FIRST 5 LA

Champions For Our Children

AGREEMENT #	00667

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A public entity.

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

GRANT AGREEMENT

29640

For

Healthy Births Initiative Expansion

Year 4

FOR THE PERIOD

October 1, 2008 to June 30, 2009

GRANT AGREEMENT FOR
HEALTHY BIRTHS INITIATIVE EXPANSION

This Agreement, made and entered into this 17th day of February 2009, 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: **$430,000.00**

GRANT NUMBER: **00667**

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

HEALTHY BIRTHS INITIATIVE EXPANSION GRANT

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Section

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 **October 1, 2008 ("effective date")** and shall terminate **June 30, 2009**, **("termination date")** unless terminated earlier as provided herein. In no event shall the total approved grant amount exceed **$430,000.00** for all goods, labor and services to be provided by

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, SCOPE OF WORK/ PROGRAM IMPLEMENTATION AND EVALUATION PLAN, or LOGIC MODEL, 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 and SUSTAINABILITY PLAN (if applicable)

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

The COMMISSION 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:

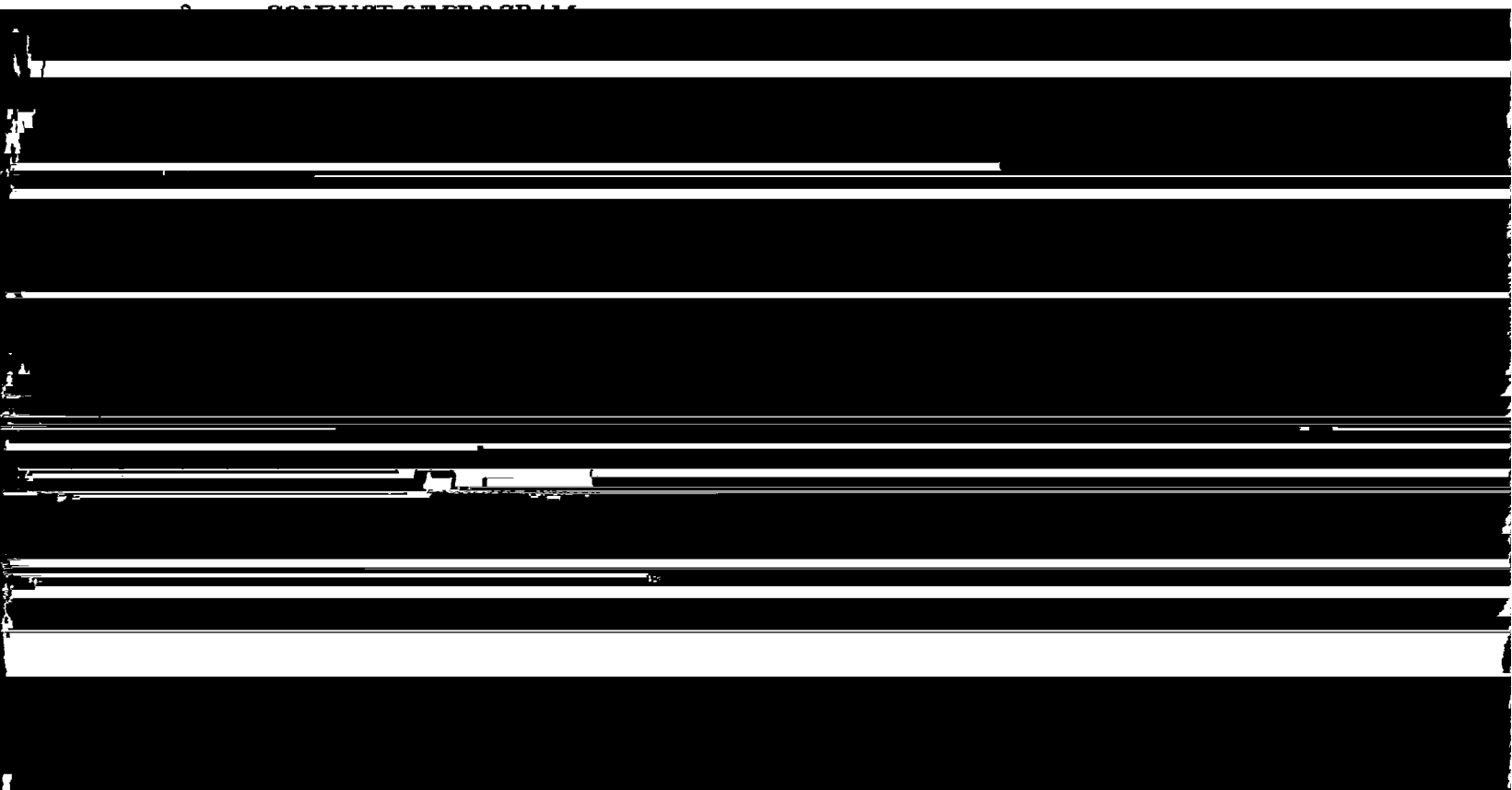
a. Families: We will acknowledge and amplify the voice of families so that they have the information, resources and opportunities to raise their children successfully
b. Communities: We will strengthen communities by enhancing their abilities to support families.
c. Results Focus: We will be accountable 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, Scope of Work/Program Implementation and Evaluation Plan, or Logic Model, 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.



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

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. GRANTEE Obligations and Activities of GRANTEE with respect to Data Collected under this Agreement.

6.13.1. GRANTEE agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required By Law.

6.13.2. GRANTEE agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.

6.13.3. GRANTEE agrees to mitigate, to the extent practicable, any harmful effect that is known to GRANTEE of a use or disclosure of Protected Health Information by GRANTEE in violation of the requirements of this Agreement.

6.13.4. GRANTEE agrees to report to COMMISSION any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.

6.13.5. GRANTEE agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by

GRANTEE on behalf of COMMISSION agrees to the same restrictions and conditions that apply through this Agreement to GRANTEE with respect to such information.

6.14. 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

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 **November 2008** for the month of **October 2008.**

9. PAYMENTS AND EXPENDITURES

9.1. Monthly Payments to Grantee

From the **second** month through the **eighth** 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. Failure to submit a properly completed invoice within the timeframe set for above may result in late payment from COMMISSION.

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 **June 30, 2009,** 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

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

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

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

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.

19.5 GRANTEE is responsible for authenticating each subcontractor's certifications, professional licenses, and background checks, as applicable.

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

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 COMMISSION funded program/project; and/or 3)

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

Notices will be sent to GRANTEE addressed as follows:

Program Contact Person	Telephone	E-mail
Fiscal Contact Person	Telephone	E-mail

Agency Name	
Agency Address	

31.3. Notices to COMMISSION

Notices sent to COMMISSION shall be addressed as follows:

FIRST 5 LA
Attention: Evelyn V. Martinez, Executive Director
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

[redacted]

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.

GRANTEE:
City of Long Beach
2525 Grand Avenue
Long Beach, California 90815

APPROVED AS TO FORM
January 14, 20 09
ROBERT E. SHANNON, City Attorney
By _____
LINDA TRANG
DEPUTY CITY ATTORNEY

Agreed & Accepted:

Patrick H. West City Manager
PRINT NAME and TITLE of AUTHORIZED SIGNATORY

Assistant City Manager
SIGNATURE

1.26.09
DATE

PURSUANT TO SECTION 301 OF THE CITY CHARTER.

