FIRST 5 LA

Champions For Our Children

AGREEMENT #	00667

750 N. Alameda Street
Suite 300
Los Angeles, CA 90012
PH: 213.482.5902
FAX: 213.482.5903
www.first5la.org
contact@first5la.org

LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)

GRANT AGREEMENT

29640

For

HEALTHY BIRTHS INITIATIVE

Year 3

FOR THE PERIOD

July 1, 2007 to September 30, 2008

GRANT AGREEMENT FOR
HEALTHY BIRTHS INITIATIVE

This Agreement, made and entered into this 16th day of July 2007, by and between

LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST
PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
Hereinafter referred to as
"COMMISSION"

and

City of Long Beach

Hereinafter referred to as
"GRANTEE,"

Collectively referred to as the "Parties"

GRANT AMOUNT: **$659,211.00**

GRANT NUMBER: **00667**

Los Angeles County Children and Families First
Proposition 10 Commission (AKA First 5 LA)

HEALTHY BIRTHS INITIATIVE GRANT

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Section

1. APPLICABLE DOCUMENTS

1.1. Exhibits A – D, inclusive, and E (if applicable), as described below, are attached to and form an integral part of this Agreement, and are hereby incorporated by reference. Exhibits F, G and H, as described below, will be completed by GRANTEE at later dates and forwarded to COMMISSION as specified in Sections 6.7, 6.9, and 9.1 of this Agreement, and are hereby incorporated by reference as mandatory reports that are an integral part of this Agreement.

1.2. In the event of any conflict in the definition or interpretation of any provision of this Agreement and any provision of the Exhibits, or among provisions of the Exhibits, said conflict or inconsistency shall be resolved by giving precedence first to this Agreement, and then to the Exhibits according to the following priority:

Exhibit A STATEMENT OF WORK, SCOPE OF WORK, and EVALUATION PLAN or SCOPE OF WORK/ PROGRAM IMPLEMENTATION AND EVALUATION PLAN, as applicable

Exhibit B BUDGET FORMS

Exhibit C ORIGINAL PROPOSAL

Exhibit D ADDITIONAL REQUIRED DOCUMENTS as listed in GRANT AGREEMENT CHECKLIST

Exhibit E MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) FORMS (if applicable)

Exhibit F FINAL EVALUATION REPORT (SRI Only)

Exhibit G INVOICE FORM

Exhibit H MID-YEAR AND YEAR-END REPORTS or QUARTERLY REPORTS (For SRI Grantees Only) and SUSTAINABILITY PLAN (CDI Only)

2. COMMISSION OBJECTIVES

2.1. Mission Statement

Our mission is to make significant and measurable progress toward increasing the number of children from the prenatal stage through age 5 in Los Angeles County who are physically and emotionally healthy, safe and ready to learn when they reach school age.

2.2. Vision

First 5 LA is committed to creating a future throughout Los Angeles' diverse communities where all young children are born healthy and raised in a loving and nurturing environment so that they grow up healthy, are eager to learn and reach their full potential.

2.2.1. Values

We intend to make our vision come true by shaping our efforts around five core values:

a. Families: We will acknowledge and amplify the voice of families so that they have the information, resources and opportunities to raise their children successfully
b. Communities: We will strengthen communities by enhancing their abilities to support families.
c. Results Focus: We will be accountable for defining results for young children and for our success in achieving them.
d. Learning: We will be open to new ideas and will modify our approaches based on what we learn.
e. Advocacy: We will use our unique role to build public support for policies and programs that benefit children prenatal through age 5 and their families.

2.3. Goals

We will accomplish our mission by partnering with communities and families in Los Angeles County to make measurable and significant progress in the three priority goal areas of Early Learning, Health, and Safe Children and Families.

2.4. Program Purpose

COMMISSION is providing funds for specific programs and services proposed by GRANTEE in its Scope of Work and Evaluation Plan or Scope of Work/Program Implementation and Evaluation Plan, as applicable, (Exhibit A), hereinafter referred to as "**Scope of Work**," and in its budget (Exhibit B). The purpose of the funds is to assist GRANTEE in providing programs, services, activities, and projects that impact one or more of the three priority goal areas. The funds will assist GRANTEE in improving systems coordination and responsiveness and enhancing organizational and management capacity.

3. CONDUCT OF PROGRAM

3.1. GRANTEE shall abide by all terms and conditions imposed and required by this Agreement and shall abide by all subsequent revisions, modifications and administrative changes as agreed upon in writing by both Parties to this Agreement by a written Amendment thereto.

3.2. GRANTEE shall in a professional, safe and responsible manner, operate and conduct the programs and services as outlined in the Scope of Work in accordance with the documents which are part of this Agreement, applicable law, and the general standards of care applicable to GRANTEE'S business.

4. TERM OF GRANT

This Agreement shall become effective **July 1, 2007 ("effective date")** and shall terminate **September 30, 2008**, **("termination date")** unless terminated earlier as provided herein. In no event shall the total approved grant amount exceed **$659,211.00** for all goods, labor and services to be provided by GRANTEE. If applicable, programs that demonstrate success (in relation to the stated objectives in the Scope of Work documents and completion of GRANTEE'S program) during this grant period may be eligible to receive a non-competitive continuation grant for subsequent grant year(s) at the COMMISSION'S sole and exclusive authority only. GRANTEE expressly acknowledges and agrees that

grant funding is provided on a year-to-year basis and that funding beyond the term of this Agreement will be contingent upon factors which include, without limitation, COMMISSION'S annual budget and GRANTEE'S performance.

5. IMPLEMENTATION OF PROGRAM

Implementation of GRANTEE'S funded program must begin within thirty (30) calendar days after the effective date, per Section 4 of this Agreement.

6. PROGRAM EVALUATION AND REVIEW

6.1. GRANTEE shall submit a Scope of Work (Evaluation Plan, if applicable) that outlines the scope of GRANTEE'S funded program to evaluate the performance of work completed under this Agreement.

6.2. GRANTEE shall participate in the evaluation activity COMMISSION is sponsoring for each of its initiatives, and shall modify GRANTEE'S Scope of Work if directed to do so by COMMISSION based on the information provided in an evaluation. GRANTEE may be required to participate in activities related to an Institution Review Board (IRB) related to Human Subjects Protection.

6.3. Any such modifications recommended by COMMISSION to GRANTEE'S Scope of Work (Evaluation Plan, if applicable) are not subject to Section 7.2 of this Agreement.

6.4. GRANTEE shall participate in and cooperate with statewide efforts to evaluate Proposition 10 efforts. GRANTEE may opt out of the statewide evaluation efforts only if by participating, the GRANTEE would be violating HIPAA, applicable law, Confidentiality Agreements, and/or any internal Board policies related to the dissemination of confidential data. GRANTEE shall provide written notice to COMMISSION of its decision to opt out In the event GRANTEE opts out, GRANTEE will still be required to provide aggregate data or completed surveys about systems change and operations accomplished by GRANTEE'S lead agency and its collaborative partners.

6.5. GRANTEE shall, at its own expense, participate in and cooperate with any financial and/or program audit activities required by the COMMISSION, County or the State during the four (4) calendar years immediately following the termination of this Agreement. To facilitate any such audit, GRANTEE shall maintain all records and documents associated with its activities pursuant to this Agreement in a place and manner reasonably accessible to the COMMISSION and auditors.

6.6. GRANTEE shall establish, maintain and permit reasonable COMMISSION and/or auditor access to case files/records, receipts, payroll records, client/user complaints, monthly/quarterly reports, records required by other provisions of this Agreement and all fiscal records for a period of four (4) years following the termination date and shall establish all necessary mechanisms to keep program data confidential and secure

6.7. GRANTEE shall submit Mid-Year and Year-End Reports or Quarterly Reports (Exhibit H), as applicable, containing basic service level estimates of work completed per grant reporting period by the designated due date provided. GRANTEE may be required to use a secure Internet site to submit basic service data.

6.8. As applicable GRANTEE shall submit Sustainability Plan (Exhibit H), detailing the sustainability activities pursuant to the program and services funded under this Agreement.

6.9. Within twenty (20) business days or sixty (60) business days (SRI Only) after the termination of this Agreement, GRANTEE shall submit a Year-End Report (Exhibit H) or Final Evaluation

Report (Exhibit F), as applicable, detailing the outcomes of the programs and services provided pursuant to this Agreement.

6.10. At any time during GRANTEE'S business hours and upon reasonable notice by COMMISSION, GRANTEE shall allow COMMISSION staff or contractors to evaluate, audit, inspect and monitor its facilities, program operations, and records maintained in connection with this Agreement. The inspection methods that may be used include:

- On-site visits
- Interviews of GRANTEE'S staff and program participants
- Review, examination or audit of case files/records, receipts, client/user complaints, monthly/quarterly reports, and fiscal records
- Inspection of GRANTEE'S internal monitoring and evaluation system

With respect to inspection of GRANTEE'S records, COMMISSION may require that GRANTEE provide supporting documentation to substantiate GRANTEE'S reported expenses and basic service level estimates of work completed.

6.11. GRANTEE shall have an annual financial statement and compliance audit performed by a Certified Public Accountant licensed to practice within the State of California. The audit should cover the GRANTEE'S fiscal year. Audit must be submitted to the COMMISSION on an annual basis within 120 days after the close of the GRANTEE'S fiscal year.

6.11.1. If the audit report is not received on or before the required due date and an extension has not been granted by the COMMISSION, the audit requirement shall be considered delinquent and immediate corrective action may be required.

6.11.2. If the GRANTEE fails to produce or submit an acceptable audit, the COMMISSION reserves the right to secure an Auditor and the GRANTEE shall be liable for all COMMISSION costs incurred for the completion of the audit.

6.12. GRANTEE shall ensure the cooperation of all subcontractors, employees, volunteers, staff and Board members in any such evaluation, audit, inspection, and monitoring efforts to the extent permitted or required by law. COMMISSION shall protect the confidentiality of proprietary information made available to COMMISSION during such processes.

6.13. COMMISSION reserves the right to modify this Agreement and the programs and services provided by GRANTEE pursuant to this Agreement based on the results of its evaluation(s) and review(s). In addition, COMMISSION may use the results of such evaluation(s) and review(s) in decisions regarding possible future funding, extension, or renewal of GRANTEE'S program and service. The evaluation(s) shall include, but are not limited to, Agreement compliance, and effectiveness of program planning and impact. COMMISSION at its sole discretion will conduct on-going assessments of the program.

6.14. With respects to data ownership and confidentiality, the following provisions will be required:

6.14.1. The COMMISSION and GRANTEE will maintain joint ownership of any raw data produced during the course of this Agreement.

6.14.2. To facilitate this joint ownership, the COMMISSION will develop, as applicable, a mechanism for file sharing via the Internet. Until such mechanism is developed, the GRANTEE shall provide data to the COMMISSION at time intervals determined by the COMMISSION and GRANTEE to be appropriate for the work of the project.

6.14.3. Both the GRANTEE and the COMMISSION shall implement and comply with HIPAA and adequate procedures to maintain the confidentiality of data and information collected pursuant to this Agreement. GRANTEE shall be responsible for complying with all applicable state and federal laws governing the gathering, use and protection of personal information and the protection of human subjects.

7. MODIFICATION OF AGREEMENT DOCUMENTS

7.1. This Agreement constitutes the complete and exclusive statement of understanding between the Parties that supersedes all previous Agreements, written or oral, and all other communications between the Parties relating to the subject matter of this Agreement. No amendment or modification to this Agreement is valid unless the same is in writing and is executed by both Parties. No oral conversation, promise or representation by or between any officer or employee of the Parties shall modify any of the terms or conditions of this Agreement. COMMISSION shall not be deemed to have approved or consented to any alteration of the terms of this Agreement by virtue of its review and approval of, or failure to object to, contracts or other business transactions entered into by GRANTEE.

7.2. PROGRAM Modifications

GRANTEE'S requests for PROGRAM modifications, as opposed to budget modifications provided for in Section 9, must be submitted in writing to COMMISSION or its designee, at least one (1) month prior to the requested effective date of such modification.

7.2.1. Program modifications are subject to review and approval by the State prior to COMMISSION approval (SRI Only).

7.3. Time Limits

Request for modifications will not be accepted during the first two (2) months and the final three (3) months of this Agreement period, and not more than TWICE thereafter.

8. MONTHLY FINANCIAL REPORTING

During the duration of this Agreement, GRANTEE shall provide to COMMISSION a Schedule of Monthly and Year to Date Expenses incurred in its performance, using GRANTEE'S Line Item Budget format approved for this Agreement (Exhibit B).

This Schedule shall be verified under penalty of perjury by an officer of GRANTEE and shall be submitted to COMMISSION by the 20th business day of each month for the previous month, beginning **August 2007** for the month of **July 2007.**

9. PAYMENTS AND EXPENDITURES

9.1. Monthly Payments to Grantee

- From the **second** month through the **fourteenth** month of GRANTEE'S performance under the Agreement and no later than the 20th business day following COMMISSION'S receipt of GRANTEE'S properly completed invoice each month (Exhibit G), COMMISSION shall pay GRANTEE the actual expenses documented on the invoice minus the amount of any unmet cash match per Section 9.6, if applicable, provided that GRANTEE is not in material breach of any aspect of the Agreement.

9.2. Final Payment to Grantee

9.2.1. Not later than the 20th business day of the first month after the end of the **September 30, 2008,** or the date of the satisfactory completion of GRANTEE'S proposed project, if proposed to be less than one year in duration, GRANTEE shall supply to COMMISSION a final completed invoice (Exhibit G) for the grant term and the final evaluation report (Exhibit F) required by Section 6.9.

9.2.2. Within 20 business days of its receipt of such Documents:

- COMMISSION shall pay GRANTEE the balance due of the total approved grant, not to exceed GRANTEE'S total actual approved expenses for the grant year, or GRANTEE shall repay COMMISSION any amount received in excess of total actual approved expenses for the grant year.

- In no event shall GRANTEE be paid more than the total grant amount or receive full payment before the end of the grant period.

9.3. All COMMISSION payments are conditioned upon GRANTEE being in full compliance with all provisions of this Agreement.

9.4. Expenditures by Grantee

All GRANTEE expenditures shall be in accordance with the approved line item budget captions. However, GRANTEE may modify a portion of GRANTEE'S approved budget, if such budget line item is as follows and the COMMISSION has been advised in advance prior to the costs being incurred:

9.4.1. If the original line item is less than $5,000 dollars, GRANTEE can incur expenses pursuant to an informal modification, and shall submit a memorandum to COMMISSION explaining the modification along with the monthly invoice required by Section 9.1.

