FIRST 5 LA

Champions For Our Children

RECEIVED

AGREEMENT #	00667

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ORIGINAL

29640

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

GRANT AGREEMENT

For

HEATHLY BIRTHS INITIATIVE

Year 1

FOR THE PERIOD

October 1, 2005 to June 30, 2006

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

HEALTHY BIRTHS INITIATIVE GRANT

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Section

1. APPLICABLE DOCUMENTS

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

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

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

Exhibit B BUDGET FORMS

Exhibit C ORIGINAL PROPOSAL

Exhibit D AS LISTED IN GRANT AGREEMENT DOCUMENT CHECKLIST

Exhibit E MAA MATRIX (IF APPLICABLE)

Exhibit F FINAL EVALUATION REPORT (SRI Only)

Exhibit G INVOICE FORM

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

2. COMMISSION OBJECTIVES

2.1. Mission Statement

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

2.2. Vision

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

2.2.1. Values

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

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

2.3. Goals

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

2.4. Program Purpose

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

3. CONDUCT OF PROGRAM

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

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

4. TERM OF GRANT

This Agreement shall become effective **October 1, 2005 ("effective date")** and shall terminate **June 30, 2006, ("termination date")** unless terminated earlier as provided herein. In no event shall the total approved grant amount exceed **$280,454.00** for all goods, labor and services to be provided by GRANTEE. If applicable, programs that demonstrate success (in relation to the stated objectives in the Scope of Work documents and completion of GRANTEE'S program) during this grant period may be eligible to receive a non-competitive continuation grant for subsequent grant year(s) at the COMMISSION'S sole and exclusive authority only. GRANTEE expressly acknowledges and agrees that grant funding is provided on a year-to-year basis and that funding beyond the term of this Agreement will be contingent upon factors which include, without limitation, COMMISSION'S annual budget and GRANTEE'S performance.

5. IMPLEMENTATION OF PROGRAM

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

6. PROGRAM EVALUATION AND REVIEW

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

6.2. GRANTEE shall participate in the evaluation activity COMMISSION and/or contractor(s) 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 and/or contractor(s) 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 HIPPA, applicable law, Confidentiality Agreements, and/or any internal Board policies related to the dissemination of confidential data. GRANTEE shall provide written notice to COMMISSION of its decision to opt out In the event GRANTEE opts out, GRANTEE will still be required to provide aggregate data or completed surveys about systems change and operations accomplished by GRANTEE'S lead agency and its collaborative partners.

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

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

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

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

6.9. Within twenty (20) business days or sixty (60) business days (SRI Only) after the termination of this Agreement, GRANTEE shall submit a Year-End Report or Final Evaluation Report (Exhibit F), as applicable, detailing the outcomes of the programs and services provided pursuant to this Agreement.

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

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

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

6.11. GRANTEE shall 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.

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

6.13. GRANTEE shall comply with all requirements established by COMMISSION for usage of the online data system and submit and keep all data and report information defined by the COMMISSION confidential and secure. Data must be submitted via the Internet and via printed hard copies. Data will be collected via the protocols established by the COMMISSION and/or its contractor. Use of the online data system requires a computer with Internet access and participation in a training session to be provided by the COMMISSION and/or contractor.

7. MODIFICATION OF AGREEMENT DOCUMENTS

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

7.2. PROGRAM Modifications

GRANTEE'S requests for PROGRAM modifications, as opposed to budget modifications provided for in Section 8, must be submitted in writing to COMMISSION or its designee, at least one (1) month prior to the requested effective date of such modification.

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

7.3. Time Limits

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

8. MONTHLY FINANCIAL REPORTING

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

This Schedule shall be verified under penalty of perjury by an officer of GRANTEE and shall be submitted to COMMISSION by the 20th business day of each month for the previous month, beginning **November 2005** for the month of **October 2005.**

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, provided that GRANTEE is not in material breach of any aspect of the Agreement.

9.2. Final Payment to Grantee

9.2.1. Not later than the 20th business day of the first month after the end of the **June 30, 2006,** or the date of the satisfactory completion of GRANTEE'S proposed project, if proposed to be less than one year in duration, GRANTEE shall supply to COMMISSION a final completed invoice (Exhibit G) for the grant term and the final evaluation report (Exhibit F) required by Section 6.9.

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

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

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

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

9.4. Expenditures by Grantee

All GRANTEE expenditures shall be in accordance with the approved line item budget captions. However, GRANTEE may modify a portion of GRANTEE'S approved budget, if such budget line item is as follows:

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

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

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

9.4.4. Formal budget modifications must be addressed and sent to the Finance 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. GRANTEE will advise COMMISSION of the source and amount of all matching funds used to provide programs and services pursuant to this Agreement.

9.7. 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.

9.8. 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.

9.9. 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.

9.10. 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

9.11. 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. STATUS AS INDEPENDENT CONTRACTOR

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

13. CONFLICT OF INTEREST

It shall be the responsibility of GRANTEE to abide by applicable conflict of interest laws and regulations pursuant to California law. During the term of this Agreement, GRANTEE shall not recruit, hire, employ or compensate any current or former COMMISSION officer, employee or consultant for services in connection with this or any other COMMISSION – funded project without the advance written consent of COMMISSION. By agreeing to this Agreement and accepting financial compensation for services rendered hereunder, GRANTEE agrees that it may not subsequently solicit or accept employment or compensation under any program, grant or service that results from or arises out of the **HEALTHY BIRTHS INITIATIVE**. During the term of this Agreement and for one year thereafter, GRANTEE shall not knowingly solicit or accept employment and/or compensation from any COMMISSION collaborator

or grantee without the prior written consent of COMMISSION. In addition; GRANTEE shall not provide technical assistance to any grantee, agency, and/or collaborators with which GRANTEE has a prior or existing business relationship.

