the performance of this Contract. The City shall have the right to an annual audit of the Agency's financial statements and condition. In addition, the Agency is subject to an annual site monitor of the systems supporting Outcomes Based Evaluation. The City shall have the right to an annual inspection of the Agency's data systems for tracking outcome achievement. Areas of default noted during the annual inspection may demand additional site monitoring(s).

11. Termination. The City of Lakewood may suspend or terminate this Agreement in whole or in part for convenience, upon 15 days written notice to the Agency. If the Agency's insurance coverage is canceled for any reason, the City shall have the right to terminate this Contract immediately. If for any reason an agency does not comply with all aspects of this contract, including mandatory reports, such non-compliance may jeopardize the agency's ability to receive future funding.

Further: This Contract may be terminated upon evidence of the following conditions:

1. Agency is no longer operating. The Contract shall be terminated within 10 days of notification that the Agency is no longer operating and performing the duties identified in "Exhibit A" Scope of Services.

2. Change in Scope of Services: Should the Agency no longer provide services identified in "Exhibit A" Scope of Services, the contract may be terminated for non-performance.

12. Discrimination Prohibited. The Agency shall not discriminate against any employee, applicant for employment, or any person seeking the services of the Agency to be provided under this Contract on the basis of race, color, religion, creed, sex, age, national origin, marital status or presence of any sensory, mental or physical handicap.

13. Assignment and Subcontract. The Agency shall not assign or subcontract any portion of the services contemplated by this Contract without the written consent of the City.

14. Entire Agreement. This Contract contains the entire agreement between the parties hereto and no other agreements, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or bind any of the parties hereto. Either party may request changes in the Contract. Proposed changes which are mutually agreed upon shall be incorporated by written amendments to this Contract.

15. Notices. Notices required by terms of this Contract shall be sent to the other party at the following addresses, unless otherwise requested, in writing, by one of the parties hereto:

TO THE CITY
City of Lakewood
Parks, Recreation & Community Services
Human Services Division
6000 Main St SW
Lakewood, Washington 98499

TO THE AGENCY:
TPCHD
Anthony L-T Chen, MD, MPH,
Director of Health
3629 South D Street
Tacoma WA 98418


16. Applicable Law, Venue, Attorney's Fees. This Contract shall be governed by and construed in accordance with the laws of the State of Washington. In the event any suit, arbitration, or other proceeding is instituted to enforce any term of this Contract, the parties specifically understand and agree that venue shall be properly laid in Pierce County, Washington. The prevailing party in any such action shall be entitled to its attorney's fees and costs of suit.

17. E-verify. The contractor and any subcontractors shall comply with E-Verify as set forth in Lakewood Municipal Code Chapter 1.42. The Contractor shall enroll in, participate in and document use of E-Verify as a condition of the award of this contract. The Contractor shall continue participation in E-Verify throughout the course of the Contractor's contractual relationship with the City. If the Contractor uses or employs any subcontractor in the performance of work under this contract, or any subsequent renewals, modifications or extension of this contract, the subcontractor shall register in and participate in E-Verify and certify such participation to the Contractor. The Contractor shall show proof of compliance with this section, and/or proof of subcontractor compliance with this section, within three (3) working days of the date of the City's request for such proof.

IN WITNESS WHEREOF THE PARTIES HERETO EXECUTED THIS CONTRACT AS OF THE DATE AND YEAR FIRST ABOVE WRITTEN.

CITY OF LAKEWOOD

TPCHD

 2-10-11
(date)

Andrew E. Neiditz
City Manager

Attest:

 2/10/2011
(date)

Alice M. Bush, MMC, City Clerk

 1/27/11
(date) *ML*

Anthony L-T Chen, MD, MPH
Director of Health

MARCY KULLAND
BUSINESS MANAGER

Approved as to Form:

 2/9/11
(date)
Heidi Ann Wachter, City Attorney

Exhibit A

SCOPE AND SCHEDULE OF WORK 2011 HUMAN SERVICES TACOMA PIERCE COUNTY HEALTH DEPARTMENT Access to Care Dental Outreach - Lakewood

Scope of Services:

The Access to Care program is a conduit for advocacy, outreach and services with the purpose of providing Lakewood citizens access to adequate, equitable, health and dental care, to increase quality and length of life by reducing chronic and infectious disease.