9.4.2. If the original line item is greater than $5,000 dollars and the change is less than or equal to 10% of the original line item, GRANTEE can incur expenses pursuant to an informal modification, and shall submit a memorandum to COMMISSION explaining the modification along with the monthly invoice required by Section 9.1.

9.4.3. If the original line item is greater than $5,000 dollars and the modification is greater than 10% of the line item, GRANTEE must obtain COMMISSION'S *prior written approval* through the COMMISSION'S formal budget modification procedure before incurring expenses pursuant to the modification.

9.4.4. Formal budget modifications must be addressed and sent to the Grants Management Department with the appropriate "Formal Budget Modification Summary" forms on or before the 1st of the month prior to the month in which the expenses will be incurred. Only one (1) formal budget modification can be approved during the term of the Agreement. Requests for modifications under Section will not be accepted during the first two (2) months and last quarter of the term of this Agreement.

9.4.5. Only two (2) informal budget modification subject to Sections 9.4.1 and 9.4.2 can be approved during the term of this Agreement.

9.4.6. Approval of any budget modification will be contingent on the timely review and submission of the required documentation by the grantee.

9.4.7 Expenditures and modifications are subject to review and approval by the State (For SRI Only).

9.5. If there are any errors contained in any invoice submitted to COMMISSION, GRANTEE shall reflect the change in the most recent invoice submitted to COMMISSION, along with a note explaining the error.

9.6. If GRANTEE does not meet the required cash match obligation as by the COMMISSION and as established by Exhibit B, the unmet amount of cash match will be withheld from current and subsequent invoices submitted. Funds withheld may be reimbursed if the cash match obligation is met in subsequent months (SRI only).

9.7. GRANTEE will advise COMMISSION of the source and amount of all matching funds used to provide programs and services pursuant to this Agreement.

9.8. GRANTEE will advise COMMISSION AND obtain written approval on ALL budget modifications prior to incurring costs (SRI only).

9.9. In the event COMMISSION reasonably believes GRANTEE has been overpaid, or in the event GRANTEE fails to timely submit the documents required pursuant to this Agreement, COMMISSION may seek a financial accounting and avail itself of all legal remedies to seek compliance and the repayment of any amounts overpaid.

9.10. All payments by COMMISSION to GRANTEE under this Agreement are restricted for use in the performance of GRANTEE'S approved Scope of Work set forth in Exhibit A, and shall be used only to supplement existing levels of service and not to fund existing levels of service.

9.11. Any activities under the line item Capital Improvement/Renovations must be completed within the first year of the grant. Any adjustment must be submitted to the COMMISSION for approval. It shall be the sole responsibility of GRANTEE to comply with all applicable land use, permitting, environmental, contracting, and labor laws, including, without limitation, the California Public Contracts Code and the California Labor Code.

9.12. In no event shall GRANTEE or its officers, employees, agents, subcontractors or assignees supplant state, county, local or other governmental General Fund money with COMMISSION funds for any purpose

9.13. In-direct costs are limited to ten (10) percent of the personnel costs excluding fringe benefits. Incurred indirect costs exceeding the ten percent will become the responsibility of the GRANTEE.

10. ACCOUNTING

GRANTEE must establish and maintain on a current basis an adequate accounting system in accordance with generally accepted accounting principles.

11. TANGIBLE REAL AND PERSONAL PROPERTY

GRANTEE must maintain a record for each item of tangible real or personal property of a value in excess of five hundred dollars ($500.00) acquired with grant funds pursuant to this Agreement, which records shall include the model number, serial number, legal description (if applicable), cost, invoice or receipt, date acquired and date and manner disposed of, if applicable. However, COMMISSION reserves the right

to request annually updated records for all personal property acquired with program funds provided under this agreement.

COMMISSION and GRANTEE agree that all items of tangible real or personal property purchased with funds provided under this Agreement shall, at COMMISSION'S option, become the property of the COMMISSION upon completion or termination of grant. COMMISSION shall exercise its option to retain items of real or personal property within the thirty (30) calendar days immediately preceding and following the termination of this Agreement. Notwithstanding the foregoing, GRANTEE may request, and COMMISSION may in its sole discretion approve or deny, that GRANTEE retain custody, control or actual ownership of specified items of personal property acquired with grant funds pursuant to this Agreement, following the termination of this Agreement, so long as GRANTEE demonstrates that such property will continue to be used by GRANTEE for purposes consistent with the mission and statutory authority of COMMISSION.

12. PARTICIPATION IN MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA)

12.1 COMMISSION recognizes the unique relationship that the GRANTEE has with Medi-Cal eligible families. It further recognizes the expertise of the GRANTEE in identifying, assessing and case managing the health care needs of Medi-Cal eligible families and children it serves. The COMMISSION, in order to take advantage of this expertise and relationship, may require that GRANTEES supported by Proposition 10 funds to participate in federal, state and local leveraging opportunities. Such participation may include appropriate training, reporting and documentation of allowable activities, services and associated costs. Documentation associated with service delivery, related costs, and/or the tracking of staff time though time survey instruments, as detailed in Exhibit E will be required, if applicable.

12.2 If applicable, GRANTEE shall understand and provide basic health and benefit information and perform health advocacy with targeted families in order to ensure the health and well being of the 0-5 target population and their families. Outreach activities should include information about health and Medi-Cal services that will benefit children to allow them to lead healthy and productive lives. GRANTEE shall provide an explanation of the benefits derived from accessing local health, mental health and substance abuse services and encourage/assist families to utilize these services. GRANTEE shall be knowledgeable regarding available health services, locations of provider sites, and how families can access services. GRANTEE shall assist families to understand basic Medi-Cal, Healthy Families and other insurance information, and assist families where possible to access these programs. GRANTEE program services may include outreach, information, referral, access assistance, and transportation to access eligibility and care.

13. STATUS AS INDEPENDENT CONTRACTOR

GRANTEE is, and shall at all times remain as to COMMISSION, a wholly independent contractor. GRANTEE shall have no power to incur any debt, obligation, or liability on behalf of COMMISSION. Neither COMMISSION nor any of its agents shall have control over the conduct of GRANTEE or any of GRANTEE'S employees, except as set forth in this Agreement. GRANTEE shall not, at any time, or in any manner, represent that it or any of its officers, agents or employees are in any manner employees of COMMISSION.

14. CONFLICT OF INTEREST

It shall be the responsibility of GRANTEE to abide by conflict of interest laws and regulations applicable to the GRANTEE under California law. GRANTEE acknowledges that he/she/it is acting as public official pursuant to this Contract and shall therefore avoid undertaking any activity or accepting any payment, employment or gift from any third party that could create a legal conflict of interest or the appearance of any such conflict. A conflict of interest exists when

one has the opportunity to advance or protect one's own interest or private interest of others, with whom one has a relationship, in a way that is detrimental to the interest, or potentially harmful for the integrity or fundamental mission of the Commission. GRANTEE shall maintain the confidentiality of any confidential information obtained from the COMMISSION during this Contract and shall not use such information for personal or commercial gain outside this Contract. By agreeing to this Contract and accepting financial compensation for services rendered hereunder, GRANTEE agrees that he/she/it may not subsequently solicit or accept employment or compensation under any program, grant or service that results from or arises out of the **HEALTHY BIRTHS INITIATIVE**. During the term of this Contract and for one year thereafter, GRANTEE shall not knowingly solicit or accept employment and/or compensation from any First 5 LA collaborator or GRANTEE without the prior written consent of First 5 LA.

15. PUBLIC STATEMENTS AND MATERIALS

GRANTEE shall indicate prominently in any and all press release(s), statement to the public, electronic media or printed materials (including brochures, newsletters, reports, etc.) related to the programs and services provided pursuant to this Agreement that such programs or services are funded by COMMISSION.

15.1. Proprietary Rights

COMMISSION and GRANTEE agree that all intellectual property, such as software, materials, published documents or reports, data and information developed in connection with this Agreement shall become the sole property of the COMMISSION upon completion or termination of grant, unless otherwise determined by the COMMISSION. GRANTEE may retain a copy all working papers prepared by GRANTEE. During and subsequent to the term of this Agreement, COMMISSION shall have the right to make copies and use the working papers and the information contained therein. GRANTEE shall have the right to consent to and participate financially in any licensing or sales agreement relating to software or equipment developed at the discretion of the COMMISSION. All published documents arising out of the performance of this Agreement shall include, in a prominent location, the statement "Funded without endorsement by First 5 LA."

16. INSURANCE

16.1. Without limiting GRANTEE'S duty to indemnify COMMISSION during the term of this Agreement, GRANTEE shall provide and maintain at its own expense the following programs of insurance throughout the term of this Agreement. Such programs and evidence of insurance shall be issued by insurers admitted to conduct business in the State of California, with a minimum A.M. Best's Insurance rating of A:VII unless otherwise approved in writing as satisfactory to the COMMISSION. Certificates or other evidence of insurance coverage and copy(ies) of additional insured endorsement(s) and/or loss payee endorsement(s), as applicable, shall be delivered to COMMISSION at the address specified in Section 31.3 **prior to the commencement of work** under this Agreement. Each policy of insurance shall provide that coverage will not be materially modified, terminated, or non-renewed except after thirty (30) days prior written notice has been given to the COMMISSION.

16.2. Notwithstanding any other provisions of this Agreement, failure by GRANTEE to maintain the required insurance shall constitute a breach of this Agreement and COMMISSION may immediately terminate or suspend this Agreement as a result, or secure alternate insurance at GRANTEE'S expense. GRANTEE shall ensure that subcontractors comply with all insurance requirements described in this Section.

16.3. It is specifically agreed by the Parties that this Section 16 shall supersede all other sections and provisions of this Agreement to the extent that any other section or provision conflicts with or impairs this Section 16. Nothing in this Agreement is to be interpreted as limiting the application of insurance coverage as required herein. All insurance coverage and limits provided by GRANTEE and its subcontractors shall apply to the full extent of the available and applicable policies. Requirements of specific coverage features or limits contained in this Section are not intended as a limitation on coverage, limits, or other requirements, or a waiver of any coverage normally provided by any insurance policy. Specific reference to a given coverage feature is for purpose of clarification only and is not intended by any party to be all inclusive, or to the exclusion of any other coverage, or a waiver of any type.

16.4. Liability

GRANTEE and subcontractors shall provide policies of liability insurance of at least the following coverage and limits:

16.4.1. Commercial General Liability Insurance

Such insurance shall be written on a commercial general liability form with minimum limits of one million dollars ($1,000,000) each occurrence and two million dollars ($2,000,000) in the aggregate.

Coverage may be on an occurrence or claims-made basis. If written on a Claims Made form, the GRANTEE shall purchase an extended two-year reporting period commencing upon termination or cancellation of the insurance policy.

GRANTEE'S liability insurance shall be primary and non-contributory. All coverage shall be provided on a "pay on behalf" basis, with defense costs payable in addition to policy limits. There shall be no cross liability exclusion on any policy.

"**Los Angeles County Children and Families First – Proposition 10 Commission**" (or if abbreviated, "**LA Cty Prop 10 Commn.**"), its officers, agents, consultants and employees are to be included as additional insured with regard to liability and defense of claims arising from the operations and uses performed by or on behalf of the GRANTEE.

16.4.2. 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.

16.4.3. Professional Liability Insurance

Such insurance shall cover liability arising from any error, omission, or negligent or wrongful act of GRANTEE or its employees, with a limit of liability of not less than one million dollars ($1,000,000) per medical incident for medical malpractice liability, or of not less than one million dollars ($1,000,000) per occurrence for all other types of professional liability. Only GRANTEES, who have a professional liability exposure relating to the Grant awarded by this agreement, are required to provide evidence of Professional Liability coverage.

16.4.4. Business Auto Liability

Primary coverage shall be provided on ISA Business Auto Coverage forms for all owned, non-owned, and hired vehicles with a combined single limit of not less than one million dollars ($1,000,000) per accident.

Automobile physical damage shall be required on an actual cash value basis for comprehensive and collision coverage with maximum deductibles of $1,000 each accident for those vehicles funded by this Grant and for which the COMMISSION has an ownership interest. The COMMISSION shall be named as Loss Payee, as their interest may appear.

16.4.5. Crime Coverage Insurance

Such insurance, if applicable, shall be in an amount up to the amount of the grant, but 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 alteration, theft, disappearance and destruction, computer fraud, burglary and robbery. Such insurance shall have COMMISSION as Loss Payee. Crime insurance may be included with Property Insurance unless Property Insurance is not required by this agreement.

16.4.6. Property Coverage

Such insurance shall be required only in the event the Grant is providing funds for real property or personal property, including equipment and has an ownership interest in that property. Coverage on real and personal property shall be on a replacement cost basis, written on a Special Causes of Loss form including employee dishonesty coverage, with a deductible no greater than $1,000 each occurrence. COMMISSION shall be named as Loss Payee, as their interest may appear.

16.5. 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. GRANTEE must submit a copy of the self-insured certificate issued by the State of California.

17. INDEMNIFICATION

17.1. To the maximum extent permitted by law, GRANTEE shall defend, indemnify and hold harmless COMMISSION, its officers, officials, employees, agents and volunteers, from any losses, injuries, damages, claims, lawsuits, actions, arbitration proceedings, administrative proceedings, regulatory proceedings, losses, expenses or costs of any kind, actual attorneys fees, court costs, interest, defense costs including expert witness fees and any other costs or expenses of any kind whatsoever incurred in relation to, as a consequence of, or arising out of or in any way attributable in whole or in part to GRANTEE'S performance of this Agreement including, without limitation, matters of active or passive negligence on the part of COMMISSION.

17.2. The indemnity provisions set forth in this Section 17 are intended by the Parties to be interpreted and construed to provide the fullest protection possible under the law to the COMMISSION. As this Agreement is limited to COMMISSION'S agreement to fund the activities of GRANTEE, GRANTEE acknowledges that COMMISSION would not award this Agreement in the absence of GRANTEE'S commitment to indemnify and protect COMMISSION as set forth herein.

17.3. Without affecting the rights of COMMISSION under any provision of this Agreement or this Section, GRANTEE shall not be required to indemnify or hold harmless COMMISSION for liability attributable to the sole fault of COMMISSION, provided such sole fault is determined by agreement between the Parties or the findings of a court of competent jurisdiction. This exception shall apply only in those instances where COMMISSION is shown to have been solely at fault and not in instances where GRANTEE is solely or partially at fault or in instances where COMMISSION'S fault accounts for only a percentage of the total liability. In such cases, the obligation of GRANTEE to indemnify and defend shall be all-inclusive. GRANTEE SPECIFICALLY ACKNOWLEDGES THAT ITS OBLIGATION TO INDEMNIFY AND DEFEND EXTENDS TO LIABILITY ATTRIBUTABLE TO COMMISSION, IF THAT LIABILITY IS LESS THAN THE SOLE FAULT OF COMMISSION.