14. PUBLIC STATEMENTS AND MATERIALS

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

14.1. Proprietary Rights

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

15. INSURANCE

15.1. 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 do business in the State of California, with a minimum A.M. Best's Insurance Guide rating of A:VII, unless otherwise approved in writing as satisfactory to the COMMISSION and shall be primary to and not contributing with any other insurance or self-insurance maintained by GRANTEE and shall name COMMISSION (referenced on the certificate as "**Los Angeles County Children and Families First – Proposition 10 Commission**" or if abbreviated, as "**LA Cty Prop 10 Commn.**"), its officers, agents, consultants and employees as additionally named insured using standard ISO form CG 2010 with an edition date prior to 1990. Certificates or other evidence of coverage and certified copy(ies) of additional insured endorsement(s) shall be delivered to COMMISSION at the address specified in Section 30.3 prior to the commencement of work under this Agreement. Each policy of insurance shall be endorsed to provide that coverage will not be modified, terminated, or allowed to lapse unless COMMISSION has been given written notice by registered mail at least thirty (30) days in advance of said event. All coverage shall be provided on a "pay on behalf" basis, with defense costs payable in addition to policy limits. There shall be no cross liability exclusion on any policy.

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

15.3. It is specifically agreed by the Parties that this Section 15 shall supersede all other sections and provisions of this Agreement to the extent that any other section or provision conflicts with or impairs this Section 15. Nothing in this Agreement is to be interpreted as limiting the application

of insurance coverage as required herein. All insurance coverage and limits provided by GRANTEE and its subcontractors shall apply to the full extent of the available and applicable policies. Requirements of specific coverage features or limits contained in this Section are not intended as a limitation on coverage, limits, or other requirements, or a waiver of any coverage normally provided by any insurance policy. Specific reference to a given coverage feature is for purpose of clarification only and is not intended by any party to be all inclusive, or to the exclusion of any other coverage, or a waiver of any type.

15.4. Liability

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

15.4.1. Commercial General Liability Insurance

Such insurance shall be written on an ISO commercial general liability form with minimum limits of not less than one million dollars ($1,000,000) per occurrence and two million dollars ($2,000,000) in the aggregate for any personal injury, death, loss or damage. If written on a claims made form, the GRANTEE shall continue to name the COMMISSION as an additional insured or provide an extended two-year reporting period commencing upon termination or cancellation of this Agreement.

15.4.2. 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, including Employer's Liability with limits not less than one million dollars ($1,000,000) per accident or disease, covering all persons who provide services for GRANTEE. This policy shall be endorsed to waive any rights of subrogation against COMMISSION.

15.4.3. 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.

15.4.4. Business Auto Liability

Primary coverage shall be provided on ISO 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 and two million dollars ($2,000,000) in the aggregate for bodily injury and property damage.

15.4.5. Crime Coverage Insurance

Such insurance shall be in the amount not less than twenty-five thousand dollars ($25,000) covering against loss of money, securities, or other property referred to hereunder which may result from employee dishonesty, forgery or alteration, theft, disappearance and destruction, computer fraud, burglary and robbery. Such insurance shall have COMMISSION as loss payee.

15.4.6. Property Coverage

Such insurance shall be endorsed naming COMMISSION as an additional insured and shall include:

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

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

15.5. Evidence of Self Insurance

Legally adequate evidence of self-insurance meeting the approval of the COMMISSION'S Legal Counsel may be substituted for any coverage required above. GRANTEE must submit a copy of the self-insured certificate issued by the State of California.

16. INDEMNIFICATION

16.1. 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.

16.2. The indemnity provisions set forth in this Section 16 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.

16.3. 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.

17. CONFIDENTIALITY

17.1. 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.

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

18. ASSIGNMENTS AND SUBCONTRACTS

18.1. 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.

18.2. Except for subcontractors listed in Scope of Work and 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 and 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.

18.3. 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.

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

19. COMPLIANCE WITH APPLICABLE LAWS

19.1. 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.

19.2. 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.

20. 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.

21. NON-DISCRIMINATION IN EMPLOYMENT

21.1. 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.

21.2. 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.

21.3. 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.

22. CRIMINAL CLEARANCE

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

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

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

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

647	Disorderly conduct, including lewd conduct, prostitution, loitering, and intoxication in a public place.
647.6	Annoyance of or molesting a child under age 18.

23. 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.

24. GRANTEE RESPONSIBILITY AND DEBARMENT

24.1. 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.

24.2. 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.

24.3. 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.

24.4. 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.

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

25. NON-COMPLIANCE

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

COMMISSION has the authority to impose sanctions for a GRANTEE'S non-compliance, including poor program performance and/or failure to comply with the conditions on a prescribed corrective action plan. The sanctions vary in severity and may be of a progressive nature and may include, without limitation,

increased monitoring and auditing requirements, budget reduction, modification of timelines, and termination of grant with debarment from future funding opportunities.

26. INTERPRETATION AND ENFORCEMENT OF AGREEMENT

26.1. 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.

26.2. 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.

26.3. 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.

26.4. 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.

26.5. 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.

27. 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 and spreadsheets, applicable to its program, in order to meet or exceed the industry standard security access level. In addition, GRANTEE is responsible for complying with data quality checks to ensure compatibility with COMMISSION'S Portal System. The following IT specifications are to be applied as appropriate in relation to the scope of GRANTEE's program:

- Hardware and Software compatibility with COMMISSION'S existing infrastructure.
- Compatibility with COMMISSION'S existing system infrastructure (i.e., SQL based and Open Data Base Connectivity (ODBC)).
- Compatibility and ability to interface with GIFTS, GIS, Excel, SPSS, Blackbaud, and GeoMap.
- Ability to export to and import data from sources including GIFTS, GIS, Excel, SPSS, Blackbaud, and GeoMap.