PRINT NAME and TITLE of AUTHORIZED SIGNATORY

SIGNATURE

DATE

***NOTE:** IF GRANTEE IS A CORPORATION, TWO SIGNATURES MAY BE REQUIRED*

AND

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

Approved as to form:

for
CRAIG A. STEELE, LEGAL COUNSEL

02/05/09
DATE

Agreed & Accepted:

Evelyn V. Martinez
EVELYN V. MARTINEZ, EXECUTIVE DIRECTOR

2/17/09
DATE

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

Grant Agreement Number: 00667
Grant Agreement Period: October 1, 2008 – June 30, 2009

Healthy Births Initiative

EXHIBIT A - STATEMENT OF WORK

PROJECT SUMMARY PAGE

Agency Name	Long Beach Department of Health and Human Services						
Project Name	**Long Beach – Wilmington Best Babies Collaborative**						
Mailing Address	Long Beach Department of Health and Human Services, 2525 Grand Avenue			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, Director	Phone	562-570-4016	Fax	562-570-4049	Email	Ronald_Arias@longbeach.gov

TOTAL GRANT AMOUNT:	$430,000		
Total UNDUPLICATED Persons Receiving Direct Services through the **Case Management** Core Approach	Children 0-5	Families of Children 0-5	Pregnant and Parenting Women
			140
Total Persons Receiving Services through the following Core Approaches*: **Outreach**			500
Health Education & Messaging			500
Social Support			140

Healthy Births Initiative

EXHIBIT A - STATEMENT OF WORK

PROJECT DESCRIPTION

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

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

Grant Agreement Number: 00667
Grant Agreement Period: October 1, 2008 – June 30, 2009

Healthy Births Initiative
EXHIBIT A - STATEMENT OF WORK

I. **Project Site:** For each collaborative partner (including the lead agency), provide the contact name, phone number, and address for each collaborative site (i.e. where services are being provided).
Lead Agency – Long Beach Department of Health and Human Services sites include main site at 2525 Grand Ave., Long Beach, 90815, and Miller Family Health Education Center site, 3820 Cherry Ave., Long Beach, 90807. Contact person – Yolanda Salomon-Lopez, Project Coordinator, 562-570-4291.
Long Beach Memorial Medical Center – 2801 Atlantic Ave., Long Beach, 90806. Contact person – Cathy Fagen, Coordinator Perinatal Outreach Education Programs (RPPC, CDAPP, Sweet Success), 562-933-8019.
St. Mary Medical Center, Families in Good Health – 411 E. 10th St., Ste. 207, Long Beach, 90813. Contact person – Lillian Lew, Director, 562-491-9100.
Wilmington Community Clinic – 1009 N. Avalon Blvd., Wilmington, 90744. Contact person – Vanilla Brooks, 310-549-1551.
The Children's Clinic, Serving Children and Their Families – 2801 Atlantic Ave., Long Beach, 90806. Contact person – Elisa Nicholas, MD, 562-933-0430.
St. Mary Medical Center, Mary Hilton Family Clinic – 1050 Linden Ave., Long Beach, 90813. Contact person – Eleanor Cochran, OB Clinic Manager, 562-491-9047.
Latino Diabetes Prevention and Management Program – 3820 Cherry Ave., Long Beach, 90807. Contact person – Laurie Gruschka, Family Health Education Center Coordinator, 562-570-7900

II. **Hours of Operation of Project Site:** (i.e. Monday – Friday 8 a.m. to 6 p.m.)
Primary hours will be Monday through Friday, 8 am to 5 pm, for all sites, with additional evening and Saturday hours as needed.

II. **Brief Project Description:** (In your description state the collaborative mission, vision, and values. For each collaborative partner (including the lead agency), include the services provided, target population, and service area, i.e. zip codes to be served).
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

Healthy Births Initiative
EXHIBIT A - STATEMENT OF WORK

Use additional sheets as necessary

Healthy Births Initiative

EXHIBIT A - STATEMENT OF WORK

PROJECT DESCRIPTION (Continued)

Agency Name:	Long Beach Department of Health and Human Services
Project Name:	Long Beach-Wilmington Best Babies Collaborative

Project Description:

Case management will be the primary core approach utilized by the LB-W BBC. The project will utilize a centralized case management component, to provide an overall administrative type of case management "clearinghouse" approach. The lead agency has a Public Health Nurse to fulfill this role as the Centralized Case Manager (CCM). The CCM will work closely with the Project Coordinator (PC) and the Core Collaborative to continue implementing the centralized case management system. The CCM will provide a "one-stop-shopping" approach that will help ensure that the existing community resources that are available for the target population (women who are at risk for poor pregnancy outcomes, either with a current pregnancy or a future subsequent pregnancy, and reside in the target zip codes of 90802, 90805, 90806, 90813, and 90744). The PC, along with the CCM, will work to ensure that the health and social service provider community is aware of the LB-W BBC and utilizing the centralized case management system. The CCM will be continually expanding her awareness of the array of services available throughout the community, and will become expert in assisting CCM clients in accessing needed services. The CCM system will enable efficient use of available resources by avoiding

Healthy Births Initiative
EXHIBIT A - **STATEMENT OF WORK**

Outreach is another core approach utilized by the LB-W BBC. In order to provide case management, it will be necessary to perform outreach to both the client and the provider community in order to increase the awareness of the availability of CCM services. The PC, CCM, and Core Collaborative members will **outreach** to the provider community to encourage utilization of the CCM system. **LB-W BBC partners will conduct outreach to the clients in the community**. The LBDHHS BIH Program provides outreach to high-risk African-American women and will inform contacts in the 4 target Long Beach zip codes of LB-W BBC services. The Latino Diabetes Prevention and Management Program will conduct outreach activities at community events targeting childbearing age women at risk for diabetes. Health education sessions will be funded by the project and conducted by LB-W BBC partners, including health education sessions on diabetes management, preconception planning, depression, and interconception health care, and referrals will also be made to established existing community health education resources (breastfeeding, parenting, nutrition, etc.) as appropriate.

The fourth year of the LB-W BBC project will focus on recruit and retention as well as case management and social support services. The collaborative will work with health care and social service providers to identify the number of available social support services for their clients residing in the 5 LB-W BBC target zip codes, and increasing utilization of available **social support** services – such as BIH, the Latino Diabetes Prevention and Management program, parenting classes, mental health

Grant #00667: Long Beach-Wilmington Best Babies Collaborative
Scope of Work: Fiscal Year 08-09

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 (08-09) grant period**. Include start-up activities.*	**III. Timeline** *Indicate the start and end date for each activity and strategy for the **current (08-09) grant period**.*	**IV. Collaborative Staff Responsible for Activity** *Per activity - List the collaborative organization and staff person(s) responsible for the **current (08-09) 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?*
CASE MANAGEMENT					
COLLABORATION</TD< tr>					
To have a functioning, vibrant collaboration, linked with existing Collaboratives, with appropriate and documented shared goals and objectives.	1. Develop a Continuous Quality Improvement Plan for the Collaboratives and incorporate activities based on these findings into MOUs.			•) Collaborative membership matrix. •) Continuous Quality Improvement	•) Improve Wilder Inventory score from baseline to an average of 4 for each category and
	A. The Collaborative will review and revise the Continuous Quality Improvement Plan with the collaborative to improve output and outcomes.				

a. Develop processes and timeline for: • i. Timely completion of paper forms. • ii. Timely completion of data entry of initial assessments, information forms and on-going client encounter documentation. • iii. Monitoring accuracy of information as it is entered. • iv. Reviewing and completing of 100% of the data error forms distributed by LA Best Babies Network within 10 days of receiving the form.			Plan •) BBC meeting agendas and minutes •) PDSAs	maintain that average throughout the Healthy Births grant period. •) Number of referrals from 211/First 5 LA Parent Help Line (888) to BBC agencies
b. Develop output and/or outcome measures for CQI plan.				
c. Identify and make necessary adjustments to processes and MOUs as necessary.				
B. 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.				
a. Review monthly performance reports provided by LA Best Babies Network with Collaborative.				
2. Collaborate with Los Angeles Best Babies Network on all components of the Healthy Birth Initiative				