TPCHD is the fiscal agent for Access to Baby and Child Dentistry (ABCD). ABCD works in conjunction with the Access to Care Program to improve access to quality medical and dental care for residents of Lakewood.

ABCD promotes its program benefits and oral health education at Family Support Centers, Pierce County Infant and Child (WIC) Nutrition Programs, Basic Food outreach, Apple Health for Kids, and other outreach services provided by the Health Department to meet the needs of low-income families. The Access to Care program plans to increase the efforts of ABCD in the avenue of Early Childhood Carie prevention. The overall goal is to improve the current 9% rate of Pierce County children receiving the first dental visit by age one.

In Lakewood, emphasis will be placed on education and engaging activities for new and expecting mothers, young families, and Spanish speaking families in Lakewood.

Access to Care will focus on dental education for parents and dental treatment for Medicaid children six years of age and under. The program will extend education to pregnant and new moms through Apple Health for Kids.

This program is new to the City of Lakewood and will be monitored for successful implementation.

Location of service delivery: Various sites throughout Lakewood

Time of service: Dates and times to be determined
 Dates and times will be provided to COL

Duration of service: Year round

Target group: (1) City of Lakewood residents only with this funding

2.

3.

Income level: Low-Mod

Service area: Lakewood Only

Annual Outputs

- 90 Total unduplicated number of Lakewood residents served
- Total unduplicated number of residents served regardless of residence
- Access to Care will offer 2 Provider trainings in Lakewood; recruit and train 10 new ABCD certified providers in Lakewood, Schedule 6 new and expecting parent workshops with estimated 60 in attendance and enroll 30 babies 1 year or younger.

Outcomes

The CITY intends to have the CONTRACTOR employ a data collection system in accordance with Exhibit "F". All Outcomes and Indicators must align with the Pierce County Funders Group Mandated Outcome List and Common Outcome and Indicator Catalogue. Programs needing to adjust their outcome(s) and/or indicator(s) must follow the procedure identified in Section 14 of this contract.

Budget

Personnel	Amt. Funded	<input type="text" value="10,500.00"/>
<input type="text" value="Salaries and benefits for Health Promotion Specialist - Outreach."/>		
Operating Expenditures	Amt. Funded	<input type="text" value="0.00"/>
<input type="text" value="No operating expenses are covered through this contract."/>		
TOTAL	Total Funding	<input type="text" value="10,500.00"/>

PROGRAM: 2011 REVISED Program Budget

- A. On the Program Budget Detail below, provide a complete REVISED program budget, as outlined.
- B. In reference to Column 2B, provide a budget narrative for the expenses listed. Attach no more than one additional page. Program Period (based on revised budget January 1, 2011 to December 31, 2011).

Program Budget Detail

Expenses	City of Lakewood Funds Requested (2) A	City of Lakewood Funds Awarded (2) B	Other Funding Sources (3)	Total Program Expenditures (4)
PERSONNEL COSTS				
Salaries	25,200	7,455	41,543	47,420
Benefits	10,800	3,045	18,098	20,617
Total Personnel	36,000	10,500	59,641	68,037
OPERATING EXPENSES *				
Facility Costs				
Communication			4,296	4,296
Supplies			250	250
Travel			612	612
Training				
Consultants				
Direct Services (not staff)				
Equipment			400	400
Other (explain) – Agency indirect & direct	9,000		18,399	20,503
Total Operating Expenses	9,000		23,557	25,661
TOTAL EXPENSES	45,000	10,500	83,198	94,098

Estimated # of Lakewood Youth & Children Served: _____ List below the funding sources identified in Column 3.