- Compatibility and ability to aggregate information in multiple ways: by initiatives, geographic boundaries, service types, program outcomes and COMMISSION outcomes.
- Ability to collect information at the client-level, if necessary.

28. TERMINATION

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

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

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

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

29. LIMITATION OF COMMISSION OBLIGATIONS DUE TO LACK OF FUNDS

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

30. NOTICES

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

30.2. Notices to GRANTEE

Notices will be sent to GRANTEE addressed as follows:

Yolanda Salomon-Lopez	(562) 570-4291	Yosalom@longbeach.gov
Program Contact Person	Telephone	E-mail
Nani Blyleven	(562) 570-4231	nablyle@longbeach.gov
Fiscal Contact Person	Telephone	E-mail
City of Long Beach		
Agency Name		
Dept. of Health + Human Services	2525 Grand Ave Long Beach CA 90815	
Agency Address		

30.3. Notices to COMMISSION

Notices sent to COMMISSION shall be addressed as follows:

FIRST 5 LA
Attention: Grants Management
750 North Alameda Street
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

30.4. 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.

30.5. Reports

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

[SIGNATURES BEGIN ON FOLLOWING PAGE]

31. **AGREEMENT SIGNATURES**

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

COMMISSION:

Evelyn V. Martinez — 1/9/06
EVELYN V. MARTINEZ, EXECUTIVE DIRECTOR — DATE

Approved as to form:

1/06/05
CRAIG A. STEELE, LEGAL COUNSEL — DATE

AND

GRANTEE:

City of Long Beach
LEGAL NAME OF GRANTEE

~~EXECUTIVE DIRECTOR~~ SIGNATURE — 12/21/05 — DATE

% DHHS - 2525 Grand Ave
ADDRESS

Gerald R. Miller
PRINT NAME

Long Beach CA 90815

APPROVED AS TO FORM
ADDITIONAL AUTHORIZED SIGNATURE — 12/13 — DATE 20 05
ROBERT E. SHANNON, City Attorney
BY
NAME AND TITLE — SENIOR DEPUTY CITY ATTORNEY

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

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

Grant Agreement Number: 00667
Grant Agreement Period: October 1, 2005 – June 30, 2006

Healthy Births Initiative
EXHIBIT A - STATEMENT OF WORK

COPY

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 Ave.			City	Long Beach	Zip	90815
Project Director	Yolanda Salomon-Lopez	Phone	562-570-4291	Fax	562-570-4099	Email	Yolanda_Salomon@longbeach.gov
Contact Person	Pamela Shaw	Phone	562-570-4208	Fax	562-570-4099	Email	Pamela_Shaw@longbeach.gov
Executive Director	Ronald R. Arias, Director	Phone	562-570-4016	Fax	562-570-4049	Email	Ronald_Arias@longbeach.gov

TOTAL GRANT AMOUNT:	**$280,454**		
Total UNDUPLICATED Persons Receiving Direct Services through the **Case Management** Core Approach	**Children 0-5**	**Families of Children 0-5**	**Pregnant and Parenting Women**
			235
Total Persons Receiving Services through the following Core Approaches*: **Outreach**			**2,800**
Health Education & Messaging			**2,800**
Social Support			**235**
Interconception Care			**75**
**Persons may be counted more than once across these core approaches*			

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

Grantee/Agency Executive Director Signature Ronald R. Arias/m Date 9/12/05

First 5 LA Program Officer Signature Date 9/13/05

First 5 LA Research Analyst Signature Date 9/14/05

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 8am to 6pm)
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, educators, case manager, and paraprofessionals. Collaborative values include creativity, communication, inspiring others to become involved, commitment to continuity of services, and commitment to the collaborative process/consistency of involvement.
During the first year of the project, the core collaborative and lead agency will develop and begin implementation of a centralized case managed system, designed to coordinate perinatal services for high risk women in the targeted zip codes. Efforts will be aimed at informing the community of the existence and mission of the collaborative, and recruitment of agencies and programs to participate in the collaborative, in order to improve coordinated service delivery. Although many services exist for women in the LB-Wilmington area, there is often a lack of coordination between agencies, which can result in underutilization or duplication of services. There are also gaps in available services. The LB-W Collaborative will address the disconnect as well as the gaps, by providing a system for coordination. Improved continuity of care for high risk women during prenatal and interconception periods will be a direct result of LB-W BBC activities. The specific services to be provided will include case management of high risk women (teens, women with prior poor birth outcomes, and women with conditions that may contribute to poor birth outcomes – such as chronic disease, substance use, psychosocial risk factors) to ensure that they are connected with the services they need to improve future pregnancy outcomes, improving the community's awareness of what services exist for the target population, as well as addressing gaps in available services by accessing funding opportunities and affecting policy issues. The LB-W BBC project will focus on the core approaches of case management, outreach, health education and messaging, interconception care, and social support.

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 will hire 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 (the group of collaborative partners involved in the planning phase of this project) to develop and implement 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 duplication, and will also serve to identify additional areas where gaps in services exist. The CCM will work with the PC and the Core Collaborative to address these gaps through identification of possible sources of funding for needed services. CCM will be provided in all 5 zip codes in the LB-W BBC.

Specialized **case management** will also be provided by other LB-W BBC partners, including the Latino Diabetes Prevention and Management Program, who will be funded to provide case management to 65 women residing in the 4 Long Beach zip codes (90802, 90805, 90806, and 90813) who were gestational diabetics or are type II diabeticswho have had a previous pregnancy, in order to ensure receipt of adequate interconception care. SMMC Mary Hilton Family Clinic (SMMC OB Clinic) will be funded to provide case management to high-risk OB clients residing in all 5 target zip codes to ensure receipt of prenatal care and support services, as well as follow-up during the interconception period. The LBDHHS BIH Program will serve as a referral resource for the CCM, and provide case management to ensure that high-risk pregnant African-American women residing in the 4 targeted Long Beach zip codes receive the model interventions of the BIH program (including Social Support and Empowerment, and Role of Men services). The LBDHHS MCH program will also serve as a referral resource for the CCM, by providing short-term case management for women in all 5 target zip codes to ensure enrollment in health insurance to cover prenatal care and connection with a prenatal care provider, and by providing a resource for more long-term field PHN case management for very high risk clients who live in the 4 targeted Long Beach zip codes. The Wilmington Community Clinic, which currently has no designated case manager, will be funded through the project to provide on-site **case management** for clients residing in the 90744 zip code.