18. CONFIDENTIALITY

18.1. GRANTEE shall maintain the confidentiality of all records, including, but not limited to, records related to this Agreement and client records, in accordance with all applicable federal, state and local laws, regulations, ordinances and directives regarding confidentiality to the extent permitted by law. GRANTEE shall inform all of its employees and agents providing services hereunder of the confidentiality provisions of this Agreement.

18.2. GRANTEE shall employ reasonable procedures to assure that the details of the advertising campaigns adhere to laws on confidentiality.

19. ASSIGNMENTS AND SUBCONTRACTS

19.1. Any duties or obligations required to be performed by GRANTEE pursuant to this Agreement may be carried out under subcontracts. Subcontractors and assigns disclosed and listed in Exhibit A are hereby approved by COMMISSION. No subcontract shall alter in any way any legal responsibility of GRANTEE to COMMISSION.

19.2. Except for subcontractors listed in Scope of Work (Exhibit A) and Budget Forms (Exhibit B), GRANTEE may not delegate its duties or obligations, nor assign its rights hereunder, either in whole or in part, without the prior written consent of COMMISSION, or its designee. In addition, for subcontractors not listed in Scope of Work (Exhibit A) and Budget Forms (Exhibit B), GRANTEE shall submit any subcontracts to COMMISSION for written approval prior to subcontractor performing any work thereunder. Any such attempt at delegation or assignment without COMMISSION'S prior written consent shall be null and void and shall constitute a breach of the terms of this Agreement. In the event of such a breach, this Agreement may be terminated.

19.3. Any change whatsoever in the corporate structure of GRANTEE, the governing body of GRANTEE, the management of GRANTEE, or the transfer of assets of GRANTEE shall be deemed an assignment of benefits under the terms of this Agreement requiring COMMISSION approval.

19.4. GRANTEE must submit a memorandum of understanding for each subcontractor listed in Scope of Work and Exhibit B.

20. COMPLIANCE WITH APPLICABLE LAWS

20.1. GRANTEE shall conform to and abide by all applicable federal, state and local laws, ordinances, codes, regulations, and standards of licensing and accrediting authorities, insofar as the same or any of them are applicable.

20.2. GRANTEE is required to comply with Section 3410 of the Public Contracts Code which requires preference to United States-grown produce and United States-processed foods when there is a choice and it is economically feasible to do so.

20.3. GRANTEE is required to comply with Chapter 3.5 Section 22150 Part 3 - Division 2 of the Public Contracts Code which requires the purchase of recycled products, instead of non-recycled products, whenever recycled products are available at the same or lesser total cost than non-recycled items. GRANTEE may give preference to suppliers of recycled products and may define the amount of this preference.

20.4. Failure by GRANTEE to comply with such laws and regulations shall be a material breach of this Agreement and may result in termination of this Agreement.

21. COMPLIANCE WITH CIVIL RIGHTS LAWS

GRANTEE hereby assures that it will comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1973, where applicable, the Americans With Disabilities Act, and Title 43, Part 17 of the Code of Federal Regulations Subparts A and B, to the end that no persons shall on the grounds of race, creed, color, national origin, political affiliation, marital status, sex, age or disability be subjected to discrimination with respect to any programs or services provided by GRANTEE pursuant to this Agreement.

In accordance with Section 4.32.010 et seq., Los Angeles County Code, GRANTEE certifies and agrees that all persons employed by such organization, its satellites, subsidiaries, or holding companies are and will be treated equally by the firm without the regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

22. NON-DISCRIMINATION IN EMPLOYMENT

22.1. GRANTEE shall take affirmative steps to employ qualified applicants and hereby certifies and agrees that all employees are and will be treated equally during employment without regard to or because of race, religion, color, national origin, political affiliation, marital status, sex, age, or handicap in compliance with all applicable Federal and State non-discrimination laws and regulations. This Section applies to, but is not limited to, the following: employment, promotion, demotion, transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeships.

22.2. GRANTEE shall treat its subcontractors, bidders, or vendors without regard to or because of race, religion, color, national origin, political affiliation, marital status, sex, age or handicap.

22.3. Upon request by COMMISSION, GRANTEE shall provide access for COMMISSION'S representatives to inspect GRANTEE'S employment records during regular business hours in order to verify compliance with the provisions of this Section.

23. CRIMINAL CLEARANCE

23.1. For the safety and welfare of the children to be served under this Agreement, GRANTEE agrees, as permitted by law, to ascertain conviction records for all current and prospective employees, independent contractors, volunteers or subcontractors who come in contact with children in the course of their work, volunteer activity or performance of any programs or services pursuant to this Agreement, and shall maintain such records in the file of each such person.

23.2. Within thirty (30) days after such information becomes known to GRANTEE, GRANTEE shall notify COMMISSION of any arrest and/or subsequent conviction, other than for minor traffic offenses, of any employees, independent contractors, volunteers or subcontractors who come in contact with children while providing services under this Agreement.

23.3. GRANTEE agrees not to engage or continue to engage the services of any person convicted of any crime involving moral turpitude or harm to children, including, but not limited to, the offenses specified in Health and Safety Code Section 11590 (persons required to register as controlled substance offenders) and those crimes defined in the following Penal Code sections or any future Penal Code sections which address these crimes:

SECTION	TITLE
261.5	Unlawful sexual intercourse with a minor.
272	Causing, encouraging or contributing to delinquency of person under age 18.
273a	Willful harm or injury to child or child endangerment.
273ab	Assault resulting in death of child under 8 years of age.
273d	Infliction of corporal punishment or injury on child resulting in traumatic condition.
273g	Degrading, lewd, immoral or vicious practices in the presence of children.
286	Sodomy.
288	Lewd or lascivious acts upon the body of a child under age 14.
288a	Oral Copulation.
314	Indecent exposure.
647	Disorderly conduct, including lewd conduct, prostitution, loitering, and intoxication in a public place.
647.6	Annoyance of or molesting a child under age 18.

24. AUTHORIZATION WARRANTY

GRANTEE represents and warrants that the signatories to this Agreement are fully authorized to obligate GRANTEE hereunder and that all corporate acts necessary to the execution of the Agreement have been accomplished.

25. GRANTEE RESPONSIBILITY AND DEBARMENT

25.1. GRANTEE is hereby notified that if COMMISSION acquires information concerning the performance of GRANTEE on this or other grant programs which indicates that GRANTEE is not responsible, COMMISSION may, in addition to other remedies provided in this Agreement, debar GRANTEE from bidding on COMMISSION proposals for a specified period of time and terminate any or all existing Agreements that GRANTEE may have with COMMISSION.

25.2. COMMISSION may debar a GRANTEE if it finds in its reasonable discretion, that GRANTEE has done any of the following, including but not limited to: (1) violated any significant terms or conditions of this Agreement; (2) committed any act or omission which negatively reflects on GRANTEE'S quality, fitness or capacity to perform this Agreement with COMMISSION or any other public entity, or engaged in a pattern or practice which negatively reflects on the same; (3)

committed an act or offense which indicates a lack of business integrity or business dishonesty; or (4) made or submitted a false claim against COMMISSION or any other public entity.

25.3. If there is evidence that GRANTEE may be subjected to debarment, COMMISSION will notify GRANTEE in writing of the evidence that is the basis for the proposed debarment. COMMISSION will advise GRANTEE of the scheduled date for a debarment hearing before the COMMISSION Hearing Board or, at COMMISSION'S discretion, a Hearing Officer.

25.4. The COMMISSION Hearing Board or Hearing Officer will conduct a hearing in which evidence on the proposed debarment shall be presented. GRANTEE and/or GRANTEE'S representative(s) shall be given an opportunity to submit evidence at that hearing. After the hearing, the COMMISSION Hearing Board or Hearing Officer shall prepare a proposed decision, which shall contain a recommendation regarding whether GRANTEE should be suspended, and, if so, the appropriate length of time of the suspension. If GRANTEE fails to avail itself of the opportunity to submit evidence to the COMMISSION Hearing Board, GRANTEE may be deemed to have waived all rights of appeal.

25.5. Debarment is a breach of this Agreement, and COMMISSION will terminate this Agreement.

26. NON-COMPLIANCE

Non-compliance is defined as: 1) failure of a GRANTEE to comply with the terms of this grant agreement; 2) failure to effectively implement and manage the First 5 LA funded program/project; and/or 3) failure to comply with COMMISSION policies and procedures.

COMMISSION has the authority to impose sanctions for a GRANTEE'S non-compliance, including poor program performance and/or failure to comply with the conditions on a prescribed corrective action plan. The sanctions vary in severity and may be of a progressive nature and may include, without limitation, increased monitoring and auditing requirements, budget reduction, modification of timelines, and termination of grant with debarment from future funding opportunities. GRANTEE will refer to the First 5 LA Guidelines for Grant/Contract Compliance for more information on this Section.

27. INTERPRETATION AND ENFORCEMENT OF AGREEMENT

27.1. Validity

The invalidity, unenforceability or illegality of any provision, paragraph, sentence, word, phrase or clause of this Agreement shall not render the other provisions thereof invalid.

27.2. Governing Laws, Jurisdiction and Venue

This Agreement shall be construed in accordance with and governed by the laws of the State of California. GRANTEE agrees and consents to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Agreement and further agrees and consents that venue of any action brought hereunder shall be exclusively in the county of Los Angeles.

27.3. Waiver

Any waiver by COMMISSION of any breach of any of the provisions, covenants, terms, and conditions herein contained shall not be construed to be a waiver of any subsequent or other breach of the same or of any other provision, covenant, term, or condition herein contained, nor shall failure on the part of COMMISSION to require exact, full and complete compliance with any of the provisions, covenants, conditions, terms and conditions herein contained be construed as in

any manner changing the terms of the Agreement or preventing COMMISSION from enforcing the provisions of this Agreement.

27.4. Caption and Section Headings

Captions and section headings used in this Agreement are for convenience only and are not a part of this Agreement and shall not be used in construing this Agreement.

27.5. Attorneys Fees and Costs

In the event that either party hereto is forced to bring legal action to enforce the terms of this Agreement, the prevailing party shall be entitled to recover its reasonable attorney's fees and costs of suit.

28. INFORMATION TECHNOLOGY REQUIREMENTS

GRANTEE will be responsible for coordinating with COMMISSION'S Information Technology (IT) Department regarding the design, development, structure and implementation of the IT components, including all databases, documents and spreadsheets, applicable to its program. The following IT specifications are to be applied, as appropriate, in relation to the scope of GRANTEE'S program:

A. Hardware and Software compatibility with industry hardware, software, & security standards to allow adequate compatibility with the COMMISSION'S infrastructure.
B. Open Data Base Connectivity (ODBC) compliant for data collection and dissemination purposes.
C. Ability to collect information at the client-level, as necessary.
D. Compatibility and ability to aggregate information in multiple ways: by initiatives, geographic boundaries, service types, program outcomes, and COMMISSION outcomes.
E. Ability to export to and import the data collected.
F. GRANTEE will be required to obtain a digital certificate to submit documentation to COMMISSION electronically for recording and processing by COMMISSION staff. Digital certificate must be obtained from approved Certificate Authority (CA) vendor providing a Public Key Infrastructure (PKI). Digital certificate must be maintained by GRANTEE throughout contract period.

29. TERMINATION

29.1. In the case of a material breach of this Agreement, including, but not limited to, GRANTEE'S failure to provide the programs and services detailed in the Scope of Work in a satisfactory manner, and the mismanagement or misuse of grant funds by GRANTEE or its employees, subcontractors or agent, COMMISSION may terminate this Agreement and grant funding pursuant to this Agreement. Termination of services provided by GRANTEE pursuant to this Agreement shall be effected by delivery to GRANTEE of a seven (7) day advance written notice of termination specifying the extent to which performance of services under this Agreement is terminated and the date upon which such termination becomes effective.

29.2. After receipt of a notice of termination and except as otherwise directed by COMMISSION, GRANTEE shall:

- To the extent possible, continue to perform the services required under this Agreement until the effective date of termination.
- Cease provision of services under this Agreement on the effective date of termination.

29.3. After receipt of a notice of termination, GRANTEE shall submit to COMMISSION, in the form and with the certification as may be prescribed by COMMISSION, an invoice for expenses incurred until the effective date of termination. Such claim and invoice shall be submitted

promptly. COMMISSION will not accept any such invoice submitted later than three (3) months from the effective date of termination. Upon failure of GRANTEE to submit the invoice within the time allowed, COMMISSION may determine, on the basis of information available to COMMISSION, the amount, if any, due to GRANTEE with respect to the termination, and such determination shall be final. After such determination is made, COMMISSION shall pay GRANTEE the amount so determined as full and complete satisfaction of all amounts due GRANTEE under this Agreement for any terminated services.

30. LIMITATION OF COMMISSION OBLIGATIONS DUE TO LACK OF FUNDS

COMMISSION'S payment obligations pursuant to this Agreement are payable solely from funds appropriated by COMMISSION for the purpose of this Agreement. GRANTEE shall have no recourse to any other funds allocated to or by COMMISSION. GRANTEE acknowledges that the funding for this Agreement is limited to the term of the Agreement only, with no future funding promised or guaranteed.

The COMMISSION and the GRANTEE expressly agree that full funding of the Program over the entire Term of Grant is contingent on the continuing collection of tax revenues pursuant to Proposition 10 and the continuing allocation of Los Angeles County's share of those revenues to the COMMISSION. In the event of any repeal, amendment, interpretation, or invalidation of any provision of Proposition 10 that has the effect of reducing or eliminating the COMMISSION'S receipt of Proposition 10 tax revenues, or any other unexpected material decline in the COMMISSION'S revenues, the COMMISSION may reduce or eliminate funding for subsequent grant years at a level that is generally proportionate to the reduction.

31. NOTICES

31.1. Any notices, reports, or invoices required by this Agreement shall be deemed received on: (a) the day of delivery if delivered by hand or overnight courier service during GRANTEE'S and COMMISSION'S regular business hours or by facsimile before or during GRANTEE'S regular business hours; or (b) on the third business day following deposit in the United States mail, postage prepaid, addressed as set forth below, or to such other addresses as the Parties may, from time to time, designate in writing.