Estimated # of Lakewood Adult Family Members Served: _____ Health Department Contribution_

Estimated TOTAL # of Lakewood Clients Served: _____ Medicaid Title XIX _____

Department of Health _____

* Other expense categories must be approved prior to submitting revised budget

EXHIBIT B (page 2)

Program Budget Narrative

Agency indirect rate = 19.9%

Agency direct management rate = 4.5%

Communication = phone/computer monthly expense \$358 per month

Travel est. @ 100 miles per month reimbursed at federal mileage rate of .51 per mile (.11 rate)

Dental equipment /repairs = \$400

Supplies = dental related supplies for 2011 for this program est. @ \$250



**2011 HUMAN SERVICES
REIMBURSEMENT REQUEST**

EXHIBIT C

Request Date: _____

TO: City of Lakewood - General Services Dept. Attention: Kimberly Dodds 6000 Main Street SW Lakewood, Washington 98499 Phone: (253) 589-2489	FROM: TACOMA PIERCE HEALTH DEPT. Pamela Cowley, Community Org. Spec. 3629 South "D" Street MS 427 Tacoma, WA 98418 Phone: 253-798-6573
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This reimbursement request is for activities or services rendered under the City of Lakewood Human Services agreement identified as: **ACCESS TO CARE - DENTAL ABCD**
 # Lakewood residents served this month _____ # Lakewood residents served to date _____
COSTS INCURRED FROM DATE: _____ **TO** _____

	COST CATEGORY	BUDGET	AMOUNT REQUESTED	REQUESTED TO DATE	BALANCE
1	Salaries & Benefits (Health Prom. Spec. Outreach)	10,500.00			10,500.00
	TOTAL	10,500.00		0.00	10,500.00

I CERTIFY THAT THE ABOVE COSTS HAVE BEEN INCURRED AND PAYMENT HAS BEEN MADE OR IS NOW DUE AND THAT NECESSARY RECEIPTS OR INVOICES ARE ATTACHED. A 6-MONTH OR ANNUAL PERFORMANCE AND OUTCOME REPORT IS ATTACHED AS REQUIRED.

 AUTHORIZED SIGNATURE (AS SET FORTH IN THE AGREEMENT)

 DATE

FOR CITY OF LAKEWOOD USE ONLY

REVIEWED BY: _____
 Human Services Coordinator

 DATE

I hereby acknowledge that the funds requested in this invoice are eligible for reimbursement under the terms set forth in Exhibit B of the agreement. I approve this invoice for payment: BARS# 001.11.551.20.41.020

 SIGNATURE Parks, Recreation & Community Service Director

 DATE

 (City Manager)

January 1, 2010—December 31, 2010 Common Report Form
Outcome Based Program Evaluation
 City of Tacoma, Pierce County Community Services, City of Lakewood

Agency Name _____

Program Name _____

Staff Contact _____

Email _____

Phone _____

Fax _____

Check one annual reporting cycle.
The included data sheets should represent 12 months of data.

- REPORTING PERIOD: January 1, 2010 – December 31, 2010, Due January 31, 2011
 Alternate July 1, 2010 –June 30, 2011, Due July 29, 2011

Program Funded by: (please check all that apply during report period)

- City of Tacoma Pierce County Community Services City of Lakewood

- Data sheets Due: **By Monday, January 31, 2011.**
- **Provide an electronic and hard copy to each funder.**

OUTPUTS: TOTAL NUMBER OF **UNDUPLICATED INDIVIDUALS SERVED** _____

TOTAL NUMBER OF **UNDUPLICATED FAMILIES SERVED** _____

THE DATA IN THIS OBE REPORT IS BASED ON INDIVIDUALS FAMILIES

THE BELOW REQUESTED FINANCIAL INFORMATION IS REQUIRED ONLY IN JANUARY REGARDLESS OF YOUR REPORTING CYCLE. JULY TO JUNE CYCLE WILL SUBMIT THIS FINANCIAL INFORMATION ON THEIR JANUARY DATA SHEET FORM. JANUARY TO DECEMBER CYCLE WILL SUBMIT THEIR FINANCIAL INFORMATION ON THE COMMON REPORT FORM.