Outreach will also be a vital 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. **Outreach** to the client community will be conducted by LB-W BBC partners. Families in Good Health,

because of their expertise in reaching isolated Southeast Asian and Hispanic communities, will be funded to provide a minimum of 1,000 outreach contacts to women (including teens) in these populations who reside in the 5 target zip codes. 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 the initial outreach contacts to identified diabetic women residing in the target zip codes located in Long Beach in order to enroll them in case management services, and will conduct outreach activities at community events targeting childbearing age women at risk for diabetes.
In order to increase the effectiveness of **outreach**, the LB-W BBC core collaborative will compile and create **health education and messaging** materials that are culturally appropriate, that are designed to increase community recognition of the LB-W BBC, that incorporate information on the "211" system, and that carry the message of the importance of prenatal and interconception care. A LB-W BBC logo will be developed for use on all **outreach** and **health education and messaging** materials. 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 first year of the LB-W BBC project will focus on development of a screening tool to identify client's **social support** needs, encouraging utilization of this screening tool among health care and social service providers for their clients residing in the 5 LB-W BBC target zip codes, increasing utilization of available **social support** services – such as BIH, the Latino Diabetes Prevention and Management program, parenting classes, mental health services – and identification of gaps in **social support** services. LB-W BBC core collaborative members will work together to develop the tool. The PC and CCM will train services providers to utilize the tool on their clients residing in the target zip codes, and the PC will work with the community and collaborative to identify and address service gaps.

The LB-W BBC will also focus on **interconception care** in order to improve utilization of existing resources in the target zip codes, such as FamilyPACT, substance abuse services, Public Private Partnership providers for primary care for uninsured women with chronic medical conditions, and community education and support services for nutrition, breastfeeding, smoking cessation, and physical activity. Ongoing identification of **interconception care** service gaps will also be a function of the LB-W BBC, as well as identifying strategies to address these gaps. One gap that has been identified is the lack of resources for ongoing clinical care of childbearing age women with type II diabetes. The LB-W BBC project will provide funds for **interconception care** through The Children's Clinic for 10 women who have had a previous pregnancy who are type II diabetics, have no health insurance resources, and reside in the 4 Long Beach target zip codes 9f 90802, 90805, 90806, and 90813.

In addition to the core approaches outlined above, a major focus of the initial year of the LB-W BBC will be the establishment of a functional, vibrant collaborative, containing members from all agencies providing services that improve pregnancy outcomes and support the families residing in the target zip codes. The LB-W BBC will effectively link the agencies together, in order to increase utilization of available services, maximize the effectiveness of services delivery, and identify and address gaps in needed services. Collaborative partners identified to date are illustrated in the attached diagram. Additional partners will be added on an ongoing basis.

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

Project Name: **Long Beach-Wilmington Best Babies Collaborative**

Grant Agreement Number: 00667

Project Length: **3 years**

Grant Agreement Period: **October 1, 2005 – June 30, 2006**

COPY

HEALTHY BIRTHS INITIATIVE

Exhibit A: SCOPE OF WORK: Program Implementation Plan

Please add additional rows as needed

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 (2005-2006) grant period. Include start-up activities.*	III. Timeline *Indicate the start and end date for each activity and strategy for the current (2005-2006) grant period.*	IV. Collaborative Staff Responsible for Activity *Per activity- List the collaborative organization and staff person(s) responsible for the current (2005-2006) 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?)*	Performance Measures 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?*
A. To have a functioning, vibrant Collaboration, linked existing appropriate with documented shared goals and objectives through 2010	**I. To assure appropriate membership:** **Activities:** 1.1 Quarterly review of SOW to identify membership (collaborative) needs 1.2 Identify potential partners and categorize (paid, non-paid, referral) and vote on partners to invite • i. Review each organizations strengths • ii. Development of collaborative membership matrix	1.1 Once during 10/01/05 to 12/30/05 1.2 Once during 10/01/05 to 12/31/05, 1/01/06 to 3/30/06 4/01/06 to 6/30/06 1.2i 01/30/06 & 06/30/06 1.2ii 10/01/05 to 12/30/05	1.1 Core Collaborative (Refers to the following programs/agencies: LBMMC Staff, CDAPP Coordinator, SMMC OB Staff, WCC Liaison, FiGH), MCH PHN & LBDHHS NSO 1.2 Core Collaborative, LBDHHS Nursing Services Officer (NSO) 1.2i Core Collaborative LBDHHS NSO & PC 1.2ii Core Collaborative LBDHHS NSO, MCH PHN & PC	Collaborative membership matrix	Annual membership list to show member (agency & participant) retention/loss in relation to functions and goals.