A. Participate in Healthy Births Learning Collaborative in the appropriate Service Planning Area (SPA).		
I. To assure appropriate membership:	10/01/08 to 06/30/08	Core Collaborative
1.1. Review of SOW to identify membership (collaborative) needs.	Quarterly 10/31/08, 01/31/08, 03/31/09 & 6/30/09	Core Collaborative (refers to the following program/agencies: LBMMC, CDAPP Coordinator, SMMC OB Staff, WCC Liaison FiGH) MCH PHN & LBDHHS NSO
. AWJI needs to remove		
1.2. Identify new potential partners and categorize (paid, non-paid, referral) and vote on partners to invite.	11/30/08 & 02/27/08	Core Collaborative, LBDHHS Nursing Services Officer (NSO)
i. Update and review each organizations strengths.	10/31/08 & 02/28/09	Core collaborative
ii. Update collaborative membership matrix.	12/31/08, 03/31/09 & 06/30/09	Core Collaborative
1.3. Invite new partner(s) to participate in collaborative meetings	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core Collaborative

	i. Make invitation	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core collaborative		
	ii. Update process criteria for funding potential collaborative partner based on any new additional funding.	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core collaborative		
	1.4. Identify partner responsibility.	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core collaborative		
	i. Update document that outlines responsibilities	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core collaborative		
	1.5. Update MOU's as necessary	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core collaborative		
	i. Utilize MOU template	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core collaborative		
	ii. Identify and make necessary adjustments to process and MOU's as needed	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core collaborative		
	1.6. Revise/update matrix and distribute	Semi-annual 12/30/08 & 5/31/09	Core Collaborative & Project Coordinator		

1.3. Invite new partner(s) to participate in collaborative meetings.	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core Collaborative
II. Design Collaborative Governance (meet, review, vote, document).		
2.1. Update criteria for membership	10/31/08, 1/31/09 & 4/30/09	Core Collaborative
i. Review/update & adapt existing HBLC resources	Quarterly basis 10/31/08, 01/31/09, 05/31/09	Core collaborative & Project Coordinator
ii. Review & update program information/data	Quarterly basis 10/31/08, 01/31/09, 05/31/09	Core Collaborative & Project Coordinator
. AWJI needs to remove		
2.2. Update invitation & exiting process	10/31/08 & 4/30/09	Core Collaborative
i. Review/update & monitor existing tools	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core Collaborative
2.3. Update and monitor collaborative process on regular basis	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core Collaborative

i. Review and update meeting frequency	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core Collaborative
ii. Update & monitor collaborative progress toward Scope of Work	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core Collaborative
iii. Implement use of LABBN monthly progress reports to monitor collaborative work	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core Collaborative
2.4. Update Collaborative decision-making process	Quarterly basis 12/31/08, 03/31/09 & 06/30/09	Core Collaborative
i. Review and update voting strategies/protocols	Quarterly basis 12/31/08, 03/31/09 & 06/30/09 and as needed	Core Collaborative
III. Administer Wilder Collaboration Inventory each year and incorporate activities based on these findings into MOU's		
3.1. Collect and update contact information of new/old members (identify key contacts)	12/30/08, 3/30/09 & 6/30/09	Project Coordinator
3.2. Administer Wilder through AJWI/First 5 LA	semi-annual basis 11/30/08 & 5/30/08 and as needed for new members	AJWI, Project Coordinator & Administrative Assistant

i. Follow-up on completion of Wilder	Based on date received from AJWI/First 5 LA	Project Coordinator
ii. Update & share results with collaborative members (email)	12/30/08 & 5/30/08 based on dates received from AJWI/First 5 LA	Project Coordinator
3.3. Update, evaluate and compile results	12/30/08 & 5/30/09	Admin Assistant
i. Enter information onto spreadsheets	12/30/08 & 5/30/09	Admin Assistant
ii. Address issues that arise based on Wilder results at a collaborative meeting	1/30/09 & 6/30/09	Project Coordinator, NSO & Core Collaborative
iii. Share results with Healthy Births Center staff	1/30/09 & 6/30/09	Project Coordinator
IV. Implement the Continuous Quality Improvement plan for the Collaborative and incorporate activities based on the 2007-2008 findings into MOU's		
4.1. Continue to monitor progress toward scope of work/objectives	Quarterly basis 12/30/08, 3/30/09 & 6/30/09	Core Collaborative, Project Coordinator & MCH PHN
i. The collaborative will continue to review and revise the Continuous Quality Improvement Plan to continue improvement of output and outcomes	Quarterly basis 12/30/08, 3/30/09 & 6/30/09	Core Collaborative

	ii. Continue reassessment of scope of work and objectives based on SOW timeline graph	Quarterly basis 12/30/08, 3/30/09 & 6/30/09	Core Collaborative, PC & AA		
	iii. Continue to identify areas that are under-met and formulate improvement action plans for 2008-2009	11/30/08, 2/28/09,5/30/09	Core Collaborative, PC & AA		
	4.2. Setting standards for Collaborative Partners	Quarterly basis 10/30/08, 1/30/09, 4/30/09	Core collaborative & PC		
	i. Introduction of new staff members to collaborative definition of "quality"	Quarterly basis and as needed 10/30/08, 1/30/09, 4/30/09	Project Coordinator & Admin Assistant		
	ii. Establish clear expectations for attendance and participation of collaborative meetings/events/trainings	Quarterly basis 10/30/08, 1/30/09 & 4/30/09	Core Collaborative & PC		
	iii. Establish set guidelines and requirements for program timeliness and compliance with reports	Quarterly basis 10/30/08, 2/28/09 & 6/30/09	Project Coordinator & Core Collaborative		
	iv. Establish and review set lines of communication/feedback for collaborative members	Quarterly basis 11/30/09, 3/30/09 & 6/30/09	Project Coordinator, Admin Assistant & Core Collaborative		
	4.3. Improve capacity of collaborative through the addition and orientation of new members	12/30/08, 3/30/09 & 6/30/09 and as needed	Core Collaborative, PC & AA		

i. Establish mechanisms for sharing information and lessons learned with collaborative partners	10/30/08 & 1/30/09	Core Collaborative & Project coordinator
ii. Identify method(s)to share best practices at collaborative meetings (from within & outside collaborative)	10/30/08, 1/30/09 & 4/30/09	Core Collaborative, PC & AA
4.4. The collaborative will review and revise the CQI plan to improve output & outcome measures	10/30/08, 3/30/09 & 6/30/09	Core Collaborative, PC & AA
i. Set guidelines and implement process/timeline for completion of paper forms, data entry, information forms and on-going client encounter documentation	10/30/08, 2/28/09 & 4/30/09	Project coordinator & Admin Assistant
ii. Develop and implement guideline for 100% completion of data entry error forms distributed by LABBN within 10 days of receiving report	Monthly basis	Project Coordinator & Admin Assistant
iii. Update and review monitoring system to assess accuracy of client information entered	10/30/08 monitor on monthly basis	PC, AA & Centralized Case Manager
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
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 report provided by LABBN	10/30/08 monthly basis to monitor	Core Collaborative

	i. Review monthly performance reports provided by LABBN with collaborative	On a monthly basis during program year 10/30/08 to 6/30/09	Core Collaborative & LABBN staff		
Strengthen collaborative member organizations' knowledge of resources provided by Collaborative members.	V. Use a collaborative asset map to determine current resources and identify gaps	10/30/08, 1/30/09 & 4/30/09	Core Collaborative	•) BBC member resource directory •) Documentation of BBC staff training on collaborative resources	•) Clients with at least one interagency referral
	5.1. Review & update use of collaborative membership matrix with collaborative partners	10/30/08, 01/30/09, 4/30/09 & 6/30/09	Core Collaborative		
	i. Establish & review system-level training for new staff and collaborative members of resources & services	10/30/08, 2/28/09 & 5/30/09	Core Collaborative, PC & AA		
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 collaborative agency services	10/30/08 to 6/30/09	Project Coordinator & Admin Assistant	•) Signed MOU's on File of programs/agencies that wish to participate in web-based resource directory	•) Total # of people accessing website
	6.1 . Update and maintain web-based resource directory	10/30/08 to 6/30/09	Project Coordinator & Admin Assistant		
	i. Identify LBDHHS staff to assist in updating resource directory	10/30/08 to 11/30/08	Project Coordinator & LBDHHS NSO		
	ii. Update and designate programs and agencies to be included in resource directory	10/30/08, 1/30/09, 4/30/09	Project Coordinator & Admin Assistant		
	iii. Update and add designated programs and agencies on resource directory with 211 program	10/30/08, 12/30/08, 2/28/09 & 4/30/09	Project Coordinator & Admin Assistant		