31.2. Notices to GRANTEE

Notices will be sent to GRANTEE addressed as follows:

Program Contact Person	Telephone	E-mail
Yolanda Salomon-Lopez	(562) 570-4291	Yolanda_salomon@longbeach.gov
Fiscal Contact Person	Telephone	E-mail
Nani Blyleven	(562) 570-4231	

Agency Name	City of Long Beach
Agency Address	2525 Grand Ave.
	Long Beach, CA 90815

31.3. Notices to COMMISSION

Notices sent to COMMISSION shall be addressed as follows:

FIRST 5 LA
Attention: Grants Management
750 North Alameda Street, Suite 300
Los Angeles, California 90012

With a copy of any Agreement changes or modifications to:

Craig A. Steele
Richards, Watson & Gershon
355 S. Grand Avenue, 40th Floor
Los Angeles, California 90071

31.4. Notice of Delays

When either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of any provisions of this Agreement, that party shall, within three (3) business days, give written notice, including relevant information, to the other party.

31.5. Reports

Agreement documents and reports should be addressed and mailed to the appropriate COMMISSION Program Officer at the address listed above.

[SIGNATURES BEGIN ON FOLLOWING PAGE]

32. **AGREEMENT SIGNATURES**

In WITNESS WHEREOF, this Agreement has been executed as of the date set forth above by the respective duly authorized signatories below. By signing below, the authorized signatory for the GRANTEE represents that he or she has read and agrees to all the terms of this Agreement.

LOS ANGELES COUNTY
CHILDREN AND FAMILIES FIRST -
PROPOSITION 10 COMMISSION (aka FIRST 5 LA)
750 North Alameda Street Suite 300
Los Angeles, California 90012

COMMISSION:
Agreed & Accepted

Evelyn V. Martinez 7/16/07
EVELYN V. MARTINEZ, EXECUTIVE DIRECTOR & DATE

Approved as to form:

7/13/07
CRAIG A. STEELE, LEGAL COUNSEL & DATE

AND

GRANTEE:
Agreed & Accepted

City of Long Beach
LEGAL NAME OF GRANTEE

Assistant City Manager
Christine F. Shippey 7/5/07
AUTHORIZED SIGNATURE & DATE

EXECUTED PURSUANT
TO SECTION 301 OF
THE CITY CHARTER.

2525 Grand Ave.
STREET ADDRESS

ADDITIONAL AUTHORIZED SIGNATURE & DATE

APPROVED AS TO FORM

Long Beach, CA 90815
CITY, STATE, ZIP

6/27, 2007
ROBERT E. SHANNON, City Attorney
By Lorna Conway
DEPUTY CITY ATTORNEY

NOTE: IF GRANTEE IS A CORPORATION, TWO SIGNATURES ARE REQUIRED.

Los Angeles County Children & Families First
Proposition 10 Commission (aka First 5 LA)

Grant Agreement Number: 00667
Grant Agreement Period: July 1, 2007 – Sept. 30, 2008

Healthy Births Initiative

EXHIBIT A - STATEMENT OF WORK

I. PROJECT SUMMARY PAGE

Agency Name	City of Long Beach Department of Health and Human Services						
Project Name	**Long Beach – Wilmington Best Babies Collaborative**						
Mailing Address	Long Beach Dept. of Health and Human Services 2525 Grand Ave.			City	Long Beach	Zip	90815
Project Director	Yolanda Salomon-Lopez	Phone	562-570-4291	Fax	562-570-4099	Email	Yolanda_Salomon@longbeach.gov
Contact Person	Pamela Shaw	Phone	562-570-4208	Fax	562-570-4099	Email	Pamela_Shaw@longbeach.gov
Executive Director	Ronald R. Arias	Phone	562-570-4016	Fax	562-570-4049	Email	Ronald_Arias@longbeach.gov

TOTAL GRANT AMOUNT:	**$659,211**		
Total UNDUPLICATED Persons Receiving Direct Services through the **Case Management** Core Approach	**Children 0-5**	**Families of Children 0-5**	**Pregnant and Interconception Women**
			310
Total Persons Receiving Services through the following Core Approaches*:			
Outreach			**3,000**
Health Education & Messaging			**3,000**
Social Support			**310**
Interconception Care			**230**
**Persons may be counted more than once across these core approaches*			

PROGRAM, BUDGET AND EVALUATION APPROVALS: The following representatives have reviewed and approved the Statement of Work, Scope of Work: Program Implementation Plan, Budget Exhibits and any additional pages attached for use in carrying out this Grant Agreement.

Grantee/Agency Executive Director Signature: Assistant City Manager Christine F. Shippey — Date: 7-5-07

First 5 LA Program Officer Signature: Karen Roberson-Stark — Date: 06-25-2007

First 5 LA Research Analyst Signature: N/A — Date:

EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER

APPROVED AS TO FORM
6/27, 2007
ROBERT E. SHANNON, City Attorney
By Lora A Conway
DEPUTY CITY ATTORNEY

Healthy Births Initiative

EXHIBIT A - STATEMENT OF WORK

II. PROJECT DESCRIPTION

Agency Name	City of Long Beach Department of Health and Human Services
Project Name	Long Beach – Wilmington Best Babies Collaborative

Project Description: A) State the collaborative mission, vision, and values. B) State the target population and zip codes served. C) By core approach, discuss the structure, strategies, and/or services provided for each core approach (except case management). Include the collaborative partners involved and their role (indicate new collaborative partners).

The mission of the LB-W BBC is to improve birth outcomes for perinatal families in the target zip codes of 90802, 90805, 90806, 90813, and 90744 by identifying gaps, coordinating services, and eliminating barriers and enhancing the capacity of the community to work together. Our vision is that all pregnancies will lead to a healthy birth outcome through improved community awareness and utilization of perinatal support resources. The community encompasses consumers, agencies, providers, educators, case managers, and paraprofessionals. Collaborative values include creativity, communication, inspiring others to become involved, commitment to continuity of services, and commitment to the collaborative process/consistency of involvement.

Project efforts continue to focus on improving coordinated services delivery – although many services exist for women in the LB-Wilmington area, there is often a lack of coordination between agencies, which can result in underutilization or duplication of services. There are also gaps in available services. The LB-W BBC will address the disconnect as well as the gaps by providing a system for coordination. Improved continuity of care during pregnancy and interconception periods will be a direct result of LB-W BBC activities.

Core approaches:

Outreach – outreach efforts will be conducted by the following LB-W BBC partners. Families in Good Health has expertise in outreaching to isolated populations, including Cambodian and Spanish-speaking families. They will outreach to a minimum of 1,800 pregnant or childbearing age women in the target zip codes regarding the LB-W BBC and the importance of prenatal and interconception care. Outreach activities will include dissemination of culturally competent materials, which they will help develop, along with coordination with SMMC Mary Hilton Family Clinic and other LB-W BBC partners on an assessment and referral process for eligible women encountered during the outreach process. LBMMC-RPPC will be involved in the development and dissemination of outreach materials, identification of appropriate community outreach strategies, conduction of outreach activities through hospital publications for professionals and for the community, and coordination of the referral process for Sweet Success eligible women encountered during the outreach process. Wilmington Community Clinic will do "in-reach" to enroll BBC-eligible clients seen in their clinic, and will also participate in community events in order to distribute LB-W BBC outreach health education and messaging materials. SMMC Mary Hilton Family Clinic staff will provide input on the development of outreach materials, and participate in health fairs and/or outreach events – particularly those sponsored by SMMC, including providing BBC information in hospital publications; and will provide outreach materials to the 1,200 women they are serving in their prenatal clinic. Target numbers were decided by the core collaborative based on the number of women that received outreach in targeted zip code areas. Collaborative members reviewed the number of events attended by BBC staff during program year one and two plus the number of successful outreach contacts.

Health Education and Messaging – the following LB-W BBC partners will participate in health education and messaging efforts. FiGH will contribute expertise in the development of culturally appropriate materials, as well as the delivery of health education messages to at least 1,800 women in the target zip codes through community events and home visits (using the Parents and Children Together curriculum). Total number of clients to receive Health Education and Messaging from FiGH staff was based on number of outreach contacts that can be obtained in targeted zip code areas during the fifteen-month program year. LBMMC-RPPC will provide expertise in the development and delivery of health education messages pertaining to diabetes prevention and management, and will also disseminate LB-W BBC health education and messaging materials to the provider community serving women in the target zip codes. Wilmington Community Clinic will disseminate LB-W BBC health education and messaging materials to the target community groups at community events, as well as to individuals who are eligible for BBC enrollment to educate them on the importance of prenatal and interconception care. The Children's Clinic will provide health

education as part of the clinical services they are being funded to provide. They will also coordinate with the Latino Diabetes Program to ensure client referral for both intensive health education and case management. SMMC Mary Hilton Family Clinic will be funded for a health educator who will provide health education regarding preconception planning and interconception health to 1,200 clinic prenatal clients. Core collaborative agreed upon the proposed number of Health Education /Messaging clients based on the number of clients receiving services at SMMC during 2006-2007. The LBDHHS Latino Diabetes program health educator will conduct health education classes for LB-W BBC diabetic clients. Health education will also be provided/reinforced during promotora case management home visits. The promotora model has proven to be a very successful method to provide health education to clients that are monolingual. The promotora is able to provide a full range of services for clients while conducting home visitations.

Interconception Care – the LB-W BBC will again fund TCC to provide clinical services to women who were diabetic during pregnancy who no longer have health insurance but have ongoing medical needs due to diabetes during their interconception period. Additional funding was included this year to provide clinical services at the SMMC Family Clinic for uninsured diabetic women during interconception. Based on medical cost to provide services for interconception care target numbers were proposed for women to receive full-scope medical management for Type II Diabetes at TCC and SMMC medical clinics.

Home visitation services will be provided by the LBDHHS NFP PHN, Latino Diabetes program promotora, and FiGH Community Health Worker to provide support and ensure receipt of these interconception care clinical services. SMMC Mary Hilton Family Clinic and Wilmington Community Clinic will also provide interconception care to a significant portion of their prenatal patiens who deliver, in the form of post-partum exams and Family PACT services. The CCM will also provide follow-up case management after delivery to ensure clients are connected with resources for post-partum and family planning services. Social Support – information on existing community social support services will be incorporated into the resource directory and distributed widely through outreach and education activities. Coordination of referrals to these services will improve as a result of BBC activities. Gaps in social support services will also be identified and strategies for meeting these needs will be discussed. Specific social support services funded by the LB-W BBC are primarily through the case management and home visitation services being provided by LBDHHS, FiGH, Wilmington Community Clinic, and the health education services being provided by Latino Diabetes program and sessions being conducted at the SMMC Mary Hilton Family Clinic. Number of clients to receive social support services was based on the number of high-risk women that received appropriate available services from SMMC, Latino Diabetes Program, Wilmington Community Clinic, LBDHHS, LBMMC and community programs during program year 2006-2007.

Healthy Births Initiative
EXHIBIT A - STATEMENT OF WORK

Use additional sheets as necessary

Healthy Births Initiative

EXHIBIT A - STATEMENT OF WORK

III. COLLABORATIVE CASE MANAGMENT COMPONENTS AND CLIENT FLOW

(1) Model Name / Agency name implementing model (if all agencies in the collaborative are using the same model, name the model and list the agencies)	(2) Title, FTEs and Qualifications for Staff Providing Case Management (CM) Services	(3) Enrollment Criteria/Population Served/Risk Level	(4) Services Provided	(5) Type of Contact, Frequency and Duration (e.g. home visits, phone calls)	(6) Duration of Services (e.g. up to 2 years)	(7) Caseload of Staff Providing CM
LBDHHS – Centralized Case Management system	Public Health Nurse 0.7 FTE	High-risk pregnant and interconception women residing in the target zip codes	Administrative case management to ensure target women are connected with appropriate services	Phone calls, office visits, and possible occasional home visit	Up to 2 years	70 clients
LBDHHS – Nurse Family Partnership	Public Health Nurse 1.0 FTE	Low-income, socially disadvantaged, first time mothers residing in the target zip codes	Assessment and screening (NCAST), education on child development, referral and linkage to community resources, case management	Weekly, bi-weekly, or monthly home visits, depending on stage of pregnancy, age of child	Up to 2 years	Up to 25 clients
FiGH – Parents and Children Together (PACT)	Community Health Worker (experienced paraprofessional) 0.5 FTE	High-risk pregnant and interconception women residing in the target zip codes	Assessment using Family Inventory, education on healthy pregnancy, delivery, breastfeeding, infant growth and development	Home visits, every 2 weeks initially, then monthly	One year	10-15 high-risk mothers
Wilmington Community Clinic	Medical Assistant (trained paraprofessional) 0.3 FTE	High-risk pregnant and interconception women receiving clinical services at WCC and residing in the target zip codes	Coordinate with WCC Nurse Practitioner and LBDHHS Centralized Case Manager to ensure receipt of clinic and community support services needed to have a healthy birth and maintain health during interconception	Office visits and phone calls during and between clinic appointment dates, as needed	Up to 2 years	55 high-risk clients
SMMC Mary Hilton Family Clinic	Health Educator (B.S.-prepared Perinatal Health Educator) 0.6 FTE	High-risk pregnant and interconception women receiving clinical services at WCC and residing in the target zip codes, including diabetics	Coordinate with Sweet Success and LBDHHS Centralized Case Manager to ensure receipt of clinic and community support services needed to have a healthy birth and maintain	Office visits and phone calls during and between clinic appointment dates, as needed	Up to 2 years	75 high-risk clients

Exhibit A

Grant #00667: Long Beach-Wilmington Best Babies Collaborative
Scope of Work: Fiscal Year 07-08