FINANCIAL INFORMATION:

- \$ _____ LOCAL GOVERNMENT (PIERCE COUNTY, CITY OF TACOMA, CITY OF LAKEWOOD)
- \$ _____ LOCAL PRIVATE FOUNDATIONS (WASHINGTON STATE FOUNDATIONS)
- \$ _____ STATE GOVERNMENT
- \$ _____ FEDERAL GOVERNMENT
- \$ _____ NATIONAL FOUNDATIONS (ANY PRIVATE DOLLARS OUTSIDE OF WASHINGTON)
- \$ _____ CLIENT FEES
- \$ _____ DONATIONS
- \$ _____ TOTAL PROGRAM REVENUE

SECTION ONE: CONTRACTED/MANDATED OUTCOME 1

A. Contracted Outcome: (e.g., #1)

B. ___ % & ___ # of clients achieved

C. Define criteria for achieving outcome: See Attachment A for guidelines to calculate achievement rates.

Describe the rationale for choosing the criteria in Question 2 of narrative.

Mark one of the following: Must meet Indicator A only; Must meet Indicator B only; Must meet both Indicator A and B; Must meet either Indicator A or B; Other _____ (must be clear and specific; e.g. *Must meet Indicator A and 50% of Indicator B*)

SECTION TWO: INDICATORS

List indicators for above outcome

<p>A. Indicator</p> <p><u>Measurement Tool</u> (attach blank copy)</p> <p>Total # of people served _____</p> <p># of people data collected on _____</p> <p>Sampling Strategy used: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, which strategy was used?</p> <p><input type="checkbox"/> Random Sample <input type="checkbox"/> Systematic Sample</p> <p><input type="checkbox"/> Stratified Sample</p> <p><input type="checkbox"/> Convenience Sample</p> <p>Total # of people in sample _____</p>	<p>Data Analysis</p> <p>a) ___ # or ___ % of clients achieved</p> <p>b) ___ # or ___ % of the data was missing.</p> <p>c) ___ # or ___ % were not in the program long enough to evaluate.</p> <p>d) ___ # or ___ % left the program prior to evaluation</p> <p>e) ___ # or ___ % did not achieve this indicator and were in the program the appropriate duration.</p> <p>f) ___ *Total. This should equal "# of people served" or if sampling "# of people in sample".</p> <p>*Sum of a) through e) will equal f).</p> <p><i>Use only if program is designed to work with clients 12 or more months</i></p> <p>Program duration > 1 year <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, complete the following</p> <p>___ # or ___ % less than 1 year achieved indicator.</p> <p>___ # or ___ % greater than 1 year achieved indicator.</p>
<p>B. Indicator</p> <p><u>Measurement Tool</u> (attach blank copy)</p> <p>Total # of people served _____</p> <p># of people data collected on _____</p> <p>Sampling Strategy used: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, which strategy was used?</p> <p><input type="checkbox"/> Random Sample <input type="checkbox"/> Systematic Sample</p> <p><input type="checkbox"/> Stratified Sample</p> <p><input type="checkbox"/> Convenience Sample</p> <p>Total # of people in sample _____</p>	<p>Data Analysis</p> <p>a) ___ # or ___ % of clients achieved</p> <p>b) ___ # or ___ % of the data was missing.</p> <p>c) ___ # or ___ % were not in the program long enough to evaluate.</p> <p>d) ___ # or ___ % left the program prior to evaluation</p> <p>e) ___ # or ___ % did not achieve this indicator and were in the program the appropriate duration.</p> <p>f) ___ *Total. This should equal "# of people served" or if sampling "# of people in sample".</p> <p>*Sum of a) through e) will equal f).</p> <p><i>Use only if program is designed to work with clients 12 or more months</i></p> <p>Program duration > 1 year <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, complete the following</p> <p>___ # or ___ % less than 1 year achieved indicator.</p> <p>___ # or ___ % greater than 1 year achieved indicator.</p>

SECTION ONE: CONTRACTED OUTCOME 2

A. **Contracted Outcome:** (e.g., #2)
 B. ___% & ___ # of clients achieved

C. **Define criteria for achieving outcome:** See Attachment A for guidelines to calculate achievement rates. Describe the rationale for choosing the criteria in Question 2 of narrative.
 Mark one of the following: Must meet Indicator A only; Must meet Indicator B only; Must meet both Indicator A and B; Must meet either Indicator A or B; Other _____ (must be clear and specific; e.g. *Must meet Indicator A and 50% of Indicator B*)

