

**HEALTHY BIRTHS BEST BABIES COLLABORATIVE PLANNING GRANT
COVER PAGE**

LETTER AGREEMENT

29378

ORIGINAL

BETWEEN:

Los Angeles County Children and Families First
Proposition 10 Commission (AKA First 5 LA)
750 North Alameda Street
Los Angeles, California 90012
(Referred to in this Agreement as "the Commission" and/or "we" or "us")

and

City of Long Beach
333 W. Ocean Boulevard
Long Beach, CA 90802
(562) 570-4000
(Referred to in this Agreement as "the Grantee" and/or "you")
(Together, the Grantee and the Commission are referred to in this Agreement as "the Parties")

for Healthy Births Best Babies Collaborative Planning Grants

GRANT AMOUNT NOT TO EXCEED **\$39,294.00**

GRANT TERM June 1, 2005 to August 31, 2005

GRANT NUMBER **#00649**

**THIS IS A LEGAL AGREEMENT; YOU SHOULD READ IT CAREFULLY BEFORE SIGNING
AND TALK TO YOUR ATTORNEY IF YOU HAVE QUESTIONS.**

**THIS LETTER AGREEMENT IS THE ENTIRE CONTRACT BETWEEN THE PARTIES AND
INCORPORATES THE DOCUMENTS LISTED:**

1. Schedule of Performance and Payment
2. The Commission's Application for Healthy Births Best Babies Collaborative Planning Grants
3. Your Application Cover Sheet, Planning Narrative, Planning Budget Narrative and Budget Form, Internal Operating Budget for Lead Agency and all paid Collaboratives for Commission funds for Healthy Births Best Babies Collaborative
4. Required Budget Documents:
 - a. Certification and Assurances Form
 - b. Agency Involvement in Litigation Form
 - c. Child Care License, if applicable
 - d. By-laws, if applicable
 - e. Articles of Incorporation, if applicable
 - f. Board of Directors, if applicable
 - g. Signature Authorization Form

- h. IRS 990 Form, if applicable
- i. Independent Audit (most recent)
- j. IRS Letter of Determination, if applicable
or State/Federal Identification Number
- k. Form RRF-1, if applicable
- l. Memorandum of Understandings
- m. Insurance Coverage: Certificate of Insurance and/or Self-Insurance Certificate listing the Commission (must be legal name) as an additional insured/endorsed and each of the specific coverages:
 - i. Commercial General Liability
 - ii. Workers' Compensation Insurance
 - iii. Professional Liability Insurance
 - iv. Business Auto Liability
 - v. Crime Coverage Insurance
 - vi. Property Coverage



Champions For Our Children

Agreement Number: 00649

May 24, 2005

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EXECUTIVE DIRECTOR
Evelyn V. Martinez

750 N. Alameda Street
Los Angeles, CA 90012
PH: 213.482.5902
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www.first5.org
contact@first5.org

Gerald R. Miller
City of Long Beach
333 W. Ocean Boulevard
Long Beach, CA 90802

Dear Mr. Miller:

The Los Angeles County Children and Families First - Proposition 10 Commission (aka First 5 LA) is pleased to award you a grant of **\$39,294.00** ("the grant funds") for the program described in the application you submitted to us in response to Healthy Births Best Babies Collaborative Planning Grants funding opportunity. We have determined that your application will help us meet First 5 LA's goal of optimizing the development and well-being of all children ages 0-5. This Letter Agreement outlines the terms and conditions under which we will supply the grant funds to you and what you must do to receive and use if necessary, and then sign and return this letter to us if you intend to accept the grant funds, subject to these terms and conditions. Once you have signed and returned this Letter Agreement to us, we will pay the grant funds to you as provided in this Letter Agreement.

Terms and Conditions

1. You agree to develop a structured and functional Best Babies Collaborative and an operational plan for implementation in the manner and time you have proposed in your application. In addition, you must work with staff from First 5 LA and the Healthy Births Center (HBC) in the development of all drafts of Scope of Work, Evaluation Plan, and Budget that addresses the following deliverables: 1) functional collaborative structure (to be defined by First 5 LA); 2) scope of work for services and outreach; 3) three year budget; and 4) evaluation framework. You must submit these drafts and invoice forms, including any related required document(s) listed on the Checklist, in accordance with the following performance schedule and due dates:

Gerald R. Miller
 City of Long Beach
 May 24, 2005

Performance Schedule	Due Date
First Draft Scope of Work, Evaluation Plan, and Budget	July 1, 2005
Revisions of Scope of Work, Evaluation Plan, and Budget	August 1-19, 2005
Final Draft Scope of Work, Evaluation Plan, and Budget	August 26, 2005

Your Final Draft of Scope of Work, Evaluation Plan, and Budget must show us you have the capacity to develop and serve as the lead agency of a Best Babies Collaborative through the completion of the deliverables. Failure to submit your first draft Scope of Work, Evaluation Plan, and Budget within thirty (30) days after the Agreement is signed, may result in terminating the Agreement and requesting a refund of any grant funds you have not spent or earned or may result in the withholding of grant funds.

2. We will pay the grant funds to you in two payments over the three (3) month period following the execution of this Letter Agreement and the submission of all required documents, in accordance with the following payment schedule and payment dates:

Payment Schedule	Payment Date
First Payment (50% of grant amount):	Within ten (10) business days of execution of this Letter Agreement and submittal of Required Documents.
Second Payment (50% of grant amount):	Within ten (10) business days following our receipt and approval of the Final Draft Scope of Work, Evaluation Plan, and Budget.

Failure to submit any required documents within thirty (30) days of the start date will result in termination and/or request of a refund of any grant funds.

3. This Letter Agreement will begin on June 1, 2005 and terminate on August 31, 2005. You understand and acknowledge that we are making no commitment to fund any activity beyond the termination of this Letter Agreement.
4. You agree to spend the grant funds only for the service or program described in your application and not for any other purpose. In addition, you agree that the grant funds will be used only to add to existing funds and

Gerald R. Miller
City of Long Beach
May 24, 2005

levels of service or programs you already provide, and not to replace any existing funds.

5. We reserve the right to audit your expenditures after seven (7) days written notice to you, and you must agree to retain all records related to this grant for a period of four (4) years after the end of this Agreement.
6. You agree that any change to the Agreement shall be valid only if the requested change is made in writing and approved by authorized representatives of your organization and First 5 LA. You must submit the written request one (1) month prior to the requested effective date of such modification. If you fail to comply with this term, we have the right to deny reimbursement of the funds.
7. If you fail to comply with any of the terms in this Letter Agreement, we have the right to terminate the Agreement immediately and you will refund any grant funds you have not spent or earned. In addition, if you use the grant funds improperly or for any other purpose, we have the right to withhold grant funds from you and seek a refund of the grant funds not spent as you proposed.
8. If there are grant funds remaining at the end of the three (3) month period following the execution of this Letter Agreement, those funds may be credited, if approved by The Commission in writing to your Grant Agreement or we may require that you repay remaining funds to us.
9. You will provide your services or program acting as a completely independent contractor, and not as our employee. You shall have no power to incur any debt, obligation, or liability on our behalf, and we shall not have any control over your conduct or that of your employees except as set forth in this Letter Agreement.
10. To the extent allowed by law, you agree to be solely liable and responsible for any injuries, damages, losses, claims and lawsuits arising out of your performance under this Agreement, and agree to defend, indemnify and hold us and our employees harmless for any injuries, damages, losses, claims and lawsuits arising out of your performance under this Agreement.
11. During the term of this Letter Agreement, you shall maintain liability insurance policies or self-insurance issued by an insurer with a minimum A.M. Best's Insurance Guide rating of A:VII. The insurance policies shall provide at least the following coverage and limits:

- **Commercial General Liability Insurance:** Such insurance shall be written on an ISO commercial general liability form with minimum limits of not less than one million dollars (\$1,000,000.00) per occurrence and two million dollars (\$2,000,000.00) in the aggregate for any personal injury, death, loss, or damage. If written with an annual aggregate limit, the policy limit shall be at least two times the above required occurrence limit. If written on a claims made form, the Grantee shall continue to name the Commission as an additional insured or provide an extended two-year reporting period commencing upon termination or cancellation of this Agreement.
- **Automobile Liability Insurance:** Primary coverage shall be provided on ISO Business Auto Coverage forms for all owned, non-owned, and hired vehicles with a combines single limit of not less than \$1,000,000 per accident.
- **Professional Liability Insurance:** Coverage for liability arising from any error, omission, or negligent or wrongful act by you or your employees, with a minimum limit of One Million Dollars (\$1,000,000) per medical incident for medical malpractice liability, or One Million Dollars (\$1,000,000) per occurrence for all other types of professional liability.
- **Workers' Compensation Insurance:** Such insurance shall be in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including Employer's Liability with limits not less than one million dollars (\$1,000,000) per accident or disease, covering all persons who provide services for Grantee. This policy shall be endorsed to waive any rights of subrogation against Commission.
- **Crime Coverage Insurance:** Such insurance shall be in the amount not less than twenty-five thousand dollars (\$25,000) covering against loss of money, securities, or other property referred to hereunder which may result from employee dishonesty, forgery or alternation, theft, disappearance and destruction, computer fraud, burglary and robbery. Such insurance shall the Commission as loss payee.
- **Property Coverage:** Such insurance shall be endorsed naming Commission as an additional insured and shall include:

Real Property Insurance: All-risk coverage, excluding earthquake and flood for the replacement value and with a deductible no greater than five percent (5%) of the replacement value.