I. Short-Term Outcomes *What results and/or changes does your collaborative aim to achieve during the **three (3) year project?***	**II. Strategies & Activities** *How will you get there? For each strategy, provide a list of sequential activities for the **current (07-08) grant period**. Include start-up activities.*	**III. Timeline** *Indicate the start and end date for each activity and strategy for the **current (07-08) grant period**.*	**IV. Collaborative Staff Responsible for Activity** *Per activity - List the collaborative organization and staff person(s) responsible for the **current (07-08) grant period**.*	**Performance Measures**	
				V. Output Measures *How will you track the amount of people, products, services, and/or organizations associated with each strategy during the **three (3) year project?** (Where appropriate, how will you measure the quality of the outputs?)*	**VI. Outcome Measures** *How will you know that the changes your collaborative aims to achieve during the **three (3) year project** in Column one have occurred?*
COLLABORATION					
To have a functioning, vibrant collaboration, linked with existing Collaboratives, with appropriate and documented shared goals and objectives.	I. To assure appropriate membership:	07/01/06 to 07/30/07	Core Collaborative	Collaborative membership matrix. Continuous Quality Improvement Plan BBC meeting agendas and minutes	Improve Wilder Inventory score from baseline to an average of 4 for each category and maintain that average throughout the Healthy Births grant period.
	1.1. Review of SOW to identify membership (collaborative) needs	Quarterly 7/30/07, 10/30/07, 01/30/08, 5/30/08 & 8/30/08	Core collaborative (Refers to thefollowing programs/agencies: LBMCC Staff, CDAPP coordinator, SMMC OB Staff, WCC Liaison, FiGH), MCH PHN & LBDHHS NSO		
	1.2. Identify new potential partners and categorize (paid, non-paid, referral) and vote on partners to invite	09/30/07 and 04/30/08	Core Collaborative, LBDHHS Nursing Services Officer (NSO)		
	i. Continue updating and reviewing each organizations strengths	07/01/07 & 05/30/08	Core Collaborative LBDHHS NSO & PC		
	ii. Continue updating collaborative membership matrix	07/30/07, 04/30/08 & 07/30/08	Core Collaborative LBDHHS NSO, MCH PHN & PC		
	1.3. Invite new partner(s) to participate in collaborative meetings	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08 & 8/30/08	Core Collaborative/ PC		
	i. Make invitation	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08 & 8/30/08	Core collaborative/PC		
	ii. Update process criteria for funding potential collaborative partner based on any new addiontal funding	07/30/07 & 01/30/08	Core Collaborative/PC		
	1.4. Identify partner responsibility	07/30/07 & 01/30/08	Core CollaborativeLBDHHS NSO & MCH PHN		
	i. Update document that outlines responsibilities	07/30/07 & 01/30/08	Core Collaborative, Project Coordinator		
	1.5. Upadate MOU's if necessary	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08 & 8/30/08	Core Collaborative, LBDHHS NSO, MCH PHN		
	i. Utilize MOU template	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08 & 8/30/08	Core Collaborative, Project Coordinator		
	ii.. Identify and make necessary adjustments to	Quarterly basis	PC, AA & Core Collaborative		

processess and MOU's as necessary	7/30/07, 10/30/07, 01/30/08, 5/30/08 & 8/30/08	
1.6. Revise/update matrix and distribute	Semi-annual 12/30/07 &7/30/08	Core Collaborative, Project Coordinator & MCH PHN
II. Design Collaborative Governance (meet, review, vote, document)		
2.1. Update criteria for membership	7/30/07, 12/31/07, 04/30/08	Core Collaborative, LBDHHS NSO, St. Mary's OB Director
i. Review/update & adapt existing HBLC resources	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08 & 8/30/08	Core Collaborative, LBDHHS NSO & Project Coordinator
ii. Review & update other information/ data	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08 & 8/30/08	Core Collaborative, LBDHHS NSO & Project Coordinator
2.2. Update invitation/ exiting process	07/30/07, 4/30/08	Core Collaborative, NSO, PC & St. Mary's OB Director
i. Review/update & monitor existing tools	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08 & 8/30/08 and as needed	Core Collaborative LBDHHS NSO, PC, MCH PHN & St. Mary's OB Director
2.3. Update and monitor collaborative process on regular basis	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08 & 8/30/08 and as needed	Core Collaborative & Project Coordinator
i. Review and update Meeting frequency	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08 & 8/30/08 and as needed	Core Collaborative, LBDHHS NSO, PC & MCH PHN
ii. Update & monitor collaborative progress toward SOW	08/30/07, 12/30/07, 4/30/08, 07/30/08	Core Collaborative, LBDHHS NSO, PC, MCH PHN, St. Mary's OB Director & MSW
iii.. Implement use of LABBN monthly progress reports to monitor collaborative work	Monthly basis between 07/01/07 to 09/30/08	PC, AA, LABBN Staff, Core Collborative
2.4. Update Collaborative decision-making process	08/30/07, 12/30/07, 4/30/08, 07/30/08	Core Collaborative, LBDHHS NSO, PC, MCH PHN, St. Mary's OB Director & MSW
i. Review and update voting strategies/ protocols	08/30/07, 12/30/07, 4/30/08, 07/30/08 and as needed basis	Core Collaborative, NSO, PC, MCH Access PHN, MSW, St. Mary's OB Director & MSW
III. Administer Wilder Collaboration Inventory each year & incorporate activities based on these findings into MOU's		
3.1. Collect & update contact information of new/old members (identify key informants)	12/30/07, 3/30/08 & 6/30/08	Project Coordinator
3.2. Administer Wilder through JMPT/First 5LA	semi-annual basis 11/30/07 & 06/30/08 and as needed for new	Project Coordinator

	members	
i. Follow up (completion)	12/30/07, 3/30/08 & 6/30/08 based on date received from JMPT/First 5 LA	Project Coordinator
3.3. Update/evaluate/compile results/disseminate results	12/30/07, 3/30/08 & 6/30/08	Admin Assistant
i. Enter information onto spreadsheets	12/30/07, 3/30/08 & 6/30/08	Admin Assistant
ii. Update & share results with collaborative members (email)	12/30/07, 3/30/08 & 6/30/08	Project Coordinator
iii. Address issues that arise based on year 2 & 3 Wilder Results	12/30/07, 3/30/08 & 6/30/08	Core Collaborative, LBDHHS NSO & Project Coordinator
iv. Share results with Healthy Births Center staff	12/30/07, 3/30/08 & 6/30/08	Project Coordinator & MCH PHN
IV. Implement the Continuous Quality Improvement plan for the Collaborative and incorporate activities based on these 2006-2007 findings into MOU's		
4.1. Continue to monitor progress toward scope of work/objective	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08, 7/30/08	Core Collaborative, Project Coordinator & MCH PHN
. The Collaborative will continue to review and revise the Continuous Quality Improvement Plan to continue improvement of output and outcomes	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08, 7/30/08	Core Collaborative
i. Continue reassessment of scope of work and objectives	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08, 7/30/08	Core Collaborative, LBDHHS NSO & PC
ii. Continue to identify responsible parties	08/30/07, 11/30/07, 4/30/08, 7/30/08 and as needed	Core Collaborative & LBDHHS NSO
iii. Continue assessment of scope of work outcomes	08/30/07, 11/30/07, 4/30/08, 7/30/08 and as needed	Core Collaborative, Project Coordinator & Administrative Assistant
iv. Continue to dentify areas that are under-met and formulate improvement action plans for 2007-2008	08/30/07, 11/30/07, 4/30/08, 7/30/08	Core Collaborative, CDAPP MSW, PC & St. Mary's OB MSW
4.2. Setting standards for Collaborative Partners	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08, 7/30/08	Core Collaborative & PC
i. Continous introduction of new staff members to collaborative definition of 'Quality' in collaborative	07/01/07 to 08/30/08 ongoing basis during program year	Core Collaborative & PC
ii. Expectations for attendance and participation	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08, 7/30/08 as needed with new members	Core Collaborative & Project Coordinator
iii. Timeliness/ Compliance with report requirements	Quarterly basis	Core Collaborative & Project

		7/30/07, 10/30/07, 01/30/08, 5/30/08, 7/30/08 as needed with new members	Coordinator		
	iv. Part of feedback loop communication	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08, 7/30/08 as needed basis	Core Collaborative & Project Coordinator		
	4.3. Improve capacity of collaborative through addition & orientation of new members if applicable to services	12/30/07, 3/30/08 & 6/30/08	Core Collaborative, LBDHHS NSO, PC		
	i. Update mechanisms for sharing information / lessons learned with collaborative	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08, 7/30/08	Core Collaborative, LBDHHS NSO, PC, MCH PHN, St. Mary's OB Director & MSW		
	ii. Sharing best practices from both within and outside the collaborative	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08, 7/30/08	Core Collaborative, Project Coordinator & Administrative Assistant		
	4.4. The Collaborative will review and revise the Continuous Quality Improvement Plan with the collaborative to improve output and outcomes	08/30/07, 11/30/07, 2/28/08, 5/30/08, 8/30/08	Core Collaborative		
	i.. Develop and implement processes and timeline for completion of paper forms, completion of data entry of initial assessments, information forms and on-going client encounter documentation	08/30/07, 11/30/07, 2/28/08, 5/30/08, 8/30/08	Core Collaborative (FiGH, SMMC, Latino Diabetes, WCC, LBDDHS)		
	ii.. Implement a review and 100% completiom of the data error forms distributed by LABBN within 10 days of receiving the form	Monthly basis	PC, AA & Core Collaborative		
	iii.. Develop and implement a monitoring system to assess accuracy of client information entered	08/30/07 monthly basis to monitor	PC, AA & Core Collaborative		
	iv. Review and complete 100% of the data error forms distributed by LABBN within 10 days of receiving error information	Monthly basis during program year	AA, CCM, SMMC Health Educator, Latino Diabetes Health Educator, WCC CM, FiGH CM		
	v.. Develop output and/or outcome measures for CQI plan	11/30/07, 04/30/08 & 08/30/08	PC, AA and Core Collaborative		
	4.5. The Collaborative will implement the CQI plan by monitoring the quality and quantity of data entered into the online Healthy Births Database by incorporating the use of the Monthly Progress Updates provided by LABBN	09/30/08 monthly basis to monitor	Core Collaborative		
	i.. Review monthly performance reports provided by LA Best Babies Network with Collaborative	On a monthly basis during program year 07/01/07 to 09/30/08	LABBN Staff and Core Collaborative		
Strengthen collaborative member organizations' knowledge of resources provided by Collaborative members.	V. Use a collaborative asset map to determine current resources and identify gaps	08/30/07, 12/30/07, 4/30/08, 07/30/08	Core Collaborative	BBC member resource directory Documentation of BBC staff training on collaborative resources	Clients with at least one interagency referral
	5.1. Update use of collaborative membership matrix with collaborative partners	Quarterly basis 09/30/07, 12/30/07, 03/30/08/ 07/30/08	Core Collaborative, Project Coordinator, MCH PHN & AA		
	i. System-level training for new staff collaborative members of resources & services	Quarterly basis 09/30/07, 12/30/07,	Project Coordinator & Centralized Case Manager		

		03/30/08/ 07/30/08			
To have a functioning, sustainable, and up to date web-based resource directory of LB-W BBC member agency services	VI. To have a functioning, sustainable, and up to date web-based resource directory of LB-WBBC member agency services	07/30/07 to 08/30/08	PC & AA	Signed MOU's on File of programs/agencies that wish to participate in web-based resource directory Functioning directory by 6/30/05	Total # of people accessing website
	6.1. Update and maintain web-based resource directory	Quarterly basis 09/30/07, 12/30/07, 03/30/08/ 07/30/08	LBDHHS Staff		
	i. LBDHHS staff to assist in update of web-based resource directory	Quarterly basis 09/30/07, 12/30/07, 03/30/08/ 07/30/08	LBDDHS NSO		
	ii. Update and designate programs/agencies to be included in resource directory·	Quarterly basis 09/30/07, 12/30/07, 03/30/08/ 07/30/08	Core Collaborative, LBDHHS NSO & Project Coordinator		
	iii. Update & add designated programs/agencies on resource directory with 211 system	Quarterly basis 09/30/07, 12/30/07, 03/30/08/ 07/30/08	Project Coordinator & AA		
Promote the sustainability of the Collaborative through both social and financial resources.	VII. Present on the importance of program sustainability to the collaborative and community partners	Quarterly basis 09/30/07, 12/30/07, 03/30/08, 06/30/08, 08/30/08	NSO, PC, Core Collaborate	Contact list of sustainaibility steering committee Public Affairs First 5 LA media traning certificate of completition or other suitability verification Meeting agenda indicating topic of sustainability Number of submitted articles promoting visibility of the collaborative	Total number of new attendees at PMCC's conference Number of clients who state at initial screening that they got the information from collaborative efforts
	7.1. Designate steering committee to develop and oversee public service announcements	07/30/07	Core Collaborative		
	i. Contact & participate in media training from First 5 LA Public Affairs Staff	08/30/07, 12/30/07, 3/30/08, 6/30/08	PC, AA		
	ii. Create public service announcements based on media training from First 5 LA	01/30/08 & 07/30/08	PHN, PC, AA, Cathy Fagen, CDAPP Coordinator, CPSP Coordinator, & SMMC OB Director		
	iii. Steering committee to update & report progress to the core collaborative	Quarterly basis 09/30/07, 12/30/07, 03/30/08, 06/30/08, 08/30/08	Steering Committee		
	iv.. Submit 1 press-release promoting the collaborative's efforts and the PMCC's health education conference	12/31/07	PC, AA, Steering Committee		
	v. Steering committee to research outside funding sources & report to Core Collaborative	9/30/07, 01/30/08, 05/30/08, 07/30/08	PC, AA, Steering Committee		
OUTREACH					
Early initiation of prenatal care among high risk women.	I. Present on the importance of early prenatal and interconception care around the community	09/30/07, 05/30/08	Core Collaborative, LBDHHS NSO & PC	Number of community events and outreach activities Number of outreach contacts Documentation of BBC staff training in cultural competency	Increase (from baseline—year 1) % of high risk women and teens that present for interconception care Clients that initiate prenatal care during 1st trimester of
	1.1. Continue to identify and work with community based agencies & programs for outreach to new high-risk clients in targeted zip code areas	07/01/07 to 08/30/08	LBDHHS NSO, PC, CDAPP Coordinator, & LB Memorial Liaison, FiGH		