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	10/30/08, 3/30/09 & 6/30/09	Project Coordinator & Admin Assistant	•) Contact list of sustainability steering committee •) Meeting agenda indicating topic of sustainability •) Number of submitted articles promoting visibility of the collaborative	•) Number of clients who state at initial screening that they got the information from collaborative efforts
	7.1. Designate steering committee to research and oversee possible funding sources	10/30/08	Core Collaborative, PC & AA		
	i. Steering committee to research funding sources and report to core collaborative	12/30/08, 3/30/09 & 6/30/09	PC, AA & Steering committee		
	ii. Submit at least one article promoting the collaborative efforts	10/30/08 to 6/30/09	Core Collaborative		
Promote referrals from 211/First 5 LA Parent Help Line (888) to Network Organizations.				•)	•) Number of referrals from 211/First 5 LA Parent Help Line (888) to BBC agencies
Participate at HBLC meetings	7.2. Attend and actively participate at HBLC meetings	10/30/08 to 6/30/09		•) Number of	•)

	i. Identify key staff to attend HBLC meetings and report relevant information to core collaborative	10/30/08	Core Collaborative, PC & AA	• HBLC meetings attended •) Number of updates given to HBLC's	
CASE MANAGEMENT					
Increase case management capacity within the Collaborative (including retain CMs).	I. Review and update case management program	10/01/08 to 10/30/08	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	•) Case managed clients who meet enrollment criteria •) Prenatal case management clients lost to follow-up •) Number of clients with adequate prenatal care
	1.1. Review & update case management program including curriculum for FiGH, Centralized Case Management, SMMC, WCC, NFP and Diabetes program	12/30/08, 03/30/09 & 06/30/09	Core Collaborative, NFP Staff & CCM		
	i. Review & update case management protocols, implement program changes when applicable based on best practices	11/30/08, 4/30/09	All collaborative partners		
	ii. Conduct 3 trainings with case managers/health educators to discuss appropriate tracking of clients receiving services, use of DCAR system, referral services and performance measures based on LABBN progress reports	12/30/08, 3/30/09, 6/30/09	PC, AA & CCM PHN		
	iii. CCM PHN to provide case management to 25 high-risk women/teens referred from community and BBC partners including SMMC, LBMMC, BIH, LBUSD Parent Program & School Nurses, CDC Parent Program, LA County & LBDHHS Public Health Nurses	10/01/08 to 06/30/09 on-going basis	Centralized Case Manager PHN		

	iv. 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 non-comprehensive high-schools, LBUSD, SMMC, LBMMC, OB Providers, etc) to receive full-scope case management including lactation education, individual parenting & social support education & family planning (based on David Olds model)	10/01/08 to 06/30/09	NFP PHN	of case management activities •) Recruitment & retention plan(s) •) Referral protocols •) Number of referral received •) Number of eligible referrals	
	v. Families in Good Health health educator to provide case management to 15 high-risk women/teens (Southeast Asian/Pacific Islanders) using the PACT curriculum (includes individual health education sessions focusing on breastfeeding, parenting, self-esteem and social support education)	10/01/08 to 06/30/09	FiGH Case Manager		
	vi. Conduct training for new BBC staff members on referral system to BBC program/resources using DCAR system and for community services	As needed basis during program year	CCM, PC & AA		
	1.2. Implement the case management program	10/01/08 to 06/30/09	Core Collaborative		
	i. Facilitate two trainings to providers, staff and case managers/health educators on the BBC case management program, services and resources available including individual health education & social support education	12/30/08 & 6/30/09	PC, CCM & AA		

	ii. Provide case management review for case managers at WCC, SMMC & 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 & BBC staff	Monthly basis during program year	CCM, PC, AA, LABBN staff		
	II. Review referral program for high-risk women/teens with Type II Diabetes and/or Gestational Diabetes	11/30/08, 3/30/09 & 6/30/09	Collaborative Staff		
	1.1. Review and continue referral program with LB Memorial & St. Mary Medial Center Sweet Success Programs (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	10/01/08 to 06/30/09	SMMC OB Director, LBMMC & SMMC Sweet Success Health Educators, Latino Diabetes Health Educator		
	i. 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 The Children's Clinic)	10/01/08 to 06/30/09 on going as needed	PC & Latino Diabetes Program Health Educator		

	1.2. Specialized case management for 25 referred women/teens with Type II Diabetes through Latino Diabetes Health Educator providing services such as, individual diabetes management education, proper use of medical equipment, importance of nutrition and exercise program, plus social support services for individual and family members of newly diagnosed diabetes patients	10/01/08 to 06/30/09	Latino Diabetes Program		
Identify best practices of individual case management programs, share them among the Collaborative, and encourage all case managers to adopt them.	III. Update and maintain a best practice and monitoring system (multi-level case management system) by implementing changes/updates at roundtable meetings for case managers	11/30/08, 1/30/09, 3/30/09, 5/30/09	CCM, PC, AA & collaborative case managers/health educators	•) Documented shared list of case management best practices •) Documented case management quality review system	•) 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
	1.1. Train new case managers/health educators on best practices/monitoring system	As needed during program year	PC, AA & CCM PHN		
	1.2 . Review and continue referral system to Centralized Case Management Program focusing on high-risk women/teens that would benefit from services provided by a Public Health Nurse	10/30/08 and as needed basis during program year	CCM, AA, all collaborative case managers/health educators		
	i. Conduct a training session for all case managers/health educators using referral system, DCAR case management program & screening tools	12/30/08	PC, AA & CCM PHN		
	1.3. Review and update follow-up protocol for clients who withdraw from case management program at case managers roundtable meetings	11/30/08, 1/30/09, 3/30/09, 5/30/09	CCM, PC, AA & collaborative case managers/health educators		

	i. Identify and contact (via phone or letter) clients that have withdrawn from case management program to offer services if still needed or refer to appropriate services in community	12/30/08, 03/30/09, 06/30/09	Collaborative Case Managers/Health Educators		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 with at least one case management encounter per month

Outreach					
High-risk clients meeting program criteria will be enrolled in Case Management.	I. Present on the importance of early prenatal and interconception care around the community	10/30/08 & 4/30/09	Project Coordinator	•) Number of community events and outreach activities •) Number of outreach contacts •) Documentation of BBC staff training in cultural competency	•) Clients that initiate prenatal care during 1st trimester of pregnancy
	1.4. Update & review protocol to identify and work with community based agencies and programs for outreach to new high-risk clients in targeted zip code areas	10/30/08 to 6/30/09	Core Collaborative, PC & AA		
	1.2. Update and review culturally appropriate materials to disseminate to high-risk clients in the community	11/30/08 to 12/30/08 and ongoing basis	All collaborative members, PC & AA		
	1.3. Update and present collaborative information and materials to 2 or more community agency staff meetings to increase awareness of collaborative program and resources	10/30/08 to 6/30/09	Project Coordinator & Admin Assistant		
	1.5. Continue to provide outreach to high-risk African American women through the LBDHHS African-American Infant Health Program	10/30/08 to 6/30/09	AAIH Staff & CCM		
	1.6. Review and continue outreach activities to new clients with a history of gestational diabetes or Type II Diabetes	On going basis during program year 10/30/08 to 6/30/09	Latino Diabetes Program & Sweet Success staff		
	1.7. Conduct outreach at five (5) community events targeting high-risk women/teens	On going basis during program year 10/30/08 to 6/30/09	FiGH, WCC, SMMC, Latino Diabetes Program, PC & AA		