Property Insurance: covering the hazards of fire, theft, burglary, vandalism and malicious mischief for the actual cash value of the property.

- **Evidence of Self-Insurance:** Legally adequate evidence of self-insurance meeting the approval of the Commission's Legal Counsel may be substituted for any coverage required above.

Each such policy of insurance shall apply on a primary and non-contributing basis as to the Commission and be endorsed to include as additional insured **Los Angeles County Children and Families First – Proposition 10 Commission**, its officials, employees and agents, using standard ISO endorsement No. CG 2010 with an edition prior to 1992. Grantee shall provide certificates and endorsements evidencing such insurance to the Commission upon execution of this Agreement. Each such certificate shall state explicitly that the policy of insurance shall not be cancelled, withdrawn or allowed to lapse for any reason unless the insurer has first given thirty (30) days written notice to the Commission. Failure to maintain such insurance and/or to provide the required certificates shall constitute a material breach of this Agreement.

12. You are responsible for complying with the applicable conflict of interest laws and regulations pursuant to California law. You may not recruit, hire, employ or compensate any of our current or former officers, employees or consultants for services in connection with this or any other project funded by us without our advance written consent.
13. You are responsible for complying with all state, federal and local laws and regulations, and for obtaining all criminal clearances, licenses, permits, bonds and insurance required by law. You will supply copies of those documents to us upon request. If your application includes capital improvements, you must obtain all necessary building permits, landowner permission, occupancy permits, and other necessary approvals. If you fail to comply with this term, we have the right to deny reimbursement of the funds and/or withhold grant funds.
14. We will visit your site to review your program and you agree to cooperate fully in any such site visit. Failure to do so will result in withholding your second and/or last payment. Occasionally, we may ask for your assistance in responding to an audit, the media, or public requests for documents and you agree to provide that assistance in a timely manner.

Gerald R. Miller
City of Long Beach
May 24, 2005

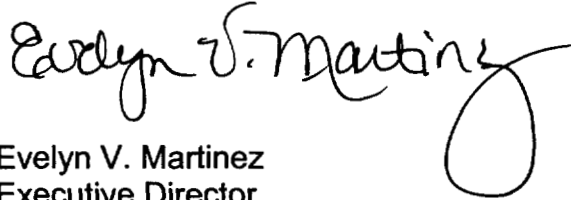
15. You agree to include the words "First 5 LA funding for this program is provided without endorsement by First 5 LA" in any press release, statement to the public, electronic media or printed material in connection with your program, including advertisements.
16. You agree that all software, materials, data and information developed under this Letter Agreement shall become the shared property of you and us. During and after the term of this Letter Agreement, we shall have the right to inspect and copy all materials developed by you under this Letter Agreement and use the information contained therein.
17. This Letter Agreement constitutes the entire agreement between you and us and supersedes all previous agreements, written or oral, and all other communications between you and us relating to the subject matter of this Agreement. No amendment or modification of this Letter Agreement shall be valid unless it is in writing and is executed by both you and us.

[This Letter Agreement is continued on the following page.]

Gerald R. Miller
City of Long Beach
May 24, 2005

Again, congratulations on being awarded a Healthy Births Best Babies Collaborative Planning Grant. We look forward to working with you.

Sincerely,



Evelyn V. Martinez
Executive Director

AGREED

City of Long Beach
Organization Name

[Handwritten Signature]
Name and Title of Authorized Signatory

Gerald R. Miller - City Manager
Signature

June 23, 2005
Date

APPROVED AS TO FORM

6/22, 20 05
ROBERT E. SHANNON, City Attorney

BY *[Handwritten Signature]*
SENIOR DEPUTY CITY ATTORNEY

COPY

Description of Lead Agency and Collaborative Members

Overview and History

Established in 1906, the City of Long Beach Department of Health and Human Services (LBDHHS) is responsible for all aspects of public health services, preventive health services, and many of the human and social services provided within the City of Long Beach. The LBDHHS is one of the 61 public health jurisdictions designated by the State of California, 3 of which are city health departments (Pasadena and Berkeley are the other 2). The LBDHHS is organized into 6 Bureaus: Human and Social Services, Public Health, Environmental Health, Preventive Health, Animal Control, and Support Services. Together the 5 LBDHHS Bureaus employ more than 480 staff who work in 60 health and human service programs to accomplish the following mission: To improve the quality of life of the residents of Long Beach by addressing the public health and human service needs ensuring that the conditions affecting the public's health afford a healthy environment in which to live, work and play. The multidisciplinary staff are also multilingual and multicultural, mirroring the community that the LBDHHS serves, ensuring the language and cultural capacity as well as the public health expertise to address diverse community needs. The LBDHHS offers a broad range of direct client-centered services, including immunizations, prenatal care, family planning, communicable disease prevention and treatment, laboratory services, WIC, homeless services, case management (through Public Health Nursing, Nurse Family Partnership, Black Infant Health, Role of Men, the Multi-Service Center for the Homeless, and Family Preservation), Medi-Cal and Healthy Families enrollment assistance, birth and death certificates, animal control, and drug and alcohol rehabilitation services. In addition, many LBDHHS activities take broader, community-wide, or systems improvement approaches. Examples include the Child Health and Disability Prevention Administration Program, with a broad focus on access to care and quality assurance; the Medi-Cal/Healthy Families Collaborative, which coordinates a city-wide outreach effort and addresses barriers related to enrollment in and utilization of health insurance programs for low-income families; the MCAH Access and Outreach program, which recently completed a Community Needs Assessment, and focuses on ensuring access to early and continuous prenatal care for high risk women; and the Bioterrorism Preparedness Program, which addresses disaster preparedness issues in collaboration with other city departments and agencies. The LBDHHS has a long history of collaborating with public, private, and non-profit sector partners throughout the community in order to provide and connect our target populations with the most comprehensive range of

services and resources available, as well as to address health concerns at the community and systems levels. Through these partnerships, the LBDHHS promotes and protects the health of Long Beach residents.

The Best Babies Collaborative members included in this planning grant proposal have a long tradition of service in the community as well. The planning grant collaborative members include St. Mary Medical Center, Families in Good Health, Long Beach Memorial Medical Center, Regional Perinatal Programs of California/California Diabetes and Pregnancy Program Region 6.1, and the Wilmington Community Clinic. These partners were selected for the following reasons:

- The majority of Long Beach births occur at Long Beach Memorial Medical Center and St. Mary Medical Center;
- Both hospitals are regional medical centers that provide a vast array of supportive services and demonstrate a commitment to working with the community;
- The lead agency, LBDHHS, has a long history of responsibility for governance, fiscal responsibility, and data collection and reporting;
- All agencies are very capable of providing culturally and linguistically competent services; and reaching underserved and hard-to-reach populations;
- All agencies have a documented history of collaboration and coordination, with each other as well as many other organizations; and
- All agencies have experience in addressing the core approaches to be utilized for this grant.

St. Mary Medical Center (SMMC), founded in 1923 by the Sisters of Charity of the Incarnate Word, is an inner-city hospital located in an ethnically diverse, lower socioeconomic neighborhood near downtown Long Beach. The mission of the hospital is to provide the highest-quality medical care to all people, regardless of sexual orientation, nationality, race, religion or ability to pay. SMMC, an affiliate of Catholic Healthcare West, serves a population that includes large numbers of African-American, Latino and Southeast Asian families. The medical center also serves as a teaching hospital for residents and interns from the UCLA School of Medicine and meets the health care needs of the Long Beach community by providing quality, compassionate care, utilizing state-of-the-art technology, and adhering to principles of service excellence. In its 80-year history, SMMC has grown from a 70-bed community hospital to a 539-bed regional medical center with world-class credentials, providing services to an area of more than 300 square miles and a population of more than 600,000.

Families in Good Health (FiGH), a community-based organization located on the campus at St. Mary Medical Center, is a multilingual, multicultural health and social education agency that strives to

provide quality outreach and education services to the Southeast Asian, Latino, African-American, and other communities in Long Beach. It was established as the Southeast Asian Health Project in 1987, as a joint venture between St. Mary Medical Center and the United Cambodian Community, Inc. to create a partnership between the resident Southeast Asian community and the health care community. The FiGH mission is to build capacity within the community in order to promote informed health choices and improve access to needed health and social resources. FiGH conducts numerous health and social education programs that focus on health promotion and disease prevention. On-going needs assessments, including community involvement in program planning and evaluation, ensure that appropriate programs are developed and implemented by FiGH.