	1.2. Continue to develop and disseminate culturally appropriate materials to high-risk clients	07/01/07 to 08/30/08 ongoing as needed	All Collaborative Members, Agencies & Programs		pregnancy
	i.. Develop and disseminate wallet-size key depression/post-partum facts to distribute at OB clinics	12/30/07	CCM, PC & CSULB and/or CSUF Interns		
	1.3. Update and present collaborative information/materials to 3 or more community agency staff meetings to increase awareness of collaborative program and resources	08/30/07, 02/28/08, 05/30/08	Project Coordinator & Centralized Case Manger		
	1.4. Continue to provide culturally appropriate outreach to high risk Hispanic & South East Asians including teens and women with chronic conditions (Type II Diabetes)	On going basis during program year 07/01/07 to 08/30/08	FiGH		
	1.5. Continue to conduct outreach to high-risk African American women through the LBDHHS BIH program	On going basis during program year 07/01/07 to 08/30/08	Black Infant Health Program		
	1.6. Continue current outreach activities to new clients with history of gestational diabetes or Type II diabetes	On going basis during program year 07/01/07 to 08/30/08	Latino Diabetes Program & Sweet Success		
	1.7. Conduct outreach at 8 community events targeting high-risk women/teens with history of Gestational Diabetes and/or Type II Diabetes during Interconception period in the targeted community	On going basis during program year 07/01/07 to 08/30/08	Latino Diabetes Program - Promotora		
	1.8. Continue to conduct outreach to new OB providers to inform them of BBC services available for women with history of gestational diabetes or Type II diabetes	On going basis during program year 07/01/07 to 08/30/08	Latino Diabetes Program -		
HEALTH EDUCATION AND MESSAGING					
Increase and/or promote community and/or individual knowledge about how to have healthy births and access appropriate services and resources.	I. Update, identify and assess culturally sensitive health education materials that focus on the importance of early prenatal care and interconception care	9/30/07, 3/30/08, 6/30/08	Core Collaborative, LBDHHS NSO & PC	Number of health education services Number of participants in health education services All health education materials include information about 211 All BBC members included in 211 directories All members distributing agreed upon outreach materials Number and types of venues attended Number of presentations to other organizations Number of women who receive individual health education and messaging referrals	Increase in knowledge/self efficacy among health education class participants Number of 211 calls from households with pregnant women in Collaborative zip codes Increase in number of request forms for information about services Number of clients who state at initial screening that they got the information from collaborative efforts % of clients who state at initial screening that they got the information from collaborative efforts
	1.1. Update culturally sensitive materials	9/30/07, 3/30/08, 6/30/08	Core Collaborative, LBDHHS NSO & PC		
	1.2. Continue to disseminate health information materials focusing on health resources available within targeted zip codes & importance of early & continuous prenatal care	During program year 07/01/07 to 09/30/08	FiGH, BIH, MCH Access, Latino Diabetes Program		
	1.3. Educate 3 community staff agencies/programs that provide health services to high-risk women on the utilization and importance of health education materials	9/30/07, 3/30/08, 6/30/08	Core Collaborative, Project Coordinator & Centralized Case Manager (CCM)		
	i. Staff will continue to provide health education information using LB-WBBC brochures & First 5 LA materials to high-risk women/teens	During program year 07/01/07 to 09/30/08	Community Partners/Staff (BIH, Role of Men, MCH & Prenatal Clinic		
	1.4. Continue to work with 211 to assure all LB-W BBC resources and services are included and updated in the database, plus provide 211 with collaborative program brochures, flyers and other applicable materials to increase understanding of services available through BBC program	12/30/07, 4/30/08, 07/30/08 & as needed	Project Coordinator & AA		
	1.5. Conduct health promotion campaign to distribute materials and/or information at various community events, individual and group levels including LBDHHS Healthy Mind & Body, Juneteenth African American Celebration, Cinco de Mayo, Diabetes Convention, etc.	07/01/07 to 09/30/08	LBDHHS, WCC, St. Mary's OB Clinic, FiGH, Memorial Women's Center, CDAPP/ Sweet Success, BIH, Latino Diabetes Program		

i. Identify and participate in community health fairs, church based events and city-wide evnts to disseminate health education materials to increase awareness of services and resources for high-risk women and teens	07/01/07 to 09/30/08	LBDHHS Staff
1.6. Refer women/teens to established no cost Health Education Classes held at LBDHHS, BIH program site, 8 LB WIC sites, WCC, SMMC & LBMMC (focus on breastfeeding, parenting, nutrition, social support, empowerment classes etc.)	07/01/07 to 09/30/08	Latino Diabetes Promotora & Health Educator, FiGH Outreach Worker, SMMC Health Educator, Core Collaborative
i.. Refer women/teens to established Chit Chat hour a social support group for high-risk women focusing on health realted topics for women and their families held at LB Public Libraries and community park locations conducted by Public Health Nurse & Social Worker	On going monthly basis during program year 07/01/07 to 09/30/08	Core Collaborative
ii.. Identify and implement 8 health education classes focusing on STD prevention, Nutrition, Exercise etc. at main public library in Long Beach	7/30/07, 8/30/07, 9/30/07, 10/30/07, 12/30/07, 01/30/08, 3/30/08, 4/30/08	PC & LBDHHS PHN Team Leader
1.7. Provide individual health education to high-risk prenatal & post-partum women receiving services at SMMC OB Clinic and/or delivering at SMMC	On going basis during program year 07/01/07 to 09/30/08	SMMC Health Educator
1.8. Review and update health education curriculum for high-risk women attending SMMC OB Clinic	Quarterly basis 7/30/07, 10/30/07, 01/30/08, 5/30/08, 8/30/08	SMMC Health Educator
i. Present monthly group health education classes held at Mary Hilton OB Clinic focusing on car-seat safety, parenting & infant safety for high-risk women attending SMMC OB Clinic	Monthly basis during program year 07/01/07 to 08/30/08	SMMC Health Educator
II. Increase community recognition of LB-W BBC		
2.1. Include logo on all materials	On going basis 07/01/07 to 09/30/08	Project Coordinator & MCH PHN
i. LB-W BBC logo included on all outreach, health education, miscellaneous materials	On going basis 07/01/07 to 09/30/08	Core Collaborative, PC &MCH PHN
ii. Develop & submit 3 press releases for local newspaper publications, including those that target specific ethnic communities	12/30/07, 4/30/08 & 07/30/08 & based on publication dates	NSO, PC & AA
iii. Develop and submit 2 articles in the SMMC and LBMMC publications that target the community residents as well as those that target the in-house medical professionals.	4/30/08 & 07/30/08 Spring & Summer publication	Core Collaborative, AA & PC
iv. Develop and submit 2 articles in specialty publications distributed by collaborative member agencies, such as the Public Health bulletin from the LBDHHS, and the newsletters published by RPPC and CPSP	11/30/07, 05/30/08	PHN, CDAPP Coordinator (Cathy Fagen)& AA
2.2. Develop and present 2 speical education events focusing on Sudden Infant Death and Pregnancy Outcomes based on Maternal age in collaboration with Perinatal MultiCultural Coalition to increase awareness of the LB-W BBC and improve the connections between service	12/30/07 & 6/30/08	Core Collaborative & Perinatal MultiCultural Coalition (PMCC)

	providers/clients				
CASE MANAGEMENT					
Increase case management capacity within the Collaborative.	I. Continuation of centralized case management system	07/01/07 to 08/30/08	Collaborative staff	Documentation of all case management services provided in the collaborative and their similarities and differences Documentation of sharing of screening, referral, assessment and follow-up tools and protocols across BBC members and coordination of case management activities "How to" and policy/procedures manual for case managers Report the story of centralized case management Referral program for women/teens with Gestational/type II diabetes Specialized case management program for women/teens with gestational/type II diabetes	Case management clients who are high risk Prenatal case management clients lost to follow-up
	1.1. Review & update case management program including curriculum for PACT, NFP, Latino Diabetes program	Quarterly basis 07/30/07, 10/30/07, 01/30/08, 5/30/08	Core Collaborative, LBDHHS NSO & CCM		
	i. Review and update case management protocols, implement program changes if applicable based on best practices	Quarterly basis 07/30/07, 10/30/07, 01/30/08, 5/30/08	All Collaborative Partners		
	ii. Conduct 4 trainings with case managers/liaisons to discuss appropriate tracking of clients receiving services, use of DCAR system, referral services and performance measures based on LABBN progress reports	Quarterly basis 08/30/07, 11/30/07, 3/30/08, 07/30/08 as needed basis	PHN-CCN		
	iv. CCM to provide case management to 70 high-risk women/teens referred from community & BBC partners including SMMC, LBMMC, BIH, LBUSD Parent Program & School Nurses, Child Development Centers Parent Program, LA County & LBDHHS Public Health Nurses, etc.	on going basis 07/01/07 to 09/30/08	Centralized Case Manager		
	v. Nurse Family Partnership PHN to provide case management to 25 high risk women/teens, first time pregnancy, prior to seventh month of pregnancy referred from community and BBC Partners (including alternative high-schools, LBUSD, SMMC, LBMMC, OB Providers, etc) to receive full-scope case management including lactation education & support, child development education, individual parenting & social support education, & family planning (based on David Olds model)	07/01/07 to 09/30/08	NFP PHN		
	vi. Update referral system with collaborative and/or community partners to continue providing high-risk women/teens with access to resources and services in the community	09/30/07, 4/30/08, 08/30/08	LBDHHS NSO, MCH PHN & Project Coordinator, First Five LA Data Collection Group & PC, All Collaborative Partners		
	vii. Conduct training for new BBC staff members on referral system to BBC program/resources using DCAR system and for community services	[as needed]	CCM & AA		
	viii. Families in Good Health Health Educator to provide case management to 15 high-risk Southeast Asian/Pacific Islanders women/teens using the PACT curriculum (includes individual breastfeeding, parenting, self-esteem & social support education)	on going basis during program year 07/01/07 to 09/30/08	FiGH Health Educator		
	1.2. Implement the case management program	07/01/07 to 09/30/08	LBDHHS & Core Collaborative		
	i. Facilitate two trainings to providers, staff and case managers/liaisons on the BBC case management program, services and resources available including invidual social support education	01/30/08 & 05/30/08	PC, CCM & LABBN Staff (as needed)		
	ii. Provide case management review for case managers at WCC, SMMC & Latino Diabetes Program including monthly case reviews to discuss special assistance with non-compliant clients, clients with unusual or special concerns/issues, programmatic issues including assistance with DCAR system from LABBN Staff & BBC	Monthly basis during program year	CCM, PC & LABBN Staff		

	staff, etc.				
	iii. Case manager liaisons to provide case management services to high-risk women/teens at WCC, SMMC OB Clinic, BIH, FiGH, and NFP based on referrals from Sweet Success Program through Latino Diabetes Program after post-partum period focusing on diabetes management & education, importance of nutrition & exercise, home visitation, etc. and community referrals based on needs	07/01/07 to 09/30/08	NFP PHN, FiGH Health Educator, WCC Liaison, SMMC Health Educator, Black Infant Health Case Manager & Latino Diabetes Health Educator		
	II. Review referral program for high risk women/teens with gestational/Type II Diabetes	07/30/07, 12/30/07, 04/30/08, 07/30/08	Collaborative staff		
	1.1. Review and continue referral program with LB Memorial Sweet Success Program (provides diabetes education & management during pregnancy period only) to the LBDHHS Latino Diabetes Program for women/teens with Type II Diabetes in need of continued diabetes education and management during postpartum & interconception period	07/01/07 to 09/30/08	LBDHHS NSO, Latino Diabetes Program, CDAPP Coordinator & LBMMC MSW		
	i.. Review and continue referral program with St. Mary Medical Center Sweet Success Program (provides diabetes education & management during pregnancy period only) to the LBDHHS Latino Diabetes Program for women/teens with Type II Diabetes in need of continued diabetes education and management during postpartum & interconception period	07/01/07 to 09/30/08	SMMC OB Director, Sweet Success Health Educator & Latino Diabetes Health Educator		
	ii.. Train new LBMMC & SMMC staff on referral program to Latino Diabetes Program for women/teens with Type II Diabetes during postpartum period (Type I Diabetes requires intensive medical management-those clients will be referred to TCC & SMMC medical clinics)	07/01/07 to 09/30/08 on going as needed	PC & Latino Program Health Educator		
	1.2. Specialized case management for referred women/teens with Type II Diabetes through Latino Diabetes Health Educator and/or Promotora providing services such as, individual diabetes management education, proper use & maintainance of medical equipment, importance of nutrition & exercise program, plus social support services for individual and family members of newly diagnosed diabetes patients	07/01/07 to 09/30/08	Latino Diabetes Program		
Identify best practices of individual case management programs, share them among the Collaborative, and encourage all case managers to adopt them.	1.1. Update and maintain a best practices and monitoring system (multi-level case management system)by implementing changes/updates at newly established monthly roundtable meetings for case managers - separate from core collaborative meeting	07/01/07 to 09/30/08 monthly basis	CCM, AA, core collaborative case managers	Documented shared list of case management best practices Documented case management quality review system Documentation of referral system training session for case managers- agenda Total number of clients contacted to participate in CCMP	Pregnant clients under 19 with at least two case management encounter per month Prenatal clients that receive comprehensive needs assessment Clients with interagency referrals for whom at least one referral was completed Prenatal case management clients with a documented care plan Prenatal clients with at least partial achievement on 100% of care plan goals by the time of the birth Clients with the following poor birth outcomes: LBW, VLBW, Preterm birth, fetal death, neonatal death Pregnant clients 19 and over
	1.2. Review and continue referral system to Centralized Case Management Program focusing on high-risk women/teens that will benefit from services provided by a Public Health Nurse	07/01/07 to 09/30/08 as needed	CCM & AA		
	i. Conduct a training session for all new case managers/liasions using referral system, DCAR case management program & screening tools	on going as needed during program year 07/01/07 to 08/30/08	CCM & AA		
	1.3. Review and continue follow-up protocol for women who refuse an/or withdraw from Centralized Case management Program at the case managers roundtables separate from core collaborative meetings	Quarterly basis 09/30/07, 12/30/07, 3/30/08, 06/30/08	CCM & AA		
	i. Identify & contact (via phone or letter) clients that	Quarterly basis	AA, WCC, LDP, SMMC, & FiGH		