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

Project Name: **Long Beach-Wilmington Best Babies Collaborative**

Grant Agreement Number: _____

Project Length: **3 years**

Grant Agreement Period: **October 1, 2005 – June 30, 2006**

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 (2005-2006) grant period. Include start-up activities.*	III. Timeline *Indicate the start and end date for each activity and strategy for the current (2005-2006) grant period.*	IV. Collaborative Staff Responsible for Activity *Per activity- List the collaborative organization and staff person(s) responsible for the current (2005-2006) 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?)*	Performance Measures 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?*
	1.3 Invite partner(s) to participate in collaborative • i. Determine who will make invitation • ii. Development of process criteria for funding potential collaborative partner 1.4 Identify partner responsibility • i. Create document that outlines responsibilities 1.5 Develop MOU if necessary • i. Utilize MOU template	1.3 10/01/05 to 12/30/05 1.3i 10/01/05 to 10/30/05 1.3ii 10/01/05 to 10/30/05 1.4 10/01/05 to 10/30/05 1.4i 10/01/05 to 10/30/05 1.5 10/01/05 to 10/30/05 & As Needed 1.5i 10/01/05 to 12/30/05 & As Needed	1.3 Core Collaborative/ PC 1.3i Core Collaborative/PC 1.3ii Core Collaborative/PC 1.4 Core Collaborative LBDHHS NSO & MCH PHN 1.4i Core Collaborative, Project Coordinator 1.5 Core Collaborative, LBDHHS NSO, MCH PHN 1.5i Core Collaborative, Project Coordinator	Documentation on file (MOU's, minutes, agenda, notices)	

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

Project Name: **Long Beach-Wilmington Best Babies Collaborative**

Grant Agreement Number: _____

Project Length: **3 years**

Grant Agreement Period: **October 1, 2005 – June 30, 2006**

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 (2005-2006) grant period. Include start-up activities.*	III. Timeline *Indicate the start and end date for each activity and strategy for the current (2005-2006) grant period.*	IV. Collaborative Staff Responsible for Activity *Per activity- List the collaborative organization and staff person(s) responsible for the current (2005-2006) 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?)*	Performance Measures 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?*
	1.6 Revise/update matrix and distribute **II. Design Collaborative Governance (meet, review, vote, document)** **Activities:** 2.1 Identify criteria for membership • i. Review/ adapt existing HBLC resources • ii. Review other information/ data 2.2 Develop invitation/ exiting process • i. Review/adapt existing tools	1.6 Semi-annual 12/01/05 to 12/30/05 & 6/01/06 to 6/30/06 2.1 10/01/05 to 12/30/05 2.1i Semi-annual 12/01/05 to 12/30/05 & 6/01/06 to 6/30/06 2.1ii Semi-annual 12/01/05 to 12/30/05 & 6/01/06 to 6/30/06 2.2 10/01/05 to 10/30/05 2.2i 10/01/05 to 10/30/05	1.6 Core Collaborative, Project Coordinator & MCH PHN 2.1 Core Collaborative, LBDHHS NSO, St. Mary's OB Director, 2.1i Core Collaborative, LBDHHS NSO & Project Coordinator 2.1ii Core Collaborative, LBDHHS NSO & Project Coordinator 2.2 Core Collaborative, NSO, PC & St. Mary's OB Director 2.2i Core Collaborative LBDHHS NSO, PC, MCH PHN & St. Mary's OB Director		

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

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Grant Agreement Number:

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Grant Agreement Period: **October 1, 2005 – June 30, 2006**

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	2.3 Monitor collaborative process on regular basis • i. Agree on Meeting frequency • ii. Monitor collaborative progress toward SOW 2.4 Develop Collaborative decision-making process • i. Develop voting strategies/ protocols	2.3 12/01/05 to 12/30/05, 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 2.3i 10/01/05 to 10/01/05 2.3ii 12/01/05 to 12/30/05, 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 2.4 10/01/05 to 12/30/05 2.4i 10/01/05 to 10/30/05	2.3 Core Collaborative & Project Coordinator 2.3i Core Collaborative, LBDHHS NSO, PC & MCH PHN 2.3ii Core Collaborative & Project Coordinator 2.4 Core Collaborative, LBDHHS NSO, PC, MCH PHN, St. Mary's OB Director & MSW 2.4i Core Collaborative, NSO, PC, MCH Access PHN, MSW, St. Mary's OB Director & MSW		

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	III. Administer Wilder Collaboration Inventory each year & incorporate activities based on these findings into MOU's. **Activities:** 3.1 Collect contact information of new/old members (identify key informants) 3.2 Administer Wilder • i. Follow up (completion) 3.3 Evaluate/compile results/disseminate results • i. Enter information onto spreadsheets • ii. Share results with collaborative members (email)	3.1 12/01/05 to 12/30/05, 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 3.2 12/01/05 to 12/30/05 3.2i 12/01/05 to 12/30/05, 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 3.3 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 3.3i 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 3.3ii 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06	3.1 Project Coordinator 3.2 Project Coordinator 3.2i Project Coordinator 3.3 Centralized Case Manger & Admin Assistant 3.3i Admin Assistant 3.3ii Project Coordinator	Wilder Inventory Report	

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	• iii. Address issues that arise based on Wilder Results • iv. Share results with Healthy Births Center staff	3.3iii 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 3.3iv between 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06	3.3iii Core Collaborative, LBDHHS NSO & Project Coordinator 3.3iv Project Coordinator & MCH PHN		
	IV. Develop a Continuous Quality Improvement plan for the Collaborative and incorporate activities based on these findings into MOU's **Activities:** 4.1 Monitor progress toward scope of work/objective • i. Reassessment of scope of work/ objectives • ii Identify responsible parties • iii Assess achievement of scope of work	4.1 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 4.1i 3/01/06 to 3/30/06 & 6/01/06to 6/30/06 4.1ii 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 4.1iii 6/01/06 to 6/30/06	4.1 Core Collaborative, Project Coordinator & MCH PHN 4.1i Core Collaborative, LBDHHS NSO & PC 4.1ii Core Collaborative & LBDHHS NSO 4.1iii Core Collaborative, Project Coordinator & Administrative Assistant	Continuous Quality Improvement Plan developed by June 2006 and distributed to all members and/or Reports from Quality Improvement cycles Signed annual MOU's with appropriate partners documenting future shared goals and objectives	