SECTION TWO: INDICATORS

List indicators for above outcome

<p>A. Indicator</p> <p><u>Measurement Tool</u> (attach blank copy)</p> <p>Total # of people served _____</p> <p># of people data collected on _____</p> <p>Sampling Strategy used: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, which strategy was used? <input type="checkbox"/> Random Sample <input type="checkbox"/> Systematic Sample <input type="checkbox"/> Stratified Sample <input type="checkbox"/> Convenience Sample</p> <p>Total # of people in sample _____</p>	<p>Data Analysis</p> <p>a) ___ # or ___ % of clients achieved</p> <p>b) ___ # or ___ % of the data was missing.</p> <p>c) ___ # or ___ % were not in the program long enough to evaluate.</p> <p>d) ___ # or ___ % left the program prior to evaluation</p> <p>e) ___ # or ___ % did not achieve this indicator and were in the program the appropriate duration.</p> <p>f) ___ *Total. This should equal "# of people served" or if sampling "# of people in sample".</p> <p>*Sum of a) through e) will equal f).</p> <hr/> <p><i>Use only if program is designed to work with clients 12 or more months</i></p> <p>Program duration > 1 year <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, complete the following</p> <p>___ # or ___ % less than 1 year achieved indicator.</p> <p>___ # or ___ % greater than 1 year achieved indicator.</p>
<p>B. Indicator</p> <p><u>Measurement Tool</u> (attach blank copy)</p> <p>Total # of people served _____</p> <p># of people data collected on _____</p> <p>Sampling Strategy used: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, which strategy was used? <input type="checkbox"/> Random Sample <input type="checkbox"/> Systematic Sample <input type="checkbox"/> Stratified Sample <input type="checkbox"/> Convenience Sample</p> <p>Total # of people in sample _____</p>	<p>Data Analysis</p> <p>a) ___ # or ___ % of clients achieved</p> <p>b) ___ # or ___ % of the data was missing.</p> <p>c) ___ # or ___ % were not in the program long enough to evaluate.</p> <p>d) ___ # or ___ % left the program prior to evaluation</p> <p>e) ___ # or ___ % did not achieve this indicator and were in the program the appropriate duration.</p> <p>f) ___ *Total. This should equal "# of people served" or if sampling "# of people in sample".</p> <p>*Sum of a) through e) will equal f).</p> <hr/> <p><i>Use only if program is designed to work with clients 12 or more months</i></p> <p>Program duration > 1 year <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, complete the following</p> <p>___ # or ___ % less than 1 year achieved indicator.</p> <p>___ # or ___ % greater than 1 year achieved indicator.</p>

CITY OF LAKEWOOD

AFFIDAVIT OF COMPLIANCE WITH LAKEWOOD MUNICIPAL CODE 1.42
"E-VERIFY"

As the person duly authorized to enter into such commitment for

TACOMA - PIERCE COUNTY HEALTH DEPARTMENT
(Company or Organization Name)

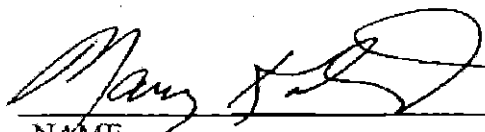
I hereby certify that the Company or Organization named herein will

(check one box below)

Be in compliance with all of the requirements of City of Lakewood Municipal Code Chapter 1.42 for the duration of the contract entered into between the City of Lakewood and the Company or Organization.

OR

Hire no employees for the term of the contract between the City and the Company or Organization.


NAME

Business Manager
TITLE

August 11, 2010
DATE

Exhibit F

Data Collection Worksheet SECOND PERFORMANCE MEASURE

Agency Name: Tacoma-Pierce County Health Department

Program Name: ABCD Dental Outreach

Priority Question(\$): Did the parent follow through on the new enrollee/first dental visit appointment with the ABCD provider? If the child's 6 month/2nd checkup due date occurred before December 31, 2011, did the parent follow through with a 2nd dental visit?