Long Beach Memorial Medical Center (LBMMC), founded in 1907 as Seaside Hospital, is today one of the nation's top-rated medical centers and the second largest not-for-profit community hospital west of the Mississippi. LBMMC is located in the West Central area of Long Beach, an area known for its ethnically diverse population and high rates of poverty among children. LBMMC's campus includes Miller Children's Hospital (one of 8 children's hospitals statewide) and Women's Pavilion, Memorial Rehabilitation, Todd Cancer Institute, Memorial Heart and Vascular Institute, and Memorial Emergency Trauma Center – home to the region's only Pediatric Trauma Center. In addition to patient care and clinical research, LBMMC is strongly committed to education. It has been a teaching hospital for over 50 years, training residents and fellows in graduate medical education through affiliations with the UCI, UCLA and USC. Miller Children's Women's Pavilion at Long Beach Memorial Medical Center is among the 10 largest birthing centers in California and has been the primary provider of obstetrical and newborn services in the City of Long Beach for more than 25 years. Over 6,500 births occur annually at the Women's Pavilion and, of these, approximately 26 percent are high-risk patients referred from about 30 Los Angeles and Orange county facilities. The Women's Pavilion was one of the first designated Level III Perinatal Centers in California and the NICU at Miller Children's has been the largest provider of services for sick and pre-term infants in Los Angeles, Orange and San Diego counties for more than 26 years. Miller Children's Hospital and Women's Pavilion offer multiple outpatient pediatric and perinatal services for women and children. The Outpatient Obstetrical Clinic and Family Medicine Clinic provide prenatal and postpartum care to a predominately low income population and serve more than 650 families providing more than 7300 visits annually. Specialty services within the programs include the perinatal support team which provides multidisciplinary multispecialty prenatal and postnatal services for women with or at risk of high risk

pregnancy based on early prenatal screening, medical and/or family history, or complex and/or chronic medical conditions.

The California Diabetes and Pregnancy Program (CDAPP) was established in 1984 by the California Department of Health Services Maternal and Child Health Branch in response to strong scientific evidence that many of the infant and maternal complications associated with diabetes in pregnancy can be reduced or prevented with improved approaches to management. The main goal of CDAPP is to improve pregnancy outcomes for women who have pre-existing type 1 or type 2 diabetes mellitus, and for women who develop gestational diabetes mellitus. CDAPP is a component of the Regional Perinatal Programs of California (RPPC), which exists for the purpose of promoting access to appropriate perinatal care for medically high risk pregnant women and their infants through regional quality improvement activities. RPPC activities are aimed at coordinating regional resource planning, and promoting communication and information exchange among agencies, providers, and individuals related to the provision of quality perinatal care. The RPPC/CDAPP programs are organized regionally, and Region 6.1 covers the southeast portion of Los Angeles County, including Long Beach and its surrounding areas. The RPPC/CDAPP programs are housed at Long Beach Memorial Medical Center.

The Wilmington Community Clinic (WCC) has been providing quality, primary care services to low income families and indigent persons in the Wilmington community and surrounding areas for 28 years. The mission of WCC is to provide medical and health-related services including but not limited to health assessments and referrals, nutrition evaluation and health education services, and to develop methods for better serving those members of the community whose needs in the forgoing areas are not served adequately by existing facilities. WCC also has a history of collaboration for the purpose of offering encouragement and assistance to other organizations with a similar purpose. WCC became incorporated and licensed by the State of California on April 28, 1977, and initially began its operation with a women's health care project and a pediatric program. During its first full year the clinic logged 3,500 patient visits. In 1982, WCC received a Maternal and Child Health award and began offering prenatal care services, and in 1988 became a Comprehensive Perinatal Services Program (CPSP) Provider. Continued growth of WCC's prenatal, women's, and pediatric services necessitated the opening of a satellite site, which also provided space for a tobacco control project and a Healthy Start program. In 1997, WCC became a Public Private Partnership provider with Los Angeles County Department of Health Services. Funds were sought and obtained to acquire a new building, and in 2000 WCC moved to its current location. In 2001, an additional satellite site was opened in collaboration with King Drew Medical Center, the LAI Institute, and the Community

Development Department. First 5 LA funding was received by WCC in 2002 to expand and enhance pediatric and prenatal services, and in 2004 the clinic provided nearly 15,000 patient visits. WCC currently has 22 employees, 8 medical providers, and a team of volunteer physicians, including OB/GYN physicians from SMMC and Dr. Xylina Bean, who serves as the clinic's executive medical director.

The lead agency and all of the collaborative members have historically provided, and in many cases concentrated on providing, services in the BBC priority zip codes. LBDHHS' jurisdiction is the entire city of Long Beach. However, many of the LBDHHS programs had previously identified the Long Beach BBC zip codes (90802, 90805, 90806, and 90813) as areas for prioritization of services. These zip codes are the target zip codes for the Department's Black Infant Health (BIH) and Role of Men (ROM) Programs. The Role of Men Program recently received funding as part of a collaborative project funded by the Knight Foundation for expanded services to promote fatherhood roles of social, emotional, and financial support for families living in 90806. In 03-04, Black Infant Health had a caseload of 179 clients, 73% of whom lived in BBC priority zip codes. The current 04-05 caseload for BIH is 115. Field Public Health Nurses in the MCH and Nurse Family Partnership (NFP) programs receive an average of 15-20 maternal and child health home visit referrals per month, and approximately 90% of the referrals are for residents of the target zip codes. The MCH Access and Outreach program provides assessment and short-term case management to nearly 400 pregnant clients per year who are high-risk (due to alcohol, drug, or tobacco use, mental health, or late entry into prenatal care) and need assistance in accessing prenatal services. Approximately half of the clients screened for services reside in the target zip codes. The Medi-Cal/Healthy Families Collaborative, a LBDHHS-lead citywide collaborative of funded and unfunded partners with the goal of improving health insurance coverage for low-income families, enrolled 1,947 individuals during the first 7 months of the 04-05 project year. More than half of the enrollees reside in the BBC target zip codes. The LBDHHS Dental Disease Prevention Program provided oral health education, and/or screening and sealant application services to 9,862 individuals in the 03-04 project year. The program targets children at schools with a high percentage of students on the free and reduced price lunch program, and 8 of the 14 schools served by the program are in the BBC priority zip codes. LBDHHS is also involved in health care provider education and quality assurance activities. The CHDP Administration, CPSP, and Immunization programs provide site visits, chart reviews, and technical assistance to CHDP and CPSP providers. Of the 42 CHDP providers located in Long Beach, 26 are in the priority zip codes. Similarly, of the 22 CPSP providers located in Long Beach, 16 are located in the priority zip codes. The LBDHHS WIC program has a caseload of 30,500 clients. Four of the 6 WIC clinic sites are in the priority zip codes. LBDHHS also conducts a Latino

Diabetes Project, which utilizes social support and promotora-type approaches to assist women in understanding and taking control of their diabetes. A total of 385 participants have benefited from this program, 64% of whom reside in the priority zip codes.

SMMC is located in zip code 90813, and although it has grown into a large regional medical center, it continues to focus many of its programs and services on the residents of the community in which it is located. Providing access to medical care for underserved and culturally diverse populations, addressing the needs of infants and children and focusing on chronic and infectious diseases, including HIV/AIDS are priorities for St. Mary Medical Center. Healthcare and community outreach programs reflect these priorities and focus on meeting the health care concerns of the diverse patient population that the medical center serves. Examples of SMMC programs that serve the priority zip codes include the Comprehensive AIDS Resource and Education (CARE) Program – which has been providing clinical, social, and case management services to HIV/AIDS clients and their families since 1987; the Family Health Resource Center – which employs resource specialists who provide services in English, Spanish, Khmer, Hmong, and Thai, and assist families in enrolling in health insurance and obtaining health care providers who are sensitive to their cultural needs; and the Babies First Program – which consists of an educational component and baby showers for expectant mother and families, and collaborates with the local business, community-based and faith-based organizations. The Mary Hilton Family Health Center, which houses the SMMC OB Clinic, is committed to providing a comprehensive approach to pre- and post-natal care. The Clinic is a CPSP Provider, and has bilingual staff comprised of three OB/GYN physicians, one Nurse Practitioner, a dietician, an educator and a social worker, who serve the community's diverse population including African-American, Latino, Khmer, Vietnamese, and deaf clients. The OB Clinic collaborates with community resources including LBDHHS, the Long Beach Unified School District's teen programs, residential drug and alcohol treatment programs, and other community agencies.

FiGH is also located in 90813, and has a long history of serving high-risk clients in all of the priority zip codes through programs such as Parents and Children Together (PACT) and the Long Beach Childcare Empowerment Project, both of which were funded by First 5 LA in 2000 and 2003 respectively. Other examples of programs conducted by FiGH and serving the target zip codes are the Southeast Asian Health Project, a perinatal outreach, education, and home visitation program in 1987; a Tobacco Control Program targeting multi-ethnic families in 1990; Light of the Cambodian, a violence prevention program in 1995; a Diabetes Outreach, Management and Education Program targeting Latino and Southeast Asian communities in 1999; and the FISH outreach program targeted at educating the Long Beach community on the dangers of

ingesting fish with high mercury levels in 2002. Currently, FiGH conducts the Little Sisters mentoring program for multi-ethnic pregnant and parenting teens (since 1994), the EM3 male involvement program (since 1996), the Southeast Asian Immunization Program in collaboration with LBDHHS (since 1997), the Medi-Cal/Healthy Families Outreach Program in collaboration with LBDHHS (since 1998), and Healthy Living – a diabetic case management program targeting type 2 and gestational diabetics.