	have withdrawn from CCMP to offer services if still needed or refer to appropriate services in community	09/30/07, 12/30/07, 3/30/08, 06/30/08	Case Managers		with at least one case management encounter per month
		SOCIAL SUPPORT			
All Collaborative partners to conduct comprehensive social support screening on target population women and to refer to Collaborative organizations as indicated.	I. Compile and review social support screening tools and administer the tools	8/30/07 & on going during program year	Collaborative staff	Documentation of agreed upon social support screening tool available to all collaborative members All relevant staff trained on use of screening tool	Clients screened/assessed for social support needs Clients referred for social support services with at least one social support referral completed Clients with at least one social support referral
	1.1. Review and update screening tool to identify high-risk clients that would benefit from CCMP, referrals & added resources that all clinic, program, & agency staff can utilize	Quarterly basis 09/30/07, 12/30/07, 3/30/08, 06/30/08	St. Mary's OB Clinic Director (Eleanor Cochran) & Core Collaborative		
	i.. Assess feasibility of screening tool by feedback from clients and staff	Quarterly basis 09/30/07, 12/30/07, 3/30/08, 06/30/08	PC, CCM & Core Collaborative		
	1.2. Provide referrals and linkage to social support programs available in the community (BIH, parenting classes, breastfeeding workshops held at LBDHHS, SMMC, LBMMC, Community Hospital, LBUSD,etc.)	On going basis during program year 07/01/07 to 09/30/08	Collaborative Members		
	1.3. Conduct a mininum of 8 Chit Chat Hour support groups held at LB main public library and community parks for high risk women/teens focusing on various health topics including diabetes, STD's, family planning, health education, etc. presented by LBDHHS Public Health Nurse, Social Worker and guest speakers.	07/30/07, 08/30/07, 09/30/07,10/30/07, 01/30/08, 2/28/08, 3/30/08, 4/30/08 on going during program year	PC, AA and LBDHHS Public Health Nurses		
	1.4. Provide trainings to 3 community agencies to use screening form & how to appropriately refer to Centralized Case Management Program for high-risk women/teens	08/30/07, 02/28/08, 5/30/08	Centralized Case Manager		
	1.5. Identify gaps in social support services utilizing updated collaborative membership matrix at collaborative roundtable review	09/30/07 & 3/30/08	Core Collaborative, LBDHHS MCH PHN & Project Coordinator		
	1.6. Utilize identified lack of social support services in the community to increase referrals to Centralized Case Management Program	09/30/07 & 3/30/08	Core Collaborative		
	1.7. BIH program to provide 2 social empowerment sessions of 8 classes each to high-risk African-American women referred through the LB-W BBC focusing on parenting, child development, social empowerment, single parenting issues, etc.	08/30/07 & 1/30/08	Black Infant Health Staff		
	1.8. Provide 2 group social support sessions of 8 classes each to high- risk Gestational and/or post-partum Type II Diabetic women referred through the LB-WBBC focusing on diabetes management, related diabetes health concerns (importance of maintaining healthy feet, strong family support, physical activity, use of medical equipment, maintaining blood sugar levels, etc)	10/30/07 & 5/30/08	Latino Diabetes Health Educator & Promotora		
	1.9. Provide social support assessment for each women receiving case management through LB-WBBC and refer to appropriate services/programs in the community including BIH, SMMC, LBDHHS, LBUSH, WCC, Chit Chat Group, and LBDHHS Public Health Nurses for individual social support program	on going basis 07/01/07 to 09/30/08	Latino Diabetes Program, WCC, SMMC, Core Collaborative		
Documentation of the need for social support services in LB-WBBC service area	I. Use Healthy Cities resource directory as a basis to identify which social support services (cost or no-cost programs)are lacking in targeted area	12/31/07, 05/30/08	PC & AA	Number of women not able to be referred to services because they don't exist	Report on unmet needs for social support in the LB-W area

	i.. Conduct 1 presentation on the need for social support services at the Medi-Cal Outreach Collaborative meeting (group members include staff from DPSS, DCFS, Legal Aid, LBUSD, LBDHHS, LB City Council assistants, representatives from various health plans, Guam Communications, Westside Neighborhood Clinic (provides free & low-cost health care), etc.)	5/30/08	PC & AA	Average wait list lengths for various social support services Agenda of Medi-Cal Outreach Collaborative meeting	
	ii. Utilize LB-W BBC resource directory as a basis to highlight lack of social support resources at an HBLC/SPA 8 meeting	01/30/08	PC & AA		
	INTERCONCEPTION CARE				
Increased access to coordinated and comprehensive interconception care programs that support high risk women in preparing for their next healthy birth.	I. Identify the existing programs and their capacity to provide interconception care for high risk women using the collaborative membership matrix	Quarterly basis 07/30/07, 10/30/07, 01/30/08, 5/30/08	PC, AA & Core Collaborative	Documented review of existing inter-conception care services/programs within the collaborative Specialized interconception care case management program for women/teens with gestational/type II diabetes	Clients receiving post partum check-ups Clients who initiate breast feeding post partum Clients who exclusively breastfeed for 6 months Clients with chronic medical conditions who receive chronic care up to 3-months post partum Clients with chronic medical conditions who receive chronic care up to 6-months post partum Clients with chronic medical conditions who receive chronic care up to 24-months post partum Clients with chronic medical conditions who receive chronic care up to 12-months post partum Clients who exclusively breastfeed for 12 months Interconception care clients 19 and over with chronic conditions with at least one case management encounter per month Interconception care clients 19 and over with no chronic conditions with at least one case management encounter per quarter Interconception care clients under 19 with chronic conditions with at least two case management encounter per month Interconception care clients under 19 with no chronic conditions with at least one case management encounter per month
	1.1. Review and identify for gaps in interconception care services for high-risk women/teens, undocumented clients, clients with no access to health care due to lack of insurance or finances,etc.	Quarterly basis 07/30/07, 10/30/07, 01/30/08, 5/30/08 and as needed	Core Collaborative		
	1.2. Use indicators of service gaps to seek funding opportunities beyond First 5 LA included but not limited to matching government and private funds to provide interconception care- use LABBN newsletter to research available funding programs & services in community	Quarterly basis 07/30/07, 10/30/07, 01/30/08, 5/30/08	LBDHHS & Core Collaborative		
	1.3. Identify interconception care programs through use of local resource guide, Healthy Cities website, LBMCC & SMMC publications of services, HBLC SPA 8 meetings (agency representaties discuss & share program information, client eligibility, sessions, etc.) plus various local agencies and work to expand available services for high risk clients by using information collected at various venues/meetings and integrating with existing programs to accommadate BBC clients and expanding program scope if applicable and presenting information at collaborative meetings	Quarterly basis 08/30/07, 11/30/07, 02/30/08, 6/30/08	Core Collaborative,CDAPP MSW & St. Mary's OB MSW		
	1.4. Provide interconception care services for high-risk teens focusing on family planning, breastfeeding, health education, referrals to health care, etc.	07/01/07 to 08/30/08 on going basis	FiGH health educator, CCM & NFP nurse		
	II. Provide specialized interconception care for uninsured women with Type II Diabetes	07/01/07 to 08/30/08 On going during program year	LBMMC The Children'sClinic staff, SMMC Medical Clinic, Sweet Success Program & Latino Diabetes Health Educator		
	1.1. Continue medical management program for Type II Diabetic (LB-WBBC) uninsured women to receive services focusing on health education, nutrition, importance of continuous health care, etc.	07/01/07 to 08/30/08	LBMMC The Children'sClinic staff, SMMC Medical Clinic, Sweet Success Program & Latino Diabetes Health Educator		
	1.2. Children's Clinic to provide 40 clinic office visits (monitor blood sugar, health physical, blood screenings, etc) and nutrition education for 10 uninsured referred women/teens from the LB-WBBC programs (Sweet Success) diagnosed with Type II Diabetes	07/01/07 to 09/30/08	The Children's Clinic		
	1.3. St. Mary Medical Center Clinic to provide 40 clinic office visits (monitor blood sugar, health physical, blood screenings, etc) and nutrition education for uninsured referred women/teens from the LB-WBBC	07/01/07 to 09/30/08	SMMC Clinic Staff		

	programs (Sweet Success) diagnosed with Type II Diabetes				

FIRST 5 LA

Exhibit B

Agreement # 00-667

Budget Summary

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 3 BUDGET (15 months)

Agreement Period: 7/1/07 to 9/30/08

	Cost Category	First 5 LA Funds	Matching Funds	Total Costs
1	Personnel	408,602	33,424	442,025
2	Contracted Svcs *(Excluding Evaluation)*	182,212	0	182,212
3	Equipment	0	0	0
4	Printing/Copying	5,000	0	5,000
5	Space	15,675	0	15,675
6	Telephone	2,310	0	2,310
7	Postage	450	0	450
8	Supplies	6,091	0	6,091
9	Employee Mileage and Travel	2,242	0	2,242
10	Training Expenses	9,250	0	9,250
11	Evaluation	0	0	0
12	Other Expenses *(Excluding Evaluation)*	500	0	500
13	*Indirect Costs	26,880	60,243	87,123
	TOTAL:	$659,211	$93,667	$752,878

Nani Blyleven (562) 570-4231 — 6/8/2007

Fiscal Contact Person — Date

Assistant City Manager

Christine F. Shippey — 7/5/07

Agency Authorized Signature — Date

Phone # (562) 570-6811

EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER.

APPROVED AS TO FORM

6/27, 2007

ROBERT E. SHANNON, City Attorney

By Linda A Conway

DEPUTY CITY ATTORNEY

First 5 LA Authorized Staff Only	
Program Officer	Karen Robinson-Stark 06-25-2007
Finance	Richard Sing 6-25-07

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

Additional supporting documents may be requested

FIRST 5 LA

Personnel

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 3 BUDGET (15 months)

Agreement Period: 7/1/07 to 9/30/08

ANNUAL First 5 LA Funds PROJECT PERSONNEL BUDGET					TOTAL PROJECT PERSONNEL BUDGET		
Title/Name(s)	FT/PT	Gross Monthly Salary	% of Time on First 5 LA Project	Months to be Employed	First 5 LA Funds	Matching Funds	Total Personnel Cost
BL oordinator - Y. Salomon-Lopez	FT	5,017	100%	15	75,255	0	75,255
BBC Support - PHA 2 - D. Campos	FT	2,904	100%	15	43,560	0	43,560
Public Health Nurse II - M. Robinson	FT	5,739	60%	15	51,651	0	51,651
Administrative Analyst III - N. Blyleven	FT	6,343	5%	15	4,757	0	4,757
Public Health Associate III -V. Sepulveda-Trige	FT	5,017	75%	15	56,441	0	56,441
Nursing Services Officer - P. Shaw	FT	6,853	5%	15	5,140		5,140
Nurse Family Partnership - TBA	FT	5,739	100%	5.575	31,995	0	31,995
Perinatal Services Coordinator - K. Prochnow	FT	5,739	5%	15	0	4,304	4,304
Maternal Child Health (MCH) Public Health Pro	FT	6,175	10%	15	0	9,263	9,263
Black Infant Health (BIH) - Public health Profes	FT	5,614	10%	15	0	8,421	8,421
				Total Direct Salaries	**268,799**	**21,988**	**290,787**

NOT FORGET TO ADJUST First 5 LA Funds IF MATCHING FUNDS /

Indirect Costs may not exceed 10% of Personnel cost, excluding Fring

USE ADDITIONAL SHEETS IF NECESSARY

*Fringe Benefits:	Percentage			
FICA	6.20%	16,666	1,363	18,029
SUI	0.15%	403	33	436
Health	17.78%	47,792	3,909	51,702
WC	6.41%	17,230	1,409	18,639
Other	21.47%	57,711	4,721	62,432
	52.01%	**139,802.45**	**11,435.83**	**151,238.28**
	Total Personnel	**$408,602**	**$33,424**	**$442,025**

***Fringe Benefits must be broken down by categories.**

FIRST 5 LA

Section 2

Agreement # 00-667

Contracted Services

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 3 BUDGET (15 months)

Agreement Period: 7/1/07 to 9/30/08

Contracted/Consultant Services	RATE OF PAY AND FORMULA USED FOR DETERMINING AMOUNT	First 5 LA Funds	Total Matching Funds	Total Contracted Svcs
Families in Good Health				0
Director	14.33 hours per month x 15 mos. @ $58.60 / hour	12,596		12,596
Outreach Worker	86.67 hours per month x 15 mos. @ $19.20 / hour	24,961		24,961
Community Worker	86.67 hours per month x 15 mos. @ $28.50 / hour	37,051		37,051
Mileage	$0.385 per mile up to 2598 miles	1,000		1,000
Regional Perinatal Programs (LB Memorial Medical Ctr)				0
Coordinator	4 hours per month x 15 mos. @ $57.34/ hour	3,440		3,440
Social Worker	5.25 hours per month x 15 mos. @ $34 / hour	2,678		2,678
Marketing Manager	3.92 hours per month x 15 mos. @ $41 / hour	2,411		2,411
Wilmington Community Clinic				0
Registered Nurse Practioner (Brooks)	14 hours per month x 15 mos. @ $57.34/ hour	12,041		12,041
Medical Assistant	52 hours per month x 15 mos. @ $13.79 / hour	10,756		10,756
Mileage	$0.385 per mile up to 2551 miles	982		982
The Children's Clinic				0
Interconception Clinic Care	10 clients aver. 7.5 visits over 15 mos @ $200 each visit.	15,000		15,000
Diabetic supplies	$20 per month per patient - monitoring test kits x 15 mos	3,000		3,000
St. Mary's Mary Hilton Family Clinic				
Health Educator	104 hours per month x 15 mos. @ $22 / hour	34,320		
Interconception Clinic Care	10 clients 5 visits over 15 mos @ $187.50 each visit.	9,375		
Latino Diabetes Promotores - Anabel Barajas	70 hours per month x 15 mos. @ $12 / hour	12,600		12,600
		$182,212	**$0**	**$182,212**

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

FIRST 5 LA

Section 3

Equipment

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 3 BUDGET (15 months)

Agreement Period: 7/1/07 to 9/30/08

Equipment description of item	Quantity	Unit Cost	Total Equipment 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 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

FIRST 5 LA

Section 4

Printing/Copying

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 3 BUDGET (15 months)

Agreement Period: 7/1/07 to 9/30/08

Printing/Copying include description	Quantity	Unit Cost	Total Printing Cost	First 5 LA Funds	Matching Funds	Total Cost
inting and copy costs / color, brochures, mailers,etc.	15000	0.25	3,750	3,750	0	3,750
rinting and copy costs / B&W	13889	0.09	1,250	1,250	0	1,250
			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 Printing/Copying:	**$5,000**	**$5,000**	**$0**	**$5,000**

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

FIRST 5 LA

Sections 5 & 6

Space & Telephone

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 3 BUDGET (15 months)

Agreement Period: 7/1/07 to 9/30/08

Space include description, cost per square foot	Footage/Quantity	Unit Cost	Number of Months	Total Space Cost	First 5 LA Funds	Matching Funds	Total Cost
C 'er workstation - Information services*	1.00	209.00	15	3,135	3,135	0	3,135
Computer workstation - Information services*	1.00	209.00	15	3,135	3,135	0	3,135
Computer workstation - Information services*	3.00	209.00	15	9,405	9,405	0	9,405
*Charges based on networked printer @ $0.00			15	0	0	0	0
			Total Space:	**$15,675**	**$15,675**	**$0**	**$15,675**

Telephone include # of lines and cost per line	Quantity	Unit Cost	Number of Months	Total Phone Cost	First 5 LA Funds	Matching Funds	Total Cost
Display 16 button 2-line telephone w/ voice mail	2	32.00	15	960	960	0	960
8 button 1-line telephone w/ voice mail	2	20.00	15	600	600	0	600
Telephone at FHEC for Public Health Asso. III	1	50.00	15	750	750	0	750
			Total Telephone:	**$2,310**	**$2,310**	**$0**	**$2,310**

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.