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	outcomes • iv Identify areas that are under-met and formulate improvement action plan • v. Require and monitor periodic reports from collaborative partners 4.2 Setting standards for Collaborative Partners • i. Define 'Quality' • ii Expectations for attendance and participation • iii Timeliness/ Compliance with report requirements • iv Part of feedback loop communication	4.1iv 12/01/05 to 12/30/05, 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 v. 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 4.2 10/01/05 to 10/30/05 4.2i 10/01/05 to 10/30/05 4.2ii 10/01/05 to 10/30/05 4.2iii 10/01/05 to 10/30/05 4.2iv 10/01/05 to 10/30/05	4.1iv Core Collaborative, CDAPP MSW, PC & St. Mary's OB MSW 4v. Administrative Assistant 4.2 Core Collaborative & PC 4.2i Core Collaborative & PC 4.2ii Core Collaborative & Project Coordinator 4.2iii Core Collaborative & Project Coordinator 4.2iv Core Collaborative & Project Coordinator	Minutes & agenda on file	

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	4.3 Improve capacity of collaborative through addition & orientation of new members • i. Develop mechanisms for sharing information / lessons learned with collaborative • ii. Sharing best practices from both within and outside the collaborative	4.3 12/01/05 to 12/30/05, 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 4.3i 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 4.3ii 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06	4.3 Core Collaborative, LBDHHS NSO, PC 4.3i Core Collaborative, LBDHHS NSO, PC, MCH PHN, St. Mary's OB Director & MSW 4.3ii Core Collaborative, Project Coordinator & Administrative Assistant		

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B. Strengthen collaborative member organizations' knowledge of resources provided by LB-W BBC members	**V. Use a collaborative asset map to determine current resources and identify gaps** **Activities:** 5.1 Update use of collaborative membership matrix with collaborative partners • i. System-level training for collaborative members of resources & services	5.1 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 5.1i 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06	5.1 Core Collaborative, Project Coordinator, MCH PHN & AA 5.1i Project Coordinator & Centralized Case Manager	By June 2006: -Staff trained on currently available resources -Collaborative members' trained or updated on utilization of and access to available resources -Protocols for structuring and maintaining an up-to-date resource/information system -Strategic plan for obtaining new members and identified resources for the collaborative -Program curriculum and scheduling plan for ongoing training completed	Increased referrals between collaborative partner organizations

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C. To have a functioning, sustainable, and up to date web-based resource directory of LB-W BBC member agency services	**VI. To have a functioning, sustainable, and up to date web-based resource directory of LB-WBBC member agency services** **Activity:** 6.1 Create and maintain web-based resource directory • i. Identify LBDHHS staff to assist in development and implementation of web-based resource directory • ii. Designate programs/agencies to be included in resource directory • iii. Inform/add designated programs/agencies on resource directory with 211 system	6.1 10/01/05 to 6/30/06 6.1i 10/01/05 to 12/30/05 6.1ii 10/01/05 to 12/30/05 6.1iii 10/01/05 to 12/30/05	6.1 LBDHHS Staff 6.1i LBDDHS NSO 6.1ii Core Collaborative, LBDHHS NSO & Project Coordinator 6.1iii Project Coordinator & AA	Signed MOU's on file of programs/agencies that wish to participate in web-based resource directory Existence of functioning directory by 6/30/06	Total number of people accessing the website

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D. Early initiation to prenatal and interconception care among high risk women	**I. Present on the importance of early prenatal and interconception care around the community** **Activities:** 1.1 Identify and prioritize the agencies/ programs to outreach 1.2 Disseminate culturally appropriate materials 1.3 Present collaborative information/materials to community agency staff 1.4 Conduct outreach to high risk Hispanic & South East Asians including teens and women with chronic conditions 1.5 Conduct outreach to African American women through the LBDHHS BIH program	1.1 10/01/05 to 10/30/05 1.2 11/01/05 to 6/30/06 1.3 10/0105 to 6/30/06 1.4 10/01/05 to 6/30/06 1.5 10/0105 to 6/30/06	1.1 LBDHHS NSO, PC, CDAPP Coordinator, & LB Memorial Liaison, FiGH 1.2 All Collaborative Members, Agencies & Programs 1.3 Project Coordinator & Centralized Case Manger 1.4 FiGH 1.5 Black Infant Health Program	List of agencies prioritized in meeting minutes Number and type of community events attended by the Collaborative to talk to target population about early prenatal care Number of client outreach contacts Number of culturally competent staff Outreach numbers from FiGH on file Outreach numbers from BIH on file	Increase in 10% of high risk women/teens that present for prenatal care during the first trimester Increase in 10% of high risk women/teens that present for interconception care

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	1.6 Conduct outreach to women with history of gestational diabetes or Type II diabetes	1.6 10/01/05 to 6/30/06	1.6 Latino Diabetes Program & Sweet Success	Outreach records from Diabetes Program on file	
	1.7 Conduct outreach at 4 community events targeting high-risk women/teens with history of Gestational Diabetes and/or Type II Diabetes during Interconception period	1.7 10/01/05 to 6/30/06	1.7 Latino Diabetes Program - Promotora	Community Event flyers on file	