LBMCC and RPPC/CDAPP are located in 90806, but both have large catchment areas that include the other target zip codes and beyond. RPPC/CDAPP covers Region 6.1, which covers the southeast portion of Los Angeles Counties. There are 13 Sweet Success affiliates in the region, 2 of which are located in the priority zip codes. Sweet Success is the clinical component of CDAPP, and utilizes multidisciplinary teams composed of physicians, nurses, dietitians, social workers, and other health care professionals. The program emphasizes early recruitment of prepregnant and pregnant women with diabetes into pregnancy programs managed by these teams. These professionals integrate specialized assessment and intervention strategies to meet the challenge of providing optimal care for the target group. The program provides outpatient-based comprehensive education, nutrition, psychological and medical services to the prepregnant and pregnant woman with diabetes. The intent is to achieve active participation by the woman in managing the meal plan, insulin, stress, exercise and psychosocial concerns necessary for optimal glycemic control and pregnancy outcomes. Sweet Success affiliates located in the target zip codes serve approximately 350 pregnant diabetics per year. In addition to inpatient services, Miller Children's Hospital provides in-home outreach, education and support services for more than 250 infants each year who were born preterm, experienced serious illness or poor growth in the neonatal period and/or who are at high risk for medical-developmental, environmental or social-emotional delay. Over 60% of these infants reside within the identified zip codes of 90804, 90805 90806, and 90813.

The majority of patients seen at WCC come from the following zip codes and communities: 90501 (Harbor Gateway); 90502 (West Carson); 90710 (Harbor City); 90717 (Lomita); 90731 (San Pedro); 90744 (Wilmington); 90745 (Carson); and 90810 (Long Beach). Of the priority zip codes, the vast majority of patients served at WCC reside in Wilmington's primary zip code 90744. A small percentage of patients served come from the 90805 and 90806 priority zip codes in Long Beach, with the majority residing in 90810. From the beginning, we have worked with the low-income, uninsured, primarily Hispanic women, children and families of our community and surrounding areas. WCC has been providing prenatal care to women living in the 90744 zip code since 1982 and has been a CPSP provider since 1988. The current Registered Nurse Practitioner working at WCC full-time has been providing prenatal care for 25 years. The

volunteer OB/GYNs from SMMC have been volunteering at WCC for the past 5 years one to two days a week.

Collaboration

The lead agency and collaborative members have extensive experience in collaboration. LBDHHS currently has a variety of staff members that either convene or participate in one or more of over 30 collaboratives, coalitions, advisory groups, or affiliate organizations that consist of community members, health and social service providers, counterparts in other public health jurisdictions, City Council appointees, or a combination thereof. The BIH Program convenes an advisory group on a quarterly basis in order to update the community on program activities, obtain community feedback on program goals and directions, and identify community experts on a variety of topics to conduct client workshops. The MCH Director was an active participant in the LABBC Healthy Births Advisory Board, and along with the BIH and ROM coordinators and other MCH staff participated in the Healthy Birth Learning Collaboratives. The Medi-Cal/Healthy Families Program has convened a citywide collaborative of agencies on a monthly basis since its inception in 1998. The program coordinator brings together representatives from the funded and unfunded partners in the community who have a stake in improving enrollment in and utilization of health insurance benefits particularly in low-income families. The monthly Medi-Cal/Healthy Families Collaborative meetings are attended by an average of 45 attendees representing the various stakeholder agencies. Since 1997, the Immunization Program has convened the Immunization Action Plan Task Force for the purpose of improving the rates of children 0-2 who are up-to-date with their immunizations. LBDHHS also convenes the Perinatal Multicultural Coalition, along with representatives from other LBDHHS programs, LBMMC, and the Medi-Cal managed care plans. The purpose of this group is to organize and conduct health care providers to improve their ability to provide culturally appropriate care. Other examples of collaboratives that LBDHHS plays a leadership role in include the Childhood Lead Poisoning Prevention Task Force, the Coalition for a Smoke-Free Long Beach, the Service Planning Area 8 Service Provider Network, the Long Beach Homeless Coalition, the Southern California SIDS Advisory Council, the Long Beach Alliance for Children with Asthma, the Long Beach Community Health Council, the Long Beach Roundtable, and the Teen Pregnancy Prevention Collaborative.

SMMC has provided leadership and participated in several collaboratives including starting the Healthy Kids Coalition – a project involving the Long Beach Unified School District and local community clinics to provide school-based health care, participating in the Immunization Action Plan Task Force

convened by LBDHHS, and overseeing the Sun Protection Project with Long Beach Unified School District, California State University Long Beach, LBMMC, Long Beach Community Medical Center, and Kaiser.

FiGH has been involved in collaborative efforts since early on in its inception. During the 10 years that FiGH received tobacco funding, the agency was either a collaborative member or served in an advisory capacity to ethnic tobacco control collaboratives. For 5 of those 10 years, FiGH was the lead agency in a Long Beach Tobacco Control collaborative that included the Cambodian Business Association and the Black Business Professionals Association. FiGH has also been part of a perinatal collaborative lead by the Association of Asian Pacific Community Health Organizations, and a childcare collaborative of 7 agencies targeting improving childcare services in 90813. Currently, FiGH is a funded collaborative partner with the LBDHHS Medi-Cal/Healthy Families Collaborative and the LBDHHS Immunization Action Plan Task Force. They also currently participate in PATH – a collaborative of Pacific Islanders and Southeast Asian agencies with the goal of increasing breast and cervical cancer screening, and HAPAS – a collaboration of agencies providing education on chronic disease prevention and management targeting the elderly Southeast Asian and Pacific Islander population.

LBMMC Miller Children's and Women's Hospital is a regional center for CDAPP and RPPC. The Regional Coordinator for both programs has been participating in the HBLC meetings since 2003, including meetings held in several Service Planning Areas since the CDAPP regional area for Region 6.1 extends to the east L.A. County border and to the north L.A. County border. LBMMC participates in the Perinatal Multicultural Coalition, in collaboration with LBDHHS. Collaboration is also done with the LBDHHS BIH program to provide a Sweet Success presentation for them at least once a year. Trainings for CPSP providers and their perinatal health care workers are also coordinated by LBMMC RPPC/CDAPP, as well as quarterly meetings for the Southeast L.A. Perinatal Advisory Council, to bring perinatal updates to the region. A quarterly newsletter is published and distributed to bring important information and updates to the perinatal care providers throughout the region. LBMMC RPPC/CDAPP also collaborated with the Healthy African American Families organization to plan and present a two day conference to be held free of charge at the L.A. Convention Center this March. LBMMC and Miller Children's collaborate extensively with the The Children's Clinic, Children's Dental Health Clinic, Family Medicine, Perinatal Support, and the Pediatric and High Risk Infants Programs in helping to provide state-of-the-art perinatal and pediatric preventive, primary, specialty and sub-specialty care and education for women, children and their families who have traditionally faced social and economic barriers. LBMMC is committed to continuing to seek opportunities to collaborate with other organizations, including faith-based and community-based

organizations, schools, health care providers, and government entities, that provide services to families in the priority zip codes.

WCC actively participates in local and statewide collaboratives. In 1997, WCC began collaboration with the Los Angeles County Department of Health Services to provide and expand primary care services to the uninsured population through implementation of the Public Private Partnership (PPP) program. WCC attends quarterly meetings conducted by the County for the PPP funded partners. Another collaborative in which WCC participates is the Family Development Network (FDN), a multi-agency collaborative of social service and health care agencies, funded by the City of Los Angeles and initiated to decrease barriers to access to care. FDN encourages integration of services for families enrolled in agencies participating in the network. WCC provides medical services to patients referred by the 11 agencies who are members of the network. WCC began a significant collaboration on behalf of the Mary Henry Telemedicine Clinic, originally operated by the LAI Institute of King Drew Medical Center and the Community Development Department of the County of Los Angeles. WCC was instrumental in the licensing of this establishment as a satellite site of WCC. Mary Henry Telemedicine Clinic provides primary care to children and adults in South Central Los Angeles. A unique feature of this clinic is the utilization of a teleconference system for consultation, which is provided in conjunction with King/Drew Medical Center. WCC is also one of four agencies implementing a state-funded project called the Harbor Area Teen Pregnancy Prevention Collaborative. The role of WCC in this collaborative is that of implementing two pregnancy prevention curricula to local middle and high schools. Staff from WCC also participate in HBLC activities.

Leadership

LBDHHS maintains more than 30 community and professional collaborations, coalitions, advisory boards and affiliate associations. These partnerships provide leadership, advocacy, planning, program evaluation, oversight and community feedback on LBDHHS programs and to their funding sources. LBDHHS also provides social service grants to more than 40 grassroots human and social services agencies in Long Beach. LBDHHS involves the community in direct programming and health promotion services such as community health worker trainings, Senior Strategic Planning Task Force, Domestic Violence Prevention Task Force and the Licensed Childcare Master Plan Task Force. LBDHHS is lead agency for the following funded collaboratives: the Medi-Cal/Healthy Families Outreach Collaborative, which includes five community based agencies; the Immunization Action Plan Task Force, a partnership of 4 agencies that work to immunize all infants and children in Long Beach; the Partnership for Public Health Leadership Programs, which includes 3 community based agencies in training neighborhood residents in core public

health education and civic leadership; the Tobacco Master Plan Settlement Collaboration that funded 10 community based and faith based organizations with mini-grants to provide grassroots tobacco prevention education and activities throughout Long Beach; and the Service Provider Network, which seeks to reduce disparities in communities disproportionately affected by HIV, STD, TB and substance abuse.