	1.8. Conduct outreach to 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 10/30/08 to 6/30/09	Latino Diabetes Program		
Develop and implement outreach/recruitment and internal and external referral processes.	1.1. Develop outreach and recruitment process for collaborative program	10/30/08 to 12/30/08	Core Collaborative, PC & AA	•) Documentation of completed referral process	•) Number of case managed clients that meet enrollment criteria
	i. Train and implement staff on established outreach/recruitment process	12/30/08 to 1/30/09	Project Coordinator & Admin Assistant		
	1.2. Develop established internal and external referral process for collaborative program	10/30/08 to 12/30/08	Core Collaborative, PC & AA		
	i. Implement referral process for the collaborative program	01/30/09 to 06/30/09	Core collaborative		
High-risk clients meeting program criteria will be enrolled in Case Management program	1.3. Identify clients meeting program criteria and enroll based on targeted zip-code areas	10/30/08 to 6/30/09	Collaborative Staff	•) Recruitment and retention plans •) Referral protocols •) Number of referrals received •) Number of eligible referrals	•) Total number of clients enrolled in case management program
Health Education					
Increase and/or promote case managed knowledge about how to have	I. Develop and adopt a client education curriculum and processes to complete the curriculum (i.e., CM directed &/or referrals to classes)	10/01/08 to 12/30/08	Core Collaborative, PC & AA	•) Number of health education	•) Increase in knowledge/self efficacy

healthy births and access appropriate services and resources.	1.1. Train all case managers on using the developed client education curriculum	01/01/09 to 02/01/09	Project Coordinator, Admin Assistant, SMMC Health Educator, FiGH Case Manager, CCM, Latino Diabetes Health Educator, WCC Case Manager & NFP PHN	services •) Number of participants in health education services •) All health education materials include information about 211 •) All BBC members included in 211 directories •) Number and types of venues attended	among health education class participants •) Number of 211 calls from households with pregnant women in Collaborative zip codes
	i. Implement client education curriculum	01/01/09 to 02/01/09	SMMC Health Educator, FiGH Case Manager, CCM, Latino Diabetes Health Educator, WCC Case Manager, NFP PHN PC & AA		
	II. Update, identify and assess culturally sensitive health education materials that focus on the importance of early prenatal care and interconception care	11/30/08, 3/30/09, 5/30/09	Core Collaborative, Project Coordinator & Admin Assistant		
	2.1. Review and disseminate health information materials focusing on health resources available within targeted zip codes and importance of early and continuous prenatal care	10/01/08 to 06/30/09	Core Collaborative, Case Managers and Health Educators		
	i. Collaborative staff will continue to provide health education information using identified brochures and First 5 LA materials to high-risk women/teens	10/01/08 to 06/30/09	Core Collaborative, Case Managers, Health Educators, PC & AA		
	2.2. Educate 3 community staff agencies/programs that provide health services to high-risk women on the utilization and importance of health education materials	12/30/08, 3/30/09, 06/30/09	Project coordinator, Admin Assistant		

	2.3. 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	12/30/08, 5/30/09 and as needed	Project coordinator & Admin Assistant		
	2.4. Conduct health promotion campaign to distribute materials and/or information at various community events, including Cinco de Mayo, Diabetes Convention and Juneteenth African American Celebration	10/01/08 to 06/30/09 based on event dates	LBDHHS Staff, WCC, SMMC, FiGH, BH, Latino Diabetes Program Staff		
	i. Identify and participate in community health fairs, church based events and city-wide events to disseminate health education information to increase awareness of services and resources for high-risk women/teens	10/01/08 to 06/30/09	Core Collaborative, PC & AA		
	III. Increase community recognition of LB-W Best Babies Collaborative				
	3.1. Include logo on all materials	10/01/08 to 06/30/09	Project Coordinator, AA and core collaborative		
	i. LB-W BBC logo to be included on all outreach, health education and miscellaneous materials	10/01/08 to 06/30/09	Core Collaborative, PC & AA		
All clients will receive health education relevant to	II. Develop and implement process(es) to evaluate increased knowledge related to resources and health as part of CM activities	10/01/08 to 06/30/09	Core Collaborative, Project Coordinator & Admin Assistant	•) List of resources/lin	•) Number of participants

pregnancy, postpartum and interconception care	2.1. Administer health education evaluation form for all case managed clients	01/01/09 to 06/30/09	SMMC Health Educator, FiGH Case Manager, WCC Case Manager, CCM PHN, NFP PHN, Latino Diabetes Health Educator	ks for health education topics •) Number of health education services provided	receiving any health education services •) Measure on increased knowledge •) Clients with >= 3 health education topics/referrals made & classes attended
	ii. Collect and track health education data from case managers	01/01/09 to 06/30/09	Project Coordinator & Admin Assistant		
	2.2. Refer women/teens to established no-cost health Education Classes held at LBDHHS, BIH, 5 WIC LB Sites, WCC, SMMC & LBMMC (focus on breastfeeding, parenting, nutrition, social support and empowerment classes, etc.)	10/01/08 to 06/30/09	Diabetes HE, FiGH CM, SMMC HE, WCC CM, NFP PHN, CCM PHN, core collaborative		
	2.3. 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 10/01/08 to 06/30/09	SMMC Health Educator		
	i. Review and update health education curriculum for high-risk women/teens attending SMMC OB Clinic	10/01/08, 02/28/09 & 04/30/09	SMMC Health Educator & Clinic Director		
	ii. Present five (5) group health education classes held at the Mary Hilton OB Clinic focusing on car-seat safety, parenting, infant safety and breastfeeding for high-risk women/teens attending SMMC OB Clinic	10/01/08 to 06/30/09	SMMC Health Educator		
Social Support					
All Collaborative partners to conduct comprehensive social	I. Compile and review social support screening tools and administer the tools	10/30/08 & on going during program year	Collaborative Staff	•) Documentati	•) Clients screened/ass

support screening on target population women and to refer to Collaborative organizations as indicated.	1.1. Review and update screening tool to identify high-risk clients that would benefit from CCMP, referrals & added resources that all clinics, programs & agency staff can utilize	12/30/08, 3/30/09 & 6/30/09	Collaborative Staff	on of agreed upon social support screening tool available to all collaborative members •) All relevant staff trained on use of screening tool	essed 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 •) Documented increase in social support and self efficacy using validated tools
	1.2. Provide referrals and linkage to social support programs available in the community (AAIH, parenting classes, breastfeeding workshops held at LBDHHS, SMMC, LBMMC, Community Hospital, LBUSD, etc.)	On going basis during program year 10/01/08 to 06/30/09	Collaborative Members		
	1.3. Identify gaps in social support services utilizing updated collaborative membership matrix at roundtable reviews	12/30/08, 3/30/09 & 6/30/09	Collaborative members, PC & AA		
	i. Utilize identified lack of social support services in the community to increase referrals to case management program	12/30/08, 3/30/09 & 6/30/09	Collaborative members, PC & AA		
	1.4. AAIH program to provide 2 social empowerment session of 6 classes each to high-risk African American women referred through the LB-W BBC focusing on parenting, child development, social empowerment, etc.	10/30/08 to 06/30/09	AAIH Staff, CCM PHN, LBDHHS Social Worker		
	1.5. Provide 2 group social support sessions of 8 classes each to high-risk women with Gestational and/or Type II Diabetes referred through the LB-W BBC focusing on diabetes management, related diabetes health concerns (foot care, family support, increase physical activity, use of medical equipment, maintain blood sugar levels, etc.)	10/30/08 to 06/30/09 based on scheduled classes	Latino Diabetes Staff		