ADDITIONAL SHEETS IF NECESSARY

FIRST 5 LA

Sections 7 & 8

Postage & Supplies

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 3 BUDGET (15 months)

Agreement Period: 7/1/07 to 9/30/08

Postage include description	Quantity	Unit Cost	Number of Months	Total Postage Cost	First 5 LA Funds	Matching Funds	Total Cost
First class stamps	73	0.41	15.00	450	450	0	450
				0	0	0	0
				0	0	0	0
			Total Postage:	$450	$450	$0	$450

Supplies include description	Quantity	Unit Cost	Number of Months	Total Supplies Cost	First 5 LA Funds	Matching Funds	Total Cost
General Office Supplies	1	106.07	15.00	1,591	1,591	0	1,591
Client incentives	100	3.00	15.00	4,500	4,500	0	4,500
Transportation vouchers (round trip)						0	0
				0	0	0	0
				0	0	0	0
			Total Supplies:	$6,091	$6,091	$0	$6,091

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

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

USE ADDITIONAL SHEETS IF NECESSARY

FIRST 5 LA

Sections 9 & 10

Employee Mileage/Travel & Training Expenses

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 3 BUDGET (15 months)

Agreement Period: 7/1/07 to 9/30/08

Employee Mileage/Travel include description	Mileage Quantity	Unit Cost per Mile	Total Mileage/Travel Cost	First 5 LA Funds	Matching Funds	Total Cost
Mileage (388 miles / $149.47 per month)	5,823	0.385	2,242	2,242	.0	2,242
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
		Total Employee Mileage/Travel:	$2,242	$2,242	$0	$2,242

Training Expenses include description, # of people	Quantity	Unit Cost Per Training	Total Training Cost	First 5 LA Funds	Matching Funds	Total Cost
Training room expenses	15	50.00	750	750	0	750
OLDS TRAINING	1	7,000.00	7,000	7,000	0	7,000
OTHER TRAINNG	1	1,500.00	1,500	1,500	0	1,500
			0	0	0	0
			0	0	0	0
		Total Training Expenses:	$9,250	$9,250	$0	$9,250

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

FIRST 5 LA

Section 11

Evaluation

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 3 BUDGET (15 months)

Agreement Period: 7/1/07 to 9/30/08

Evaluation Contracted Services	Quantity	Rate of Pay	Total Evaluation 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
Other Evaluation Cost	**Quantity**	**Unit Cost**	**Total 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
		Total Evaluation:	$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

FIRST 5 LA

Sections 12 & 13

Other Expenses & Indirect Cost

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 3 BUDGET (15 months)

Agreement Period: 7/1/07 to 9/30/08

Other Expenses include description	Quantity	Unit Cost	Total Other Cost	First 5 LA Funds	Matching Funds	Total Cost
Transportation vouchers (round trip)	20	$25	500	500	0	500
			0	0	0	0
		Total Other Expenses:	$500	$500	$0	$500

*Indirect Cost include general purpose for this cost	Total Indirect Cost	First 5 LA Funds	Matching Funds	Total Cost
Indirect costs per OMB A-85(23.85% of wages)	80,535	26,880	53,655	80,535
Indirect costs per OMB A-85(23.85% of wages)	6,588	0	6,588	6,588
Total Indirect Cost:	$87,123	$26,880	$60,243	$87,123

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

FIRST 5 LA

Champions For Our Children

First 5 LA Use Only
Grant # 00-667

Projected Budget Form (All Years Combined)

Applicant Name: Long Beach Department of Health and Human Services

Project Name: Long Beach-Wilmington Best Babies Collaborative

Cost Category	First 5 LA Requested Funds							TOTALS (all years combined)		
	Use only the columns applicable to your approved Grant									
	Actual FY 2002 - 2003	Actual FY 2003 - 2004	Allotted FY 2004 - 2005	Actual FY 2005 - 2006	Budget FY 2006 - 2007	Budget FY 2007 - 2008	Budget FY 2008 - 2009	Total First 5 LA Requested Funds	Total Matching Funds	Total Projected Budget
(1) Personnel	n/a	n/a	24,321	73,615	383,142	408,601	61,699	951,378	122,184	1,073,562
(2) Contracted Svcs (Excluding Evaluation)	n/a	n/a	12,183	53,460	143,881	182,212		391,736	-	391,736
(3) Equipment	n/a	n/a	n/a	4,800	-	-		4,800	-	4,800
(4) Printing/Copying	n/a	n/a	516	318	11,350	5,000		17,184	-	17,184
(5) Space	n/a	n/a	n/a	1,360	11,532	15,675		28,567	1,062	29,629
(6) Telephone	n/a	n/a	n/a	180	1,488	2,310		3,978	255	4,233
(7) Postage	n/a	n/a	255	5	468	450		1,178	-	1,178
(8) Supplies	n/a	n/a	225	3,474	8,400	6,091		18,190	-	18,190
(9) Employee Mileage and Travel	n/a	n/a	777	-	2,310	2,242		5,329	-	5,329
(10) Training Expenses	n/a	n/a	600	226	3,700	9,250		13,776	-	13,776
(11) Evaluation	n/a	n/a	n/a	-	-	-		-	-	-
(12) Other Expenses (Excluding Evaluation)	n/a	n/a	n/a	1,075	6,000	500		7,575	-	7,575
(13) *Indirect Costs	n/a	n/a	417	4,693	24,319	26,880		56,309	90,087	146,396
GRAND TOTAL:	-	-	**39,294.00**	**143,206.00**	**596,590.00**	**659,211.00**	**61,699.00**	**1,500,000.00**	**213,588.00**	**1,713,588.00**

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

Personnel - Section 1

BBC Coordinator - Y. Salomon-Lopez	Oversees, develops, plans and participates in the implementation of LB-W BBC program
BBC Support - PHA 2 - D. Campos	Assist with program data collection, reporting and clerical duties
Public Health Nurse II - M. Robinson	Provides direct case management to clients
Administrative Analyst III - N. Blyleven	Oversees program budget, invoicing, contracts and other administrative duties
Public Health Associate III -V. Sepulveda	Provides inter-conception health education - began with program year 2 after H.E. Luz Parra left position
Nursing Services Officer - P. Shaw	Over sees program components, supervises program staff
Nurse Family Partnership PHN - Vacant	Provides direct in-depth case management fro clients eligible for the Olds Model (e.g. 1st time pregnant teens). Matched funds are indicated for use until the Year-Two budget rollover is approved. Since the PHN is not yet hired and trained, we expect some salary savings. If by some chance the rollover is not approved then we may have to eliminate this position from the program and suspend hiring.

Contacted Services - Section 2 **ESTIMATED HOURS PER YEAR**

Families in Good Health - FIGH

Lilian Lew (Director) 14.33 hours per month x 15 mos. @ $58.60 / hour = $12,596
Oversee devlopment & participation of FIGH collaborative partnership
Outreach Worker 86.67 hours per month x 15 mos. @ $19.20 / hour = $24,961
Provide outreach to target population
Community Health Worker 86.67 hours per month x 15 mos. @ $28.50 / hour = $37,051
Conduct home visits for BBC-referred clients, following the Parents & Children Together (PACT) model
Mileage $0.385 per mile up to 2,598 miles per year = $1000

Regional Perinatal Progs of CA. - RPPC

Coordinator (Fagen) 4 hours per month x 15 mos. @ $57.34 / hour = $3,440
(LB Memorial) Oversee development & participation of RPPC collaborative partnership
Social Worker (McKee) 5.25 hours per month x 15 mos. @ $34 / hour = $2,678
Liason with the Latino Diabetes program & the BIH program for asessments & referrals of high-risk clients
Marketing Mgr (Gonzalez) 3.92 hours per month x 15 mos. @ $41 / hour = $2,411
Serve as the BBC liason for all hospital outreach & provider/community health education activities

Wilmington Community Clinic - WCC

Registered Nurse Practioner (Brooks) 14 hours per month x 15 mos. @ $57.34 / hour = $12,041
Oversee development & participation of WCC collaborative partnership
Medical Assistant 52 hours per month x 15 mos. @ $13.79 / hour = $10,756
Case manage pregnant clients at WCC
Mileage $0.385 per mile up to 2025 miles per year = $982

The Children's Clinic

Interconception Clinic Care 10 clients aver. 7.5 visits over 15 mos @ $200 each visit = $15,000
Diabetic supplies $20 per month per patient - Diabetic monitoring test kits x 15 mos = $3,000

St. Mary's - Mary Hilton Family Clinic

Health Educator 104 hours per month x 15 mos. @ $22 / hour = $34,320
Case management and health education.
Interconception Clinic Care 10 clients 5 visits over 15 mos @ $187.50 each visit = $9375

Latino Diabetes Program Promotore - Maria Madrid 70 hours per month x 15 mos. @ $12 / hour = $12,600

Outreach and education to target population with type II diabetes during inter-conception

Equipment - Section 3

N/A

Printing & Copying - Section 4

Apprx.cost per unit of $0.25 for color brochures, mailers, color copying @ 15,000 units = $3,750
Apprx. cost of $0.09 for B&W copying @ 13,889 units = $1,250

Space - Section 5

Monthly costs for the purchased desktop computer is less than leased equipment.
The three leased Pentium class computers are setup in existing workstations.
Monthly charges are $44 for lease and $40 maintenance for desktop PC and $125 for network, internet connections and for email.
No printer charges apply because they are connected to a networked printer.
Technology Services standards and configurations are required by the City for network compatability and maintenance & repair reasons.
Monthly charge is $209 per workstation x 5 workstations x 15 mos.

Phone - Section 6

Two 16-button, caller ID, 2-line telephone with voicemail @ $32 per month x 15 mos. = $960
Two eight-button, one line telephone with voicemail @ $20 per month x 15 mos. = $600
One telephone at FHEC (Different facility:has a different phone system) @ $50 per month x 15 mos. = $750

Telephone charges could be higher each month because of user's calling pattern and long distance charges.
Telephones already exisit in workstations.

Postage - Section 7

First class stamps @ $0.41 each. Estimated mailings at 73 pieces per month = $450

Supplies - Section 8

General Office Supplies estimated at $121.45 per month x 15 mos. = $1,822
Client incentives to be distributed each month are estimated to be about 100 units per month @ aprx. $3 each x 15 mos. = $4,500

Employee Mileage/Travel - Section 9

Mileage for staff and supervisors on behalf of this program is estimated to be 388 miles ($149.47 per month) per month at the City standard of $0.385 per mile = $2,242
Or could include other travel arrangements if needed to satisfy grant requirements..

Training Expenses - Section 10

Training room expenses at 15 trainings of $50 per unit x 15 mos. = $750
OLDS Training at $7,000 for one training session = $7,000
Other training at $1,500 for on training session = $1,500

Evaluation - Section 11

No evaluation expenses are expected during this budget period.

Other Expenses - Section 12

Transportation vouchers (roundtrip) of 20 units @ $25 x 15 mos. = $7,500

Indirect Costs - Section 13

The City's indirect cost based on the last OMB A-85 available to us is 23.85%
Two line items on the budget reflect the 10% claimable amount of wages charged to First 5 and the other 13.85% charged to Matching Funds.

The second line item shows the full 23.85% rate applied to the portion of wages that are identified as Matching Funds.

Exhibit C

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.

LBMMC 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 it's 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 – á 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 LBDHS 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 needed

services. A collaborative partnership will bring the resources together that can influence the above factors, improve awareness and accessibility of these resources, and provide funding to expand essential 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 promotora 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.

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.

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 below for a description of the planning grant collaborative partners.

Lead Agency **LBDHHS** Funded Full-Time BBC Coordinator	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
Collaborative Partner Agencies **SMMC** Unfunded Partner	SMMC staff participating in BBC OB Clinic Medical Director, OB Clinic Social Services Director, Perinatal Services Director
FiGH Funded Partner	FiGH staff participating in BBC FiGH Director
LBMMC Unfunded Partner	LBMMC staff participating in BBC Women's Pavilion Nurse Specialist, Community Outreach Coordinator
CDAPP/RPPC Funded Partner	RPPC/CDAPP staff participating in BBC RPPC/CDAPP Coordinator
WCC Funded partner	WCC Staff participating in BBC Program Manager, Prenatal and Pediatric Clinicians

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.

Exhibit G

FIRST 5 LA

First 5 LA
750 North Alameda Street, 3rd Floor
Los Angeles, CA 90012
(213) 482-5902

Grant Agreement Number: _____

Grant Agreement Period: _____

Report Period: _____

Agency Name: City of Long Beach

Program Name: Best Babies Collaborative

Address: 2525 Grand Avenue
Long Beach, CA 90815

Contact Name & Phone #: Yolanda Saloman-Lopez (562) 570-4291

Cost Categories	Actual Jul-05	Actual Aug-05	Actual Sep-05	Actual Oct-05	Actual Nov-05	Actual Dec-05	Actual Jan-06	Actual Feb-06	Actual Mar-06	Actual Apr-06	Actual May-06	Actual Jun-06	YTD Actual Total	Approved Budget Total	Budget Balance
(1) Personnel Cost													-	-	-
(2) Contracted Services													-	-	-
(3) Equipment													-	-	-
(4) Printing/Copying													-	-	-
(5) Space													-	-	-
(6) Telephone													-	-	-
(7) Postage													-	-	-
(8) Supplies													-	-	-
(9) Employee Mileage & Travel													-	-	-
(10) Training Expenses													-	-	-
(11) Evaluation													-	-	-
(12) Other Expenses													-	-	-
(13) Indirect Costs													-	-	-
Total Agency Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total First 5 LA Payments													-		
Payments (over) under Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-		

I CERTIFY THAT THIS CLAIM IS IN ALL RESPECTS TRUE, CORRECT, SUPPORTABLE BY AVAILABLE DOCUMENTATION, AND IN COMPLIANCE WITH ALL TERMS/CONDITIONS, LAW AND REGULATIONS GOVERNING ITS PAYMENT.

_____ _____
Signature of Authorized Representative Date

_____
Print Name & Title

Submit Invoices to:

Finance Dept.
First 5 LA
750 N. Alameda St., 3rd Floor
Los Angeles, CA 90012
Phone: (213) 482-5902