LBDHHS has provided services to the community and to providers for almost 100 years. Administrators, Officers, Managers, Supervisors and Coordinators of the LBDHHS are all public health, human services, community health, primary care or public administrative professionals. It is a primary goal of the LBDHHS management team to provide opportunities and trainings for staff development, capacity skills building, professional licensing training and CEUs through grand rounds, conference attendance, video conferencing and inservices, seminars, workshops and other methods for attaining leadership skills. A parallel primary goal of the LBDHHS management team is to insure that the community partners, collaborations, advisory boards and the community and target populations are also provided education, training and leadership skills in order to assist LBDHHS in its meeting its mission and program goals. Through many of the grants and public allocations for meeting public health needs, LBDHHS provides trainings, workshops and skills building exercises to the providers and collaborative partners. Many of the LBDHHS staff development trainings, grand rounds and CEU sessions are open to collaborative partners and community health and services providers. LBDHHS has provided health and civic leadership trainings to grant funded and volunteer community and outreach workers (promotoras) through the Partnership for the Public Health Program, through the ROM and BIH Programs, Tobacco Education Coalition and Medi-Cal/Healthy Families Outreach Collaborative to name a few. LBDHHS is the lead agency for both the Community Health Council and the Health Administration Round Table, which involves the local, and county public health departments, hospitals, community health clinics, HMOs, academia health sciences and nursing programs, and community-based agencies. LBDHHS works with these agencies to assess and plan the methods to provide the skills and leadership needs of the health and human services workforce and the community they serve.

Administration

As stated above, LBDHHS has provided public health services to the community for almost 100 years. The annual budget for the Department is approximately \$38 million dollars and includes private, corporate and foundation grants, state, federal and local allocations and categorical funding and less than 1% of local general funds from the City of Long Beach. LBDHHS administers these grants and collaborative funded programs to meet the health and human services needs of the community. The Director of the

LBDHHS is part of the City Manager's Executive Management Team that answers to the Long Beach City Council for administrative and fiscal accountability. The Department is administered through the bureau management team for the 6 bureaus: Human and Social Services, Public Health, Preventive Health, Environmental Health, Animal Control and Support Services. LBDHHS has a voluntary 15 member Board of Health and Human Services that meets monthly and serves as an advisory body to the City Council, the City Manager and the LBDHHS on general issues connected with the administration of a public health department. LBDHHS is currently lead agency for four major collaborative grants: Healthy Kids, Immunization Action Plan Task Force, HIV Collaborative, CHDP Gateway. As the lead agency, LBDHHS maintains the fiscal accountability and work plan oversight and administration for the grants while providing funding through subcontractor status to the collaborative partners. LBDHHS has the capacity to carry (or front) the funding to the collaborative partners during invoicing and payment allocation periods from funding sources.

LBDHHS as lead agency for the BBC will be able to provide in-kind resources and infrastructure such as meeting and training facilities with video, teleconferencing, language interpretation technology, administrative oversight from bureau managers and fiscal staff, leadership and provider training opportunities from on-going services and professional staff, cross training and collaborative services and referrals from other programs and collaboratives at LBDHHS. Additional in-kind services will include health education materials and participant incentives from other grant funded and public services at LBDHHS. The types of in-kind resources and infrastructure that the collaborative members have committed include physical assets such as meeting space and parking, photocopying, and computer resources. More importantly, each collaborative member represents a wealth of expertise and services, including cultural and linguistic experience with many diverse communities, provision of prenatal and postpartum care to diverse populations, experience in providing home- and community-based services, experience with data collection and reporting outcomes, extensive knowledge in specialty areas such as obstetrics, diabetes management, and breastfeeding, and recognition of the benefits of working collaboratively.

Accountability

LBDHHS maintains more than 40 grant funded and government categorically funded programs and services. The contracts, work plans and scopes of work all require that LBDHHS maintain data and evaluate and report on the outcomes of these programs and services. LBDHHS has utilized in house staff and contract evaluators from academia or professional agencies to assess data and reports for performance measures and outcomes of services provided. Data includes geographic and socio-economic status of

participants, pre and post knowledge and skills of participants, health status and improvement or health outcomes of participants utilizing the services, risk indicators and reduction of risks as a result of programs/services, behavior modification as a result of services/trainings. Process evaluation is utilized for community events, workshops, demonstrations and health education displays and exhibits. Each collaborative member also has experience in conducting program evaluations. SMMC collects process data (e.g. number of patients served, number of births) as well as pregnancy and birth outcome data, utilized for quality improvement activities. SMMC is also a site for research and grant-funded programs, which require data collection and reporting. FiGH collects age, ethnicity, health status, service provision, and health outcome data, as FiGH is a grant-driven agency, and outcome measures are a grant requirement. Similarly, LBMMC and RPPC/CDAPP have extensive experience in grant- and research-required data collection and evaluation. WCC utilizes client satisfaction scales, class observations, pre and post measurements of client knowledge and practices, participant and staff interviews, and surveys, to assess processes and outcomes. They also have a practice management system to assess program utilization and provider workload. Their grant-funded programs have reporting and evaluation components as well.

Population Served

Long Beach is the fifth largest city in population in California. According to the 2000 census, this urban city had a population of 461,522, larger than 41 counties in California. The City covers approximately 50 square miles on the southern tip of Los Angeles County. Downtown Los Angeles is 22 miles north, Orange County borders on the east and the Pacific Ocean is south. The Port of Long Beach is the second busiest seaport in the United States, and the tenth busiest in the world. Long Beach is the site of a large community college and a California State University campus. The City has its own airport, school district, a large parks and marine recreational system, and libraries in most neighborhoods.

The census also found Long Beach to be the most ethnically diverse large city in the country. About 48% of the residents speak a language other than English in their homes, and 31% of Long Beach residents are foreign-born. The census showed that, for the first time, Hispanics surpassed Anglos to become the largest percentage of Long Beach residents, each making up about one-third of the population. The other third is almost equally divided between African-Americans and Asians/Pacific Islanders. Of the Asian population, there are over 50,000 Cambodians (the largest number outside of Cambodia) and a large group of Filipino residents. Pacific Islanders are mostly Chamorros, Samoans and Tongans. In addition to this ethnic diversity, Long Beach has many pockets of special-need health populations including homeless, HIV positive and seniors.

The percentage of Long Beach residents living in poverty has increased. For example, 45.6% of residents in 90813 are below the federal poverty level, which is currently \$18,400 for a family of four. The City population is dense in some low-income areas, primarily in central (ZIP codes 90813,90806,90802) and north Long Beach (90805). The percentage of the population living in all 5 priority zip codes (including 90744) who are at or below 200% of the federal poverty level is 63.25%. In these areas there are more low rent apartments with older housing and some severe overcrowding. Often several families share rent in a small apartment. Overcrowding, poverty and older substandard housing may cause lead poisoning from chipping old paint, asthma and other illnesses from molds and vermin, and airborne diseases from close living quarters. Long Beach has 52% multiple unit structures, and 54% of residents spend 30% of income on housing; median rent is \$720/month. As of March 2004, there were 99,502 Long Beach residents receiving Medi-Cal including 39,022 receiving CalWorks.

The median age of Long Beach residents is 31 years. There are 163,088 households, and 35% of them have children under the age of 18 living in them. The households consist of 39.2% married couples living together, 16.1% female heads of households with no husbands present, 38.9% non-families, 29.6% are made of individuals, and 7.4% have a person 65 years or older living alone. The Hispanic population is on average younger than the general population.

Per the U.S. Census Bureau, 21% of Long Beach adults have high school diplomas or equivalent and 72.2% of those have both a high school diploma and some higher education. The Long Beach Unified School District reports a 73.4% high school completion rate in 2003.

In the BBC priority zip codes, there were 6,141 live births in 2002, 70.66% of which were Medi-Cal births. The percentage that were low birth weight births was 7.44, which is higher than the county rate of 6.76. The percentage of births to women who received inadequate prenatal care was also higher than the county percentage – 19.67 compared to 13.77. The teen birth rate of 8.13 per 100 live births also exceeded the county rate of 5.55. Data from the 2004 Long Beach MCH Needs Assessment indicates that although the teen birth rate is declining, rates in the Hispanic and African-American populations were higher than the overall county rate (nearly twice as high in Hispanic teens). Disparities in the percentages of low birth weights exist in the African-American population, with a rate of nearly 13% - significantly higher than the overall county rate of 6.7%. Similarly, infant mortality rates, although they have declined, still remain disproportionately high in the African-American population of Long Beach (7.6 per 1000 live births) in comparison to the overall county rate of 5.4.

The population served by WCC is overwhelmingly Hispanic, Spanish-speaking and low-income. Ninety percent (90%) of patients identify themselves as Hispanic. Many of the users of WCC are immigrants or first generation families from Spanish-speaking countries: 80% of the users are monolingual Spanish-speaking. 88% of WCC patients have incomes under 100% of the Federal Poverty Level, 9% are between 100 and 200 % FPL, and only three percent 3% have incomes above the 200% FPL. Of all the zip codes in the WCC service area, patients residing in the Wilmington zip code of 90744 have the lowest income level.