	1.6. Provide social support assessment for each women receiving case management through LB-W BBC and refer to appropriate services/programs in the community including AAIH, SMMC, LBDHHS, LBUSD, WCC and LBDHHS Public Health Nurses for individual social support services	10/30/08 to 06/30/09	Latino Diabetes Program, WCC, SMMC, Core Collaborative		
Interconception Care					
Increased access to coordinate 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	10/30/08, 01/30/09, 3/30/09 & 6/30/09	PC, AA & Core Collaborative	•) Documented review of existing inter-conception care services/programs within the collaborative	•) 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
	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.	10/30/08, 01/30/09, 3/30/09 & 6/30/09	PC, AA & 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 and use LABBN newsletters to research available funding programs & services in community	10/30/08, 01/30/09, 3/30/09 & 6/30/09	PC, AA & Core Collaborative		

	1.2. The Children's Clinic to provide medical visits (monitor blood sugar, health physicals, blood screenings and provide glucometer/strips) for 10 uninsured women/teens referred from the LB-W BBC program (Diabetes and/or Sweet Success) diagnosed with Type II Diabetes	10/01/08 to 06/30/09	The Children's Clinic	up to 12-months post partum •) Clients who breastfeed for 12 months •) Interconcepti on care clients 19 and over with chronic conditions with at least one case management encounter per month •) Interconcepti on care clients 19 and over with no chronic conditions with at least one case management encounter per quarter •) Interconcepti on care clients under 19 with chronic conditions with at least two case management encounter per month

	1.3. Identify interconception care programs through use of local resource guides, Healthy Cities website, LBMCC & SMMC publications of services, HBLC SPA 8 meetings (agency representatives 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 accommodate BBC clients and expanding program scope if applicable and presenting information at collaborative meetings	11/30/08, 2/38/09, 4/30/09, 6/30/09	Core collaborative, CDAPP MSW & SMMC OB MSW		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
	1.4. Provide interconception care services for high-risk women/teens focusing on family planning, breastfeeding, health education, referrals to health care, etc.	10/01/08 to 06/30/09	FiGH, SMMC, WCC, Diabetes Health Educators, CCM PHN, NFP PHN,		
	II. Provide specialized interconception care for uninsured women with Type II Diabetes	10/30/08 to 06/30/09	LBMMC The Children's Clinic staff, Sweet Success Program & Diabetes Health Educator		
	1.1. Continue medical management program for Type II Diabetic uninsured women/teens to receive services focusing on health education, nutrition, importance of continuous health care, etc.	10/01/08 to 06/30/09	LBMMC The Children's Clinic staff, Sweet Success Program & Diabetes Health Educator		

Exhibit B

FIRST 5 LA

Budget Summary

Agreement # 667

Page : 1 of 10

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 4 BUDGET (9 months)

Agreement Period: 10/1/08 to 6/30/09

	Cost Category	First 5 LA Funds	Matching Funds	Total Costs
1	Personnel	331,344	26,841	358,185
2	Contracted Svcs *(Excluding Evaluation)*	61,647	0	61,647
3	Equipment	0	0	0
4	Printing/Copying	1,101	0	1,101
5	Space	6,732	0	6,732
6	Telephone	1,980	0	1,980
7	Postage	76	0	76
8	Supplies	2,700	0	2,700
9	Employee Mileage and Travel	2,633	0	2,633
10	Training Expenses	270	0	270
11	Evaluation	0	0	0
12	Other Expenses *(Excluding Evaluation)*	625	0	625
13	*Indirect Costs	20,893	15,312	36,205
	TOTAL:	**$430,000**	**$42,153**	**$472,153**

0

Nani Blyleven (562) 570-4231 — 7/17/2008

Fiscal Contact Person — Date

Agency Authorized Signature — Date 8/29/08

Phone #

First 5 LA Authorized Staff Only	
Program Officer	
Finance	

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

Additional supporting documents may be requested

Exhibit D

Agreement # 667

Page : 1 of 10

Budget Summary

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 4 BUDGET (9 months)

Agreement Period: 10/1/08 to 6/30/09

	Cost Category	First 5 LA Funds	Matching Funds	Total Costs
1	Personnel	331,344	26,841	358,185
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3	Equipment	0	0	0
4	Printing/Copying	1,101	0	1,101
5	Space	6,732	0	6,732
6	Telephone	1,980	0	1,980
7	Postage	76	0	76
8	Supplies	2,700	0	2,700
9	Employee Mileage and Travel	2,633	0	2,633
10	Training Expenses	270	0	270
11	Evaluation	0	0	0
12	Other Expenses *(Excluding Evaluation)*	625	0	625
13	*Indirect Costs	20,893	15,312	36,205
	TOTAL:	**$430,000**	**$42,153**	**$472,153**

0

Nani Blyleven (562) 570-4231 — 7/17/2008

Fiscal Contact Person — Date

Agency Authorized Signature — Date 8/29/08

Phone # _____

First 5 LA Authorized Staff Only	
Program Officer	
Finance	

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

Additional supporting documents may be requested

FIRST 5 LA

0

Personnel

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 4 BUDGET (9 months)

Agreement Period: 10/1/08 to 6/30/09

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**
BBC Coordinator - Y. Salomon-Lopez	FT	5,314	100%	9	47,826	0	47,826
BBC Support - PHA 2 - D. Campos	FT	3,046	100%	9	27,414	0	27,414
Public Health Nurse II - M. Robinson	PT	6,027	60%	9	32,546	0	32,546
Administrative Analyst III - N. Blyleven	FT	6,721	5%	9	3,024	0	3,024
Health Educator II -L. Parra	FT	4,239	70%	9	26,706	0	26,706
Nursing Services Officer - P. Shaw	FT	7,700	5%	9	3,465		3,465
Nurse Family Partnership PHN II - B. Swartz	FT	6,027	100%	9	54,243	0	54,243
Public Health Associate II - A. Barajas	FT	3,046	50%	9	13,707	0	13,707
BIH Coordinator - C. Snuggs	FT	5,454	10%	9		6,872	6,872
Perinatal Services Coordinator - K. Prochnow	FT	6,027	5%	9		3,351	3,351
Maternal Child Health Director (MCH) - T. Nikoletich	FT	6,850	10%	9		6,702	6,702
					0	0	0
					0	0	0
				Total Direct Salaries	208,931	16,925	225,856

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

*Fringe Benefits:	Percentage			
FICA	6.20%	12,954	1,049	14,003
SUI	0.15%	313	25	339
Health	17.78%	37,148	3,009	40,157
WC	5.89%	12,306	997	13,303
Other	28.57%	59,692	4,835	64,527
	58.59%	122,412.64	9,916.36	132,329.00
		Total Personnel	**$331,344**	**$26,841**	**$358,185**

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

FIRST 5 LA

Section 2

Agreement # 667

Page: 3 of 10

Contracted Services

Agency: City of Long Beach

0

Project Name: Best Babies Collaborative YEAR 4 BUDGET (9 months)

Agreement Period: 10/1/08 to 6/30/09

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				
Director	10 hours per month @ $58.60 / hour = $5,274	5,274		5,274
Community Worker	80 hours per month @ $26.50 / hour = $19,080	19,080		19,080
	267 miles per month @ $0.585 / mile = $1,404	1,404		1,404
Regional Perinatal Programs (LB Memorial Medical Ctr)				
Coordinator	22 hours per contract year @ $48.50 / hour = $1067	1,067		1,067
				0
				0
Wilmington Community Clinic				
Registered Nurse Practioner (Brooks)	14 hours per month @ $57.34 / hour = $7,225	7,225		7,225
Medical Assistant	48 hours per month @$13.79 / hour = $5,957	5,957		5,957
				0
The Children's Clinic				
Interconception Clinic Care	10 clients (bi-monthly visits) @ $100 per visit = $4,000	4,000		4,000
Diabetic supplies	$20 per month per patient - monitoring test kits = $1,800	1,800		1,800
St. Mary's Mary Hilton Family Clinic				
Health Educator	80 hours per month @ $22 / hour = $15,840	15,840		15,840
				0
				0
USE ADDITIONAL SHEETS IF NECESSARY	**Total Contracted Services:**	**$61,647**	**$0**	**$61,647**