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Core Approach: OUTREACH, EDUCATION & MESSAGING					
E. Increase and/or promote community and/or individual knowledge about how to have healthy births and access appropriate services/ resources	**I. Identify and assess culturally sensitive health education materials that focus on the importance of early prenatal care and interconception care** **Activities:** 1.1 Compile and create culturally sensitive materials 1.2 Identify strategic venues for dissemination of health information materials within targeted zip codes 1.3 Educate community staff on the utilization and importance of health education materials 1.3i Staff will educate on clients on LB-WBBC brochures & materials	1.1 10/01/05 to 10/30/05 1.2 10/01/05 to 10/30/05 to 3/01/06 to 3/30/06 1.3 10/01/05 to 10/30/05, 3/01/06 to 3/30/06 & 6/01/06 to 6/30/06 1.3i 10/30/05 to 6/30/06	1.1 Core Collaborative, LBDHHS NSO & PC 1.2 Core Collaborative & LBDHHS NSO 1.3 Core Collaborative, Project Coordinator & Centralized Case Manager (CCM) 1.3i Community Partners/Staff (BIH, Role of Men, MCH & Prenatal Clinic	All collaborative members are distributing agreed upon health education materials Committee minutes 211 logo on all LB-W BBC health education material LB-W BBC included in Healthy Cities database Number of produced and disseminated materials Number of women who receive individual health education and messaging Number and types of venues attended Number of presentations to other organizations made	Increase in the number of community agencies and individuals requesting information about services % of Collaborative's materials for distribution that include brand & slogan Produce a sufficient quantity of materials Number of patients who state at intake that they got the information from the collaborative's efforts

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	1.4 Contact and work with 211 to assure all LB-W BBC resources and services are included in the database	1.4 10/01/05 to 10/30/05	1.4 Project Coordinator		
	1.5 Conduct health promotion campaign to distribute materials at various community events and at individual level	1.5 11/01/05 to 6/30/06	1.5 LBDHHS, WCC, St. Mary's OB Clinic, FiGH, Memorial Women's Center, CDAPP/ Sweet Success, BIH, Latino Diabetes Program		
	1.6 Refer women/teens to established Health Education Classes in the Community (breastfeeding, parenting, nutrition, BIH, etc.)	1.6 10/30/05 to 6/30/06	1.6 Latino Diabetes Promotora & Health Educator, FiGH Outreach Worker, SMMC Health Educator, Core Collaborative	Referrals kept on file	Increased number of referrals from year 1 to year 3
	1.7 Provide individual health education to high-risk prenatal & post-partum women receiving services at SMMC OB Clinic and/or delivering at SMMC	1.7 10/01/05 to 6/30/06	1.7 SMMC Health Educator	Attendance sheets on file	Increased number of high-risk women receiving education from year 1 to year 3
	1.8 Present 5 group health education classes to high-risk women	1.8 10/01/05 to 6/30/06	1.8 SMMC Health Educator		

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	attending SMMC OB Clinic **II. Increase community recognition of LB-W BBC** **Activity:** 2.1 Develop collaborative logo and include on all materials • i. Contact, contract & begin process with logo design company • ii. Logo design finalization • iii. LB-W BBC logo included on all outreach, health education, miscellaneous materials.	2.1 10/01/05 to 10/30/05 2.1i 10/01/05 to 10/30/05 2.1ii 10/01/05 to 11/01/05 2.1iii 11/01/05 to 6/30/06	2.1 Project Coordinator & MCH PHN 2.1i Project Coordinator & MCH PHN 2.1ii Project Coordinator & MCH PHN 2.1iii Core Collaborative, PC &MCH PHN		

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F. Increased case management capacity within the Collaborative	**I. Design and implement a centralized case management system** **Activities:** 1.1 Development of case management program i. Identify and submit case management protocols ii. Hire centralized case manager iii. Train case manager iv. CCM to provide case management to 65 high-risk women referred from community & BBC partners v. Identify case managers and/or liaison for each collaborative agency involved	1.1 10/01/05 to 12/30/05 1.1i 10/01/05 to 12/30/05 1.1ii 10/01/05 to 11/30/05 1.1iii 10/01/05 to 12/30/05 1.1iv 12/30/05 to 6/30/05 1.1v 10/01/05 to 10/30/05	1.1 Core Collaborative, LBDHHS NSO & CCM 1.1i All Collaborative Partners 1.1ii LBDHHS NSO 1.1iii Project Coordinator & MCH PHN 1.1iv Centralized Case Manager 1.1v Core Collaborative	By June 2006 to have developed shared (i.e., across all appropriate Collaborative members) screening, referral, assessment and follow up instruments, core data sets, and protocols "How To" and Policy/Procedures manual for case managers Report the story of centralized case management (2nd & 3rd year) List of services currently provided and their similarities and differences Client Charts	-Increase number of women receiving case management services Other possible measures: -More women referred to other Collaborative organizations -Increase the # of referrals between organizations -Increase the percent of women who complete recommended prenatal care

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	vi. Establish referral system with collaborative and/or community partners	1.1vi 10/01/05 to 10/30/05	1.1vi LBDHHS NSO, MCH PHN & Project Coordinator 1.1vi First Five LA Data Collection Group & PC 1.2 All Collaborative Partners	Referral form on file	Increase in number of referrals from year 1 to year 3
	vii. Update new members on referral system	vii. 11/01/05 to 6/30/06	1.1vii Project Coordinator & AA	Numbers tracked through client contact log sheets	Increase numbers of women/teens obtaining education/resources
	viii. Develop tracking system with First 5 LA	1.1viii 10/01/05 to 12/30/05	1.1viii Project Coordinator		
	1.2 Implement the case management program	1.2 10/01/05 to 11/30/05	1.2 LBDHHS		
	i. Conduct at least one training to providers, staff and case managers/liaisons	1.2i 10/01/05 to 12/30/05	1.2i Project Coordinator & Centralized Case Manager		
	ii.Train case managers at WCC, SMMC & Latino Diabetes Program	1.2ii 10/01/05 to 10/30/05	1.2ii WCC Director, SMMC OB Director, Latino Diabetes Coordinator	Case management charts	Increased number of women case managed
	iii.Case manager liaisons to provide case management services to high-risk women at WCC, SMMC OB Clinic, BIH and based on referrals	1.2iii 11/01/05 to 6/30/06	1.2iii WCC Liaison, SMMC Health Educator, Black Infant Health Case Manager & Latino Diabetes Health Educator		