In preparation for this proposal, LBDHHS convened a meeting of community stakeholders and potential collaborative members to obtain input on the key factors that contribute to adverse pregnancy outcomes in the communities identified as high risk. Key factors that the group identified were:

- Barriers to accessing prenatal care, including transportation, language, child care, lack of insurance and fear of applying for it due to immigration status issues;
- Lack of family support;
- Domestic violence;
- Mental health issues, including stress;
- Lack of information on signs and symptoms of pregnancy complications or risk factors, including cultural myths and beliefs;
- The perception of pregnancy as a healthy state, not in need of medical care;
- Competing priorities, such as basic needs of food and shelter;
- The capacity of high risk families to be able to plan rather than just respond to crises; and
- Systems issues in both the health care and social service (e.g. DPSS) settings, including cultural sensitivity and competency, and staff attitudes.

These factors correspond closely to the community priorities identified in the Healthy Births Initiative Blueprint – prenatal care access and quality, stress and mental health, nutrition and breastfeeding, and cultural competency. They also closely match the issues identified by the focus groups, key informant interviews, and surveys conducted as part of the 2004 LBDHHS MCH Community Needs Assessment. These findings include access to care (including dental and mental health), post-partum depression, lack of insurance, language issues, lack of cultural competence, difficulty in navigating the health care system, transportation, lack of resources for pregnant substance-abusers (current or history of), inconvenient office hours (conflict with work or child care), domestic violence, and lack of awareness of available services (by both providers and consumers of health care).

The group of community stakeholders and potential collaborative members also provided input on the family and systems needs of the community. The feedback obtained also closely corresponded with the issues identified above. Besides the basics of food, clothing, shelter, transportation, and income, families were also identified as being in need of assistance with parenting skills, coping skills (to deal with the deadlines imposed by assistance systems such as Medi-Cal redetermination, Healthy Families premium payments), service availability on family-friendly schedules, language and literacy issues, recognition of the importance of the involvement of fathers and grandparents, breastfeeding support, and mental health services (including identification of and interventions for post-partum depression). Systems issues identified include outreach to both patients and providers, in order to increase awareness, access, cultural competence, and coordination of available services.

Capacity

Existing Services

Many of the existing services provided by LBDHHS and the collaborative members have been described in previous sections of the proposal. LBDHHS, SMMC, and LBMMC have all been providing prenatal care for more than 25 years, incorporating the CPSP model when it became available, and providing care to the community's highest-risk clients in terms of socio-economic status, drug history, chronic medical and mental health conditions – frequently serving as the safety net providers, and collaboratively providing care for high-risk clients. WCC has provided similar services for the same period of time to a similar patient population in Wilmington. FiGH provides linguistic and cultural services to SMMC OB Clinic and Labor and Delivery patients. SMMC OB clinic serves 90-100 new clients per month, LBDHHS approximately 30, and together LBMMC and SMMC deliver 87% of the births occurring in Long Beach. Challenges cited by all partners to providing services to pregnant women pertain to the barriers that exist to obtaining early and continuous prenatal care. The partner agencies responded by providing outreach, with a focus on cultural and linguistic appropriateness, to educate the community on the importance of early entry into care, how to obtain care, how to enroll in insurance coverage, and how to navigate the system. Bilingual, bicultural staff are frequently utilized, as well as incentives for program participation (e.g. transportation, car seats, baby showers, etc.). All partner agencies are utilizing models or interventions that were developed by the California State Department of Health Services, or that showed effectiveness in other countries. State-developed programs include the CPSP model, Black Infant Health (including Role of Men) model interventions, the Sweet Success program, and the triage model of care – a needs-based approach that became a permanent component of Sweet Success. A study of the California Black Infant Health Program

published in the Journal of the National Medical Association in March 2004 stated that even though BIH participants were higher risk for poor birth outcomes, their low birth weight (LBW) and preterm delivery (PTB) outcomes were comparable to the geographic area overall. Additionally, the study showed a trend among BIH program participants toward better outcomes than the comparison group in both VLBW and VPTB. Studies have also demonstrated the cost benefit of the CDAPP Sweet Success program – Sweet Success interventions reduce hospital cost and length of stay, returning \$5 for every \$1 spent. Other proven approaches being utilized include anthropological-type models that utilize indigenous community leaders, older female kin networks, and promotoras.

Core Approaches

All 8 of the universal and focused core approaches are currently being utilized by the collaborative members. Outreach is a key component of public health practice. 101 of the 453 LBDHHS employees are in job classifications such as Outreach Worker, Community Worker, or Health Educator who provide outreach services as part of their daily responsibilities. Examples of LBDHHS programs that have Outreach as a functional component include: Black Infant Health, whose 3 outreach workers, 2 health educators, and coordinator perform over 2,000 street and provider outreach contacts per year, in addition to special community outreach events such as Celebrate Healthy Babies health fair, and presentations to community agencies with contacts to the target population, such as churches and schools; similarly, two Role Of Men outreach workers each make a minimum of 20 outreach contacts per day to potential program enrollees in order to enroll at least 20-25 participants into each of the 5 ROM Basic Training sessions held annually; CHDP Administration, Childhood Lead Poisoning Prevention Program, and Medi-Cal/Healthy Families Outreach frequently combine resources to provide information and outreach at community events such as farmer's markets, health fairs, ethnic celebrations such as Cambodian New Year and Cinco de Mayo; the Maternal and Child Health Access and Outreach program developed a curriculum on the importance of early prenatal care and how and where to access it and presented it to 400 community members and professionals at 10 different locations during the most recent program year, and made over 3,000 individual contacts in 13 different community locations or events (health fairs, apartment complexes, DPSS, schools, etc.); the Nurse Family Partnership provided outreach to over 100 individuals at events (e.g. BIH Workshops) or to providers (e.g. SMMC OB clinic) in order to recruit caseload participants; the Immunization Project's Perinatal Hepatitis B Prevention Program performs provider outreach in order to ensure that prenatal care providers are appropriately screening for and reporting the Hepatitis B status of pregnant women; and the WIC program, which performs provider, agency, health fair, hospital, and street outreach in order to maintain a

caseload of over 30,000 clients. FiGH regularly collaborates with LBDHHS on outreach activities as a paid member of the Medi-Cal/Healthy Families Outreach Collaborative and the Immunization Action Plan Task Force. SMMC has the “Embajadoras de Santa Maria”, a group of Latino women who provide SMMC with an avenue to access informal community networks in order to conduct outreach on access to prenatal care and other services available.

Case Management is a core approach utilized in several LBDHHS programs, as well as SMMC, FiGH and WCC. LBDHHS employs 53 Case Managers and Public Health Nurses, who regularly perform case management services. Within LBDHHS, examples of programs with a case management component include: Role of Men, currently case managing 90 clients who completed the Basic Training series in order to help each father develop and implement a plan to effectively provide social, emotional and financial support to his children; the Black Infant Health program case manager manages the highest risk women in the BIH caseload of 115, providing close follow-up to women with issues of homelessness, domestic violence, medical conditions that may compromise their pregnancy, substance use issues, and coordinating case management with the district Public Health Nurse (PHN); the MCH Access and Outreach PHN provided short-term case management for 381 high-risk clients in 03-04, in order to link clients to prenatal care, mental health services, and drug and alcohol rehabilitation; LBDHHS 8 field PHNs and 2 Nurse Family Partnership PHNs conducted 5,815 home visits in 2004 – 3,682 were MCH case management home visits – for the purpose of assessment, plan development, community linkages to health and social services, health teaching, counseling, and advocacy; the CPSP clinic’s social worker receives 3-4 referrals per week and makes home visits to follow-up on issues such as domestic violence, history of mental illness or attempted suicide, substance abuse, and crisis intervention to provide ongoing social worker case management, and provides SW consultation to field PHNs; the Perinatal Hepatitis B Prevention Program outreach worker case manages a caseload of 60 pregnant hepatitis B carriers and their families to ensure screening and receipt of vaccine and immune globulin to prevent perinatally acquired hepatitis B; and 10 staff in the Drug and Alcohol Rehabilitation Division provides case management to 170 clients per month. The collaborative members also conduct case management in a variety of settings: SMMC provides high-risk OB nursing case management and CPSP case management; FiGH has 20 bilingual, bicultural staff who provide case management to approximately 250 individuals per year as part of their Immunization program, Little Sisters mentoring program for pregnant and parenting teens, Healthy Living diabetic case management program, and Taking Control cancer prevention and health system navigation program; and 3 staff in the

WCC CPSP clinic – the coordinator, registered dietitian, and licensed social worker – provide ongoing case management to the 150 prenatal patients in the current clinic caseload.