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 4 BUDGET (9 months)

Agreement Period: 10/1/08 to 6/30/09

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
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			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 4 BUDGET (9 months)

Agreement Period: 10/1/08 to 6/30/09

Printing/Copying include description	Quantity	Unit Cost	Total Printing Cost	First 5 LA Funds	Matching Funds	Total Cost
Printing and copy costs / color, brochures, mailers,etc.	1,101	1.00	1,101	1,101	0	1,101
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			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:	$1,101	$1,101	$0	$1,101

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 4 BUDGET (9 months)

Agreement Period: 10/1/08 to 6/30/09

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
Computer workstation - Information services* (Soloman-Lopez)	1.00	165.00	9	1,485	1,485	0	1,485
Computer workstation - Information services* (Campos)	1.00	165.00	9	1,485	1,485	0	1,485
Computer workstation - Information services(Swartz)	1.00	209.00	9	1,881	1,881	0	1,881
Computer workstation - Information services (Parra)	1.00	209.00	9	1,881	1,881	0	1,881
				0	0	0	0
				0	0	0	0
* Charges based on purchased computer (no lease costs)				0	0	0	0
				0	0	0	0
			Total Space:	$6,732	$6,732	$0	$6,732

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	50.00	9	900	900	0	900
6 button 1-line telephone w/ voice mail	3	30.00	9	810	810	0	810
Cellphone for Soloman -Lopez	1	30.00	9	270	270	0	270
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
			Total Telephone:	$1,980	$1,980	$0	$1,980

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

Postage & Supplies

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 4 BUDGET (9 months)

Agreement Period: 10/1/08 to 6/30/09

Postage include description	Quantity	Unit Cost	Number of Months	Total Postage Cost	First 5 LA Funds	Matching Funds	Total Cost
First class stamps	20	0.42	9.00	76	76	0	76
				0	0	0	0
				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 Postage:	$76	$76	$0	$76

Supplies include description	Quantity	Unit Cost	Number of Months	Total Supplies Cost	First 5 LA Funds	Matching Funds	Total Cost
General Office Supplies	1	100.00	9.00	900	900	0	900
Client incentives	40	5.00	9.00	1,800	1,800	0	1,800
				0	0	0	0
				0	0	0	0
				0	0	0	0
				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 Supplies:	$2,700	$2,700	$0	$2,700

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 9 & 10

Employee Mileage/Travel & Training Expenses

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 4 BUDGET (9 months)

Agreement Period: 10/1/08 to 6/30/09

Employee Mileage/Travel include description	Mileage Quantity	Unit Cost per Mile	Total Mileage/Travel Cost	First 5 LA Funds	Matching Funds	Total Cost
Mileage (500 miles per month)	4,500	0.585	2,633	2,633	0	2,633
			0	0	0	0
			0	0	0	0
			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 Employee Mileage/Travel:	$2,633	$2,633	$0	$2,633

Training Expenses include description, # of people	Quantity	Unit Cost Per Training	Total Training Cost	First 5 LA Funds	Matching Funds	Total Cost
Monthly Core Collaborative Meeting	9	30.00	270	270	0	270
	-		0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
		Total Training Expenses:	$270	$270	$0	$270

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 4 BUDGET (9 months)

Agreement Period: 10/1/08 to 6/30/09

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
			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
			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 4 BUDGET (9 months)

Agreement Period: 10/1/08 to 6/30/09

Other Expenses include description	Quantity	Unit Cost	Total Other Cost	First 5 LA Funds	Matching Funds	Total Cost
Transportations Vouchers Taxicab	20	25.00	500	500	0	500
Transportations Vouchers Bus Passes	50	2.50	125	125	0	125
			0	0	0	0
			0	0	0	0
			0	0	0	0
			0	0	0	0
		Total Other Expenses:	$625	$625	$0	$625

*Indirect Cost include general purpose for this cost	Total Indirect Cost	First 5 LA Funds	Matching Funds	Total Cost
Indirect costs per OMB A-87(16.03% of wages)	33,492	20,893	12,599	33,492
Indirect costs per OMB A-87(16.03% of wages)	2,713	0	2,713	2,713
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total Indirect Cost:	$36,205	$20,893	$15,312	$36,205

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

Personnel - Section 1

BBC Coordinator	Oversees, develops, plans and participates in the implementation of LB-W BBC program
Public Health Associate II	Assists with program data collection, progress reports, clerical; works with collaborative partners.
Public Health Nurse II	Provides direct case management to clients
Administrative Analyst III	Oversees program budget, invoicing, contracts and other administrative duties
Health Educator II	Provides inter-conception health education
Nursing Services Officer	Over sees program components, supervises program staff
Nurse Family Partnership PHN II	Provides direct in-depth case management fro clients eligible for the Olds Model (e.g. 1st time pregnant teens)
Public Health Associate II	Assists with program data collection, reporting and clerical duties

Contacted Services - Section 2

Families in Good Health - FIGH

Lillian Lew (Director)	10 hours per month @ $58.60 / hour = $5,274
	Oversee development & participation of FIGH collaborative partnership
	Provide outreach to target population
Community Worker	80 hours per month @ $26.50 / hour = $19,080
	Conduct home visits for BBC-referred clients, following the Parents & Children Together (PACT) model
	267 miles per month @ $0.585 / mile = $1,404

Regional Perinatal Progs of CA. - RPPC

Coordinator (Fagen)	22 hours per contract year @ $48.50 / hour = $1067
	(LB Memorial) Oversee development & participation of RPPC collaborative partnership

Wilmington Community Clinic - WCC

Registered Nurse Practioner (Brooks)	14 hours per month @ $57.34 / hour = $7,225
	Oversee development & participation of WCC collaborative partnership
Medical Assistant	48 hours per month @$13.79 / hour = $5,957
	Case manage pregnant clients at WCC

The Children's Clinic

Interconception Clinic Care	10 clients (bi-monthly visits) @ $100 per visit = $4,000
Diabetic supplies	$20 per month per patient - Diabetic monitoring test kits = $2,400

St. Mary's - Mary Hilton Family Clinic

Health Educator	10 clients (bi-monthly visits) @ $100 per visit = $4,000
	Case management and health education.

Equipment - Section 3

N/A

Printing & Copying - Section 4

Apprx. cost per unit of $1.00 for color brochures, mailers, color copying

Space - Section 5

Monthly costs for the purchased desktop computer is less $44 than leased equipment.
The four 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 compatibility and maintenance & repair reasons.

Phone - Section 6

Two 16-button, caller ID, 2-line telephone with voicemail @ $50 per month.
Two six-button, one line telephone with voicemail @ $30 per month.
Cell phone stipend for Coordinator @ $30 per month.
Telephone charges could be higher each month because of user's calling pattern and long distance charges.

Postage - Section 7

First class stamps @ $0.42 each. Estimated mailings at 20 pieces per month.

Supplies - Section 8

General Office Supplies estimated at $100 per month.
Client incentives to be distributed each month are estimated to be about 40 units per month @ apprx.. $5 each

Employee Mileage/Travel - Section 9

Mileage for staff and supervisors on behalf of this program is estimated to be 500 miles per month at an estimated $0.585 per mile.
Travel other than mileage is not expected.

Training Expenses - Section 10

Monthly Core Collaborative Meetings - Meeting supplies, small meeting room charges including audio visual equipment use @ $30 per use.
Perinatal Multi-Cultural Coalition Event - One event including all costs estimated to be $750.

Evaluation - Section 11

No evaluation expenses are expected during this budget period.

Other Expenses - Section 12

Transportations Vouchers Taxicab Vouchers - to be used in emergency situations for clients when bus passage is not feasible or recommended.
Estimate 20 one-way vouchers per year @ apprx $25 each.
Transportations Vouchers Bus Passes - For clients in need to mitigate transportation issues for attending appointments or education activities.
Estimate 50 bus passes per year @ apprx $2.50 each.