Which performance measure data answers your priority question?
Second Performance Measure

Second Performance Measure Type
Outcome

Description of Performance Measure: The Lakewood child or baby with parents that participate in ABCD training and education will receive their recommended dental visits.

Rationale (How it answers your priority question): For families participating: access, education and positive experience improves usage of children's preventive dental benefits and self advocacy. Usage and self advocacy can reduce early childhood caries and the cost/need for restorative dental work in children.

Tool	Data Collection Process	Criteria for Change
<p>Survey</p> <p>Tool developed by program, pilot tested</p> <p>Survey clients on understanding of the information and benefits.</p>	<p>Who collects the data? Health Promotion Specialist</p> <p>How often is data collected? During the referral process. (1 time for families enrolled less than 6 months on December 31, 2011. Twice for families enrolled over 6 months on December 31, 2011.)</p>	<p>Families understand the dental benefits available to their young children and babies and why its important to their child's health and well-being to use these benefits.</p>

Exhibit F

Agency Name: Tacoma-Pierce County Health Department

OBE Reporting Cycle

July - June

Program Name: ABCD Dental Outreach

First Performance Measure (Mandated Outcome)

Date Completed: Dec 20, 2010

Outcomes / Criteria	Mandated Outcome: Improved health (physical/dental/mental)	Mandated	Yes
Service Strategy: Health and Seniors/Disabled			
Criteria for Achievement: A & B			
Indicator A: Accesses services that meet needs	Indicator B: Able to advocate for self in the future		
Indicator A Achievement (Action Steps):	Indicator B Achievement (Action Steps):		
<input checked="" type="checkbox"/> Observable change is documented <input type="checkbox"/> Multiple questions were used to achieve indicator	<input checked="" type="checkbox"/> Observable change is documented <input type="checkbox"/> Multiple questions were used to achieve indicator		

Validity	Results consistent with known findings
	Use standardized tools
	The ABCD program is an evidence-based model. Client participation is easily measured through provider relationships and available billing data.
	Last Pilot
Reliability	Instructions for coding data and Staff Training
	The program will seek directives and appropriate training as needed from TPCHD Office of Community Assessment for all matters related to human subject review and data collection.

Data Collection Process	Who collects the data? Health Promotion Specialist
	How often is data collected? Enrollment, follow-up phone interview with provider, follow-up survey with client
Method	Data collected on all clients
	Convenience Sample
	The required referral and follow up component of the ABCD program allows for open communication between the Health Promotion Specialist, the family and the provider. The Health Promotion Specialist will have contact with each family through the process.

Tools	Interviews
	Tool developed by program, no pilot testing
	EX: Providers will be interviewed by phone to find out: Did the family keep the appointment and arrive on time? Are there any concerns that the program can discuss with the family to improve the office visit experience? Did the family have any needs the provider was unable to fulfill?
	Survey
	Tool developed by program, no pilot testing
	The Health Department will develop a short survey to measure the family's understanding of the importance of good oral health and its relationship to good nutrition, a healthy body and school readiness.

Questions:

- 1) Using 18 months of Outcome data **and** at least one other performance measure; explain the learnings that have occurred in this program using performance measures.
 - a. Performance measures include outcomes, outputs, resources and cost data. **The use of outcome data is required.**
 - b. Encouraged to use charts, tables in addition to the narrative to explain what you've learned.
 - c. Recommended that programs provide a bulleted summary of the lessons learned.

- 2) Given these lessons (must include outcome data and may include any other performance measures), please describe your plans for the program for the next 6-12 months.
 - a. May include; changes to service delivery, changes to resource procurement, changes to evaluation system
 - b. Include a detailed time line for implementing changes. Be specific and realistic.
 - c. If no changes to the program, please explain what you need to learn in order to deliver better outcomes and other performance measures.

- 3) What else would you like your funder to know about the effectiveness of your program? May include;
 - a. demographics of the population and its impact on performance,
 - b. intensity and duration of the program and results
 - c. difference between participants who complete the entire dosage of service, compared to those who opt out early,
 - d. other areas that interest you and may interest your funder.