There are also extensive examples of how the Health Education and Messaging core approach is utilized by the lead and collaborative agencies. LBDHHS employs this approach through its Immunization Action Plan Task Force (media campaigns, community presentations, provider “No Barriers” policies) in collaboration with FiGH and other community partners, the Tobacco Education Program (through media campaigns and health education at community events), the SIDS program (through participation in the Back to Sleep campaign, presentations to the community, specific population groups such as BIH client workshops, day care providers, and hospital nursery nurses), the MCH Access and Outreach program’s carseat safety component (by providing classes to 215 expectant families, utilizing Office of Traffic Safety curricula conducted by the SafetyBeltSafe-certified health educator), the CPSP clinic (through group health education to 480 clients per year and one-to-one client health education to 1,640 clients per year, following CPSP guidelines and topics and conducted by the clinics 2 NPs, 3 RNs, 1 SW, and 4 Comprehensive Perinatal Health Workers), and the Rehabilitation Division’s Office of Traffic Safety funded program to develop health education materials to reduce incidences of drunk driving – especially in the teen population. FiGH has developed ethnic-specific health education messages to parents for a variety of media, including print and television, on topics such as immunizations and the importance of obtaining health insurance coverage for children. WCC received First 5 LA funding to enhance their breastfeeding education and support program, which funds a Coordinator and a Health Educator/Lactation Educator to coordinate and provide classes for 150 women per year and a Family Advocate to provide ongoing social support to promote continuation of breastfeeding.

Perinatal Care Quality Improvement is a core approach that both hospitals are actively involved in through staff and physician education. RPPC was developed by the California Department of Health Services for the express purpose of promoting access to appropriate perinatal care for medically high risk pregnant women and their infants through regional quality improvement activities. The Perinatal Multicultural Coalition (PMCC) is a collaborative effort between the LBDHHS and LBMMC and is composed of representatives from local organizations, educators, managed care plans, health professionals, allied health staff, and other interested persons who collaborate and empower one another to address the need for culturally sensitive perinatal health care with a goal of improved perinatal outcomes. The PMCC has conducted 7 provider workshops (such as “Building Knowledge and Skills to Serve Diverse Populations”, “The Link Between Culture, Communication and Healthcare”, “Working With Interpreters”, and “Birth

Disparities in the African American Community’’) over the past 4 years with this goal in mind. Each workshop was attended by 75-125 participants.

Interconception Care is provided to LBDHHS CPSP clinic clients after delivery by the LBDHHS Family-PACT clinic, which served 2,460 clients in 2004. The clinic employs 10 professional and paraprofessional staff who provide information to clients on the importance of preconception planning and how to maintain health between pregnancies – including folic acid supplements, breast self exam, immunizations, pap smears, STD screening, and access to needed health care. WCC provided interconception care to 2,655 clients in 2004 in a similar manner, utilizing a medical assistant and 2 professional health care practitioners.

The core approach of Social Support is a built-in component to the LBDHHS Black Infant Health and Role of Men programs. BIH utilizes the Social Support and Empowerment model intervention with 40-60 women per year. ROM provides social support to 100-150 men per year as part of the Basic Training series, where health issues of parenting, child development, fatherhood, legal issues, and education and vocational training are addressed. Both programs approach social support within the context of strengthening family capacity and reducing stress in order to improve birth outcomes.

Community Building has been utilized as an approach by LBDHHS in 2 of its most successful collaborative efforts – the Immunization Action Plan Task Force, and the Medi-Cal/Healthy Families Outreach Collaborative. The IAP Task Force was initiated in response to the measles outbreaks of the early 1990s, and succeeded in bringing the community together to improve immunization rates in children 0-2 years of age. The Medi-Cal/Healthy Families Outreach Collaborative encompasses Policy and Advocacy, which are core public health functions, when focusing its efforts on increasing the number of children enrolled in health insurance coverage by bringing partners together to spread the word on the availability of coverage programs, the importance of coverage, and to advocate to address the systems barriers that impact enrollment, retention and utilization of health insurance and covered services. LBDHHS’ MCH Access and Outreach program also frequently implements the Policy and Advocacy approach, working with state agencies and lawmakers to improve access to services for pregnant women and their families.

Gaps in Current Services

The MCH population in Long Beach, and especially in the priority zip codes, is a blend of varied layers of cultures, socio-economic status, races/ethnicities, ages, strengths and needs. One of the City’s strengths is that a culturally appropriate network of public, private, and community agencies who are capable of working closely together, are mobilized, and are concerned about the needs of the high-risk population

does exist. A Best Babies Collaborative will improve this capacity and provide better coordination of services, and lead to better birth outcomes. The 2004 LBDHHS MCH Long Beach Community Needs Assessment identified several major risk factors, gaps, and disparities in the perinatal population:

Socioeconomic Risk Factors –

- Neighborhoods in the priority zip codes experience high levels of poverty, overcrowding, and substandard housing, which creates health risks;
- Residents in the priority zip codes are often isolated by language, culture, transportation, and fear due to undocumented immigration status and/or violence in their neighborhood;
- Residents with limited English, or who have low literacy levels, are more likely to lack awareness of existing resources and experience difficulty navigating a complex health care system;

Gaps in MCH Resources –

- The assessment revealed gaps in dental and mental health resources;
- Although many health and social services are readily available, there is often a lack of awareness by the population who need them;
- Barriers exist to linking high-risk women and families to needed services and helping them navigate the complex health care system;
- Cultural competence remains a challenge.

Health Indicators –

- There are high rates of families who lack health insurance and live in poverty;
- The rates of low and very low birth weight, preterm deliveries, breastfeeding, teen births, and chlamydia, while in most cases are improving, are still worse or significantly worse than county and state rates and the Healthy People 2010 goals; and
- Disparities persist with regard to the rates of low and very low birth weight in the African-American population; and
- Studies have shown that birth outcomes indicators in 2nd generation immigrants are poorer than in 1st generation.

Proposed Program

The formation of a Best Babies Collaborative will improve the capacity to simultaneously address the social, psychological, behavioral, environmental, and biological factors that influence pregnancy outcomes. A service capacity gap that was repeatedly identified was a lack of awareness of available resources, both on the part of consumers and providers, which negatively impact accessibility to and

utilization of needed services. Many services currently exist in the targeted zip codes – what is often lacking is a mechanism to integrate the available services in order to maximize their use and impact. A collaborative partnership will bring the existing resources together that can impact the factors that influence pregnancy outcomes, improve provider and consumer awareness of the availability of these resources, improve integration of the services already available, and provide funding to expand essential direct client services. The collaborative will build a network of providers and resources that will provide or promote the provision of services to pregnant women and their families in an integrated, coordinated, and comprehensive manner.

The Best Babies Collaborative will:

- Conduct ongoing collaborative meetings to increase awareness of resources, improve relationships, and provide opportunities (e.g. through the Perinatal Multicultural Coalition, or the Healthy Birth Learning Collaboratives) for education on topics such as cultural competency and interconception care;
- Improve access to perinatal and interconception care services by increasing community awareness of service availability, and expanding the types and hours of needed services;
- Provide expanded post-partum follow-up, case management, and social support for high-risk women (teens, gestational diabetics, first-time mothers, substance-using women, and low-income families) and their families, by supporting community programs that provide effective interventions to this population (e.g. Black Infant Health, Role of Men, Nurse Family Partnership, Sweet Success);
- Implement a health education and messaging campaign to improve interconception and preconception health via mechanisms such as promotoras programs, male involvement/fatherhood programs, ethnic media campaigns, and outreach activities at local ethnic celebrations and health fairs and other appropriate venues in the community;
- Conduct outreach to health care providers and to the community to increase awareness and utilization of local resources that improve pregnancy outcomes;
- Increase screening for mental health issues, including post-partum depression, and promote access to resources; and
- Promote opportunities for identification of local policy and advocacy issues, such as breastfeeding promotion and access to resources for interconception care, and promote activities to address these issues at the BBC and the LABBC level.

During the planning process, the collaborative will work toward identifying how to best utilize the core approaches to capture/target high-risk women in the priority zip codes, and integrate and coordinate the services available to the targeted population in order to promote systems change, which will lead to

improved service utilization and pregnancy outcomes. The BBC will improve and maximize the provision of direct services to the target population, and program interventions will follow the guiding principles of being comprehensive and integrated, addressing community identified issues at local and systemic levels, utilizing evidence-based approaches designed in a culturally competent manner. During the planning process, the collaborative coordinator will work with the LABBC and the collaborative partners to determine funding priorities and strategies and tracking mechanisms that will ensure that the high-risk populations in the identified zip codes receive the direct services that will improve pregnancy outcomes.

Collaboration

The BBC planning collaborative will have a full-time collaborative coordinator to provide coordination of all planning grant activities and act as the liaison with the LABBC. See the list below for a description of the planning grant collaborative partners.

<p>Lead Agency LBDHHS Funded Full-Time BBC Coordinator</p>	<p>LBDHHS Program staff participating in BBC Nursing Services Officer, BIH Coordinator, ROM Coordinator, Public Health Nursing Supervisors, MCH Access and Outreach PHN and Health Educator, PN/FP clinic, MCH Physician, Rehab Services Officer, Tobacco Education Program Coordinator</p>
<p>Collaborative Partner Agencies SMMC Unfunded Partner</p>	<p>SMMC staff participating in BBC OB Clinic Medical Director, OB Clinic Social Services Director, Perinatal Services Director</p>
<p>FiGH Funded Partner</p>	<p>FiGH staff participating in BBC FiGH Director</p>
<p>LBMMC Unfunded Partner</p>	<p>LBMMC staff participating in BBC Women’s Pavilion Nurse Specialist, Community Outreach Coordinator</p>
<p>CDAPP/RPPC Funded Partner</p>	<p>RPPC/CDAPP staff participating in BBC RPPC/CDAPP Coordinator</p>
<p>WCC Funded partner</p>	<p>WCC Staff participating in BBC Program Manager, Prenatal and Pediatric Clinicians</p>

Collaborative partners were selected for the reasons outlined on page 2, and have experience working together formally and informally. Additional stakeholders will be brought into the process.