Indirect Costs - Section 13

The City's indirect cost based on the last OMB A-87 available to us for fiscal year 2005-06 is 16.03%
Two line items on the budget reflect the 10% claimable amount of wages charged to First 5 and the other 6.03% charged to Matching Funds.
The second line item shows the full 16.03% 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 – a collaboration of agencies providing education on chronic disease prevention and management targeting the elderly Southeast Asian and Pacific Islander population.

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

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

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

Leadership

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

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

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

Administration

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

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

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

Accountability

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

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

Population Served

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

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

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

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

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

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

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

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

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

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

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

Capacity

Existing Services

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

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

Core Approaches

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

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

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

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

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

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

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

Interconception Care is provided to LBDHHS CPSP clinic clients after delivery by the 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 and

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

- Conduct ongoing collaborative meetings to increase awareness of resources, improve relationships, and provide opportunities (e.g. through the Perinatal Multicultural Coalition, or the Healthy Birth Learning Collaboratives) for education on topics such as cultural competency and interconception care;
- Improve access to perinatal and interconception care services by increasing community awareness of service availability, and expanding the types and hours of needed services;
- Provide expanded post-partum follow-up, case management, and social support for high-risk women (teens, gestational diabetics, first-time mothers, substance-using women, and low-income families) and their families, by supporting community programs that provide effective interventions to this population (e.g. Black Infant Health, Role of Men, Nurse Family Partnership, Sweet Success);
- Implement a health education and messaging campaign to improve interconception and preconception health via mechanisms such as 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.

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

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

Collaboration

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

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.

FILE COPY

FIRST 5 LA
Champions For Our Children

EXHIBIT D - SIGNATURE AUTHORIZATION FORM

Agency Name:	CITY OF LONG BEACH	Grant Number:	00667
Program Name:	LONG BEACH-WILMINGTON BEST BABIES COLLABORATIVE	Grant Agreement Period:	10-1-08 to 9-30-09
Initiative:	HEALTHY BIRTHS INITIATIVE EXPANSION	Cycle:	

COMPLETE PART 1 AND PART 2 IN BLUE INK. ATTACH BOARD RESOLUTION, IF APPLICABLE, TO VERIFY SIGNATURE AUTHORIZATION.

PART 1. CERTIFICATION

CERTIFICATION: PER THE AGENCY'S BYLAWS AND THE ATTACHED BOARD RESOLUTION (IF APPLICABLE), I/WE HEREBY VERIFY THAT I AM AN AUTHORIZED AGENCY SIGNATORY/WE ARE AUTHORIZED AGENCY SIGNATORIES FOR THE AFOREMENTIONED AGENCY AND AS SUCH CAN SIGN AND/OR DELEGATE AUTHORIZATION TO SIGN AND BIND THE AGENCY AS IT RELATES TO THE ABOVE-REFERENCED PROGRAM TO THE DELEGATED AUTHORIZED SIGNATORY/SIGNATORIES LISTED ON THIS FORM.

SIGNATURE AUTHORIZATION IS PROVIDED TO AGENCY AUTHORIZED SIGNATORY:

CHECK ONE BOX BELOW:

☐ PER SECTION (INCLUDE SECTION #) _____ OF THE AGENCY'S BYLAWS

OR

☐ PER THE BOARD'S RESOLUTION (COPY ATTACHED)

AGENCY AUTHORIZED SIGNATORY:

Name: Patrick H. West Title: City Manager

Signature: APPROVED AS TO FORM Date: 1.26.09

Assistant City Manager January 14, 2009

***AGENCY AUTHORIZED SIGNATORY:**

Name: ROBERT E. SHANNON, City Attorney Title:

EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER

Signature: By LINDA TRANG Date:

DEPUTY CITY ATTORNEY

*If Grantee is a corporation, two (2) authorized signatories will be required on all documents submitted, unless specified in the organization's bylaws or corporate resolution.

PART 2. DELEGATED AUTHORIZED SIGNATORIES

AUTHORIZED SIGNATORY

Print Name: Pamela Shaw Title: Nursing Services Officer

Signature: Pamela Shaw Date: 10/16/08

DOCUMENT(S) Authorized to sign: ☑ INVOICES ☑ REPORTS ☐ GRANT AGREEMENT ☐ GRANT AMENDMENTS ☑ OTHER:

AUTHORIZED SIGNATORY

Print Name: NANI BLYLEVEN Title: PUBLIC HEALTH BUREAU ANALYST

Signature: Date: 10/22/08

DOCUMENT(S) Authorized to sign: ☑ INVOICES ☑ REPORTS ☐ GRANT AGREEMENT ☐ GRANT AMENDMENTS ☑ OTHER:

AUTHORIZED SIGNATORY

Print Name: YOLANDA SALAMON LOPEZ Title: PROGRAM COORDINATOR

Signature: Date: 10/16/08

DOCUMENT(S) Authorized to sign: ☑ INVOICES ☑ REPORTS ☐ GRANT AGREEMENT ☐ GRANT AMENDMENTS ☑ OTHER:

IMPORTANT NOTE:
GRANT AGREEMENT & GRANT AMENDMENT INCLUDE: EXHIBIT A (STATEMENT OF WORK & SCOPE OF WORK/EVALUATION PLAN), EXHIBIT B – BUDGET FORMS, EXHIBIT D (ORIGINALLY SIGNED FORMS). GRANTEE IS RESPONSBILE FOR SUBMITTING UPDATED FORMS TO FIRST 5 LA. DOCUMENTS SIGNED BY UNAUTHORIZED SIGNATORIES WILL NOT BE ACCEPTED.

USE NEW PAGE FOR ADDITIONAL AUTHORIZED SIGNATORIES. ALL ADDITIONAL PAGES MUST BE SIGNED BY THE AGENCY'S AUTHORIZED SIGNATORY OR SIGNATORIES.

Grant Number: 00667

EXHIBIT D
AGENCY INVOLVEMENT IN LITIGATION AND/OR CONTRACT COMPLIANCE DIFFICULTIES

Agency Name: City of Long Beach Department of Health & Human Services

Project Title: Long Beach-Wilmington Best Babies Collaborative

Check YES or NO on the following questions. If a YES answer is checked, please explain fully the circumstances and include discussion of the potential impact on the program if funded. As part of the grant agreement process, the COMMISSION, as its own discretion, may implement procedures to validate the responses made below. The COMMISSION reserves the right to reject all or part of the grant agreement if false or incorrect information is submitted by the grantee.

	YES	NO
1. Is the organization currently, or within the past two (2) years, involved in litigation?	X	
2. Is the director currently, or within the past two (2) years, involved in litigation related to the administration and operation of a program or organization?		X
3. Are any key staff members unable to be bonded?		X
4. Have there been unfavorable rulings by a funding source against the agency for improper management or contract compliance deficiencies?		X
5. Has the agency or agency director ever had public or foundation funds withheld?		X
6. Has the agency ever had its non-profit status revoked or withheld?	N/A	N/A
7. Has the agency or agency director refused to participate in any fiscal audit requested by a government agency or funding source?		X

EXPLANATION (Use additional pages, if necessary):

The City of Long Beach is a municipal corporation and as a result, is involved in hundreds of lawsuits. The Long Beach Department of Health and Human Services, as a separate entity, is not involved in any lawsuits.

Signature: _____ Date: 8/28/08

(Must be signed by authorized signatory).

Exhibit 9

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: 10/01/08-6/30/09
Report Period: 10/01/08-6/30/09

Agency Name: City of Long Beach
Program Name: Best Babies Collaborative
Address: 2525 Grand Ave.
Long Beach, CA 908015
Contact Name & Phone #: Christina Santos PHA II / 562-570-4460

Cost Categories	Actual Oct-08	Actual Nov-08	Actual Dec-08	Actual Jan-09	Actual Feb-08	Actual Mar-08	Actual Apr-08	Actual May-08	Actual Jun-08	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										-		

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

Nani Blyleven, Public Health Bureau Analyst
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