LBDHHS sent invitations to a list of over 100 potential stakeholders inviting them to be involved in the planning process, and information and feedback will be requested of them again during the planning process. This list included agencies and individuals such as residential drug treatment facilities, teen parent programs, CPSP providers, Family-PACT providers, CHDP providers, domestic violence centers, Long Beach Unified School District, and faith-based organizations. The MOUs in Appendix A provide additional information on the specific partner roles, as well as resumes of key staff.

Outcomes

The goal of the BBC is to have increased availability, awareness, and utilization of services for high-risk pregnant and childbearing age women and their families, in order to see an overall reduction in the rates of and disparities between racial groups of:

- Preterm deliveries,
- Low birth weight births,
- Infant mortality,
- Teen pregnancies, and
- Preventable poor birth outcomes.

Progress toward accomplishing these outcomes will be obtained by development of an effective collaborative which will increase community and provider awareness of resources, advocate for improvements in systems (access to information and services, and navigation of service systems), improve provider skills and awareness of issues, and increase community resources for interconception care, case management and social support.

Evaluation

During the planning period, the BBC will work with First 5 LA and the LABBC Center for Health Births to develop the evaluation plan. LBDHHS collects data in a variety of different ways, depending on the needs of each program, and is currently in the process of working with a vendor to develop a web-based data collection system that will improve evaluation capabilities department-wide. Currently, several client registration systems are in use that collect electronic data on client age, ethnicity, language, and service requested. There are also electronic data systems that collect and track client needs for follow-up services (such as the Children's Health Outreach Initiative client tracking database developed in conjunction with Los Angeles County Department of Health Services, and the regional web-based Los Angeles Immunization Network – LINK – immunization registry). Maintenance of the data collection system for the BBC will likely necessitate funding for at least a dedicated part-time staff person.

Budget

The proposed budget includes funding for a full-time BBC coordinator (Yolanda Salomon-Lopez) at \$4,666 per month for the 3-month planning period, plus benefits. Other personnel costs are for project oversight to be provided by the Nursing Services Officer (Pamela Shaw), who is on the budget for 10%, and fiscal (contracting and invoicing) oversight to be provided by the Nursing Division Administrative Analyst, at 8% (matching funds). Contracted services costs for the funded collaborative partners will be for salary and benefits, as detailed on the budget detail sheets, for a total of \$12,183. The funded collaborative partner individuals will participate in planning activities by providing expertise in areas such as perinatal care, cultural competency, quality improvement, data collection, outreach, and community building. Additional unpaid collaborative partners will also be involved during the planning phase. Information on the operating budgets, recent audit reports, and additional budget details are in Appendices E, F, and G. LBDHHS is providing a total of \$7,197 of matching funds and requesting a total of \$39,294 from 1st 5 LA.

Programs and services that are targeted for funding during the planning period will need to initiate funding searches during the implementation period, in order to continue provision of services funded as part of implementation after the 3-year implementation period. It is conceivable that the community collaborative activities could continue past the end of the implementation period with support from LBDHHS' MCH allocation.



Budget Summary

COPY

Agency: City of Long Beach - Dept.of Health & Human Services (DHHS)

Project Name: Best Babies Collaborative

Agreement Period: Planning Grant

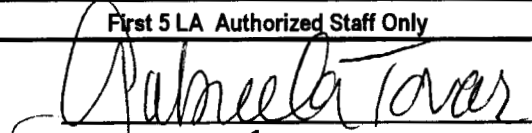
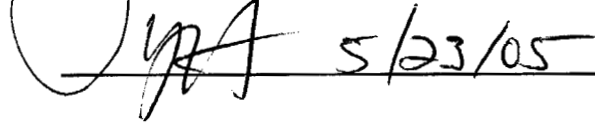
Cost Category		First 5 LA Funds	Matching Funds	Total Costs
1	Personnel	24,321	2,132	26,454
2	Contracted Svcs (Excluding Evaluation)	12,183	0	12,183
3	Equipment NOT APPLICABLE	0	0	0
4	Printing/Copying	516	0	516
5	Space	0	1,062	1,062
6	Telephone	0	255	255
7	Postage	255	0	255
8	Supplies	225	0	225
9	Employee Mileage and Travel	777	0	777
10	Training Expenses	600	0	600
11	Evaluation	0	0	0
12	Other Expenses (Excluding Evaluation)	0	0	0
13	*Indirect Costs	416	3,748	4,164
TOTAL:		\$39,294	\$7,197	\$46,491

Nani Blyleven  3/2/2005

Fiscal Contact Person  Date 3/8/05

Agency Authorized Signature  Date

Phone # 562-570-4231

First 5 LA Authorized Staff Only	
Program Officer	
Finance	 5/23/05

*Indirect Costs **MAY NOT** exceed 10% of Personnel cost, excluding Fringe Benefits.

Additional supporting documents may be requested



Section 3
Equipment

Agency: City of Long Beach - Dept. of Health & Human Services (DHHS)

Project Name: Best Babies Collaborative

Agreement Period: Planning Grant

Equipment description of item	Quantity	Unit Cost	Total Equipment Cost	First 5 LA Funds	Matching Funds	Total Cost
Not Applicable during Planning Phase			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
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			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
Total Equipment:			\$0	\$0	\$0	\$0

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED
Indirect Costs may not exceed 10% of Personnel cost, excluding Fringe Benefits
 USE ADDITIONAL SHEETS IF NECESSARY



Section 4

Printing/Copying

Agency: City of Long Beach - Dept. of Health & Human Services (DHHS)

Project Name: Best Babies Collaborative

Agreement Period: Planning Grant

Printing/Copying include description	Quantity	Unit Cost	Total Printing Cost	First 5 LA Funds	Matching Funds	Total Cost
Estimated printing needs for planning period	600	0.28	168	168	0	168
Estimated printing needs for project launch	600	0.58	348	348	0	348
			0	0	0	0
			0	0	0	0
			0	0	0	0
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			0	0	0	0
			0	0	0	0
Total Printing/Copying:			\$516	\$516	\$0	\$516

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED

Indirect Costs may not exceed 10% of Personnel cost, excluding Fringe Benefits.

USE ADDITIONAL SHEETS IF NECESSARY



Sections 9 & 10

Employee Mileage/Travel & Training Expenses

Agency: City of Long Beach - Dept. of Health & Human Services (DHHS)

Project Name: Best Babies Collaborative

Agreement Period: Planning Grant

Employee Mileage/Travel include description	Mileage Quantity	Unit Cost per Mile	Total Mileage/Travel Cost	FIRST 5 LA Funds	Matching Funds	Total Cost
Lead agency travel to BBC planning meetings and workshops			0		0	0
2 trips per week @ 40 miles round	1,032	0.37	377	377	0	377
Lead agency travel to collaborative partners and provider locations			0		0	0
2 trips per week @ 15 miles round	387	0.37	141	141	0	141
Collaborative partners mileage reimbursement (BBC meetings)			0		0	0
1 trip per week @ 40 miles round	516	0.37	188	188	0	188
Collaborative partners mileage reimbursement (Agency meetings)			0		0	0
1 trip per week @ 15 miles round	194	0.37	71	71	0	71
(Mileage quantity calculated at 4.3 weeks per month)			0		0	0
Total Employee Mileage/Travel:			\$777	\$777	\$0	\$777

Training Expenses include description, # of people	Quantity	Unit Cost Per Training	Total Training Cost	FIRST 5 LA Funds	Matching Funds	Total Cost
Training room rental / setup for 30 (?) people	6	100.00	600	600	0	600
			0		0	0
			0		0	0
			0		0	0
			0		0	0
			0		0	0
			0		0	0
			0		0	0
			0		0	0
Total Training Expenses:			\$600	\$600	\$0	\$600

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED

Indirect Costs may not exceed 10% of Personnel cost, excluding Fringe Benefits.

USE ADDITIONAL SHEETS IF NECESSARY



Sections 12 & 13

Other Expenses & Indirect Cost

Agency: City of Long Beach - Dept.of Health & Human Services (DHHS)

Project Name: Best Babies Collaborative

Agreement Period: Planning Grant

Other Expenses include description	Quantity	Unit Cost	Total Other Cost	First 5 LA Funds	Matching Funds	Total Cost
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
Total Other Expenses:			\$0	\$0	\$0	\$0

*Indirect Cost include general purpose for this cost	Total Indirect Cost	First 5 LA Funds	Matching Funds	Total Cost
Indirect costs (OMB-A87) @ 23.85%	4,164	416	3,748	4,164
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total Indirect Cost:		\$4,164	\$3,748	\$4,164

DO NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS ARE INCLUDED

Indirect Costs may not exceed 10% of Personnel cost, excluding Fringe Benefits.

USE ADDITIONAL SHEETS IF NECESSARY