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	from Sweet Success Program through Latino Diabetes Program after post-partum period **II. Design & implement referral program for high risk women/teens with gestational/Type II Diabetes** **Activities:** 1.1 Develop & implement a referral program with LB Memorial Sweet Success Program to the LBDHHS Latino Diabetes Program **1.2** Specialized case management for referred women/teens through Latino Diabetes Health Educator and/or Contracted Promotora	1.1 10/01/05 to 10/30/05 1.2 11/01/05 to 6/30/05	1.1 LBDHHS NSO, Latino Diabetes Program, CDAPP Coordinator & LBMMC MSW 1.2 Latino Diabetes Program	-Referral Program for Gestational & Type II Diabetes women/teens -Specialized Case Management Program for women/teens with Gestational & Type II Diabetes	
G. Identify best practices of individual case management programs, share among the collaborative and encourage all case	**Activities:** 1.1 Develop a shared agreement of best practices and monitoring system (multi-level case management system)	1.1 10/01/05 to 11/30/05	1.1 LBDHHS NSO, PC, Core Collaborative & CCM	List of Best Practices shared with Collaborative Established annual review system (annual forms	Case management best practices incorporated into MOU's Fewer case managed

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mangers to adopt them	1.2 Develop and implement a referral system to Centralized Case Management Program (CCMP)	1.2 10/01/05 to 12/30/05	1.2 LBDHHS NSO, PC, Core Collaborative & CCM	submitted to Collaborative, peer review, quality improve group?)	women lost to follow-up Measure of client satisfaction
	1.3 Develop a follow-up protocol for women who refuse and/or withdraw from Centralized Case Management Program	1.3 10/01/05 to 11/30/05	1.3 LBDHHS NSO, PC, Core Collaborative& CCM		

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Goal 2: Improve social support					
H. Collaborative partners to conduct comprehensive screening on all target population women (teen moms, prenatal & post-partum moms and moms with no social support) and to refer to other Collaborative organizations as indicated.	**I. Compile and review social support screening tools and administer the tools** **Activities:** 1.1 Development of screening tool to identify high-risk clients that would benefit from CCMP, referrals & added resources that all clinic, program, & agency staff can utilize 1.2 Assess feasibility of screening tool by feedback from clients and staff 1.3 Train clinic staff to use screening form & how to appropriately refer to CCMP	1.1 10/01/05 to 10/30/05 1.2 10/01/05 to 10/30/05 1.3 11/01/05 to 12/30/05	1.1 St. Mary's OB Clinic Director (Eleanor Cochran) and Consultant (Bob Olson original creator of CPSP Screening Tool) & Core Collaborative 1.2 St. Mary's OB Clinic Staff & LBDHHS MCH Access Clinic, Core Collaborative 1.3 Centralized Case Manager	Agreement on target populations to be addressed Social support asset map Screening tool available to all Collaborative members All staff trained to use screening tool and to refer as indicated Number of women not able to be referred to services because they don't exist Average wait list length for various social support services	More target group women to be screened. More women referred to Collaborative social support programs Report on unmet needs for social support in the LB-W area

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	1.4 Identify the gaps in social support services utilizing the collaborative membership matrix	1.4 10/01/05 to 12/30/05	1.4 Core Collaborative, LBDHHS MCH PHN & Project Coordinator		
	1.5 Utilize identified social support services to increase referrals through Centralized Case Management Program	1.5 10/01/05 to 6/30/06	1.5 Core Collaborative	Referrals on file	More women participating in social support programs
	1.6 BIH program to provide social empowerment classes to high-risk African-American women referred through the LB-W BBC	1.6 10/01/05 to 6/30/06	1.6 Black Infant Health Staff	Attendance records on file	Increase in number of referrals from year 1 to year 3 Increase in number of assessments from year 1 to year 3
	1.7 Provide 1 group social support class to high-risk Gestational and/or post-partum Type II Diabetic women referred through the LB-WBBC	1.7 10/01/05 to 6/30/06	1.7 Latino Diabetes Health Educator & Promotora	Attendance records on file	

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	1.8 Provide social support assessment for each women receiving case management through LB-WBBC 1.9 Provide referrals and linkage to social support programs available in the community (BIH, parenting classes, breastfeeding workshops, etc.)	1.8 10/01/05 to 6/30/06	1.8 Latino Diabetes Program, WCC, SMMC, Core Collaborative	Case management assessments on file	

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I. Increased access to a coordinated and comprehensive interconception care program that supports high risk women 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** **Activities:** 1.1 Review and identify for gaps in services 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 1.3 Identify interconception care programs and work to expand services for high risk clients	1.1 10/01/05 to 12/30/05 1.2 10/01/05 to 6/30/06 1.3 10/01/05 to 12/30/05	1.1 Core Collaborative 1.2 LBDHHS & Core Collaborative 1.3 Core Collaborative, CDAPP MSW & St. Mary's OB MSW	Report on existing interconception care programs	-Increase the # of women receiving interconception care Possible measures TBA: -Increase the # of targeted women obtaining post-partum check ups -Increase the # of women who initiate breastfeeding and continue to 3 and 6 months -Reduce the # of teens getting pregnant within 1 year from previous pregnancy -Reduce the # of women getting pregnant within 2 years from previous pregnancy

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	II. Provide specialized interconception care for uninsured women with Type II Diabetes **Activities:** 1.1 Develop and implement a medical management program for Type II Diabetic (LB-WBBC) uninsured women to receive services 1.2 Children's Clinic to provide 45 clinic office visits for referred women/teens from the LB-WBBC programs (Sweet Success) diagnosed with Type II Diabetes	1.1 10/01/05 to 10/30/05 1.2 11/01/05 to 6/30/06	1.1 LBMMC The Children's Clinic staff, Sweet Success Program & Latino Diabetes Health Educator 1.2 The Children's Clinic	Protocol on file from TCC TCC Patient charts	-Increase enrollment/access to family planning services -Increase access to and utilization of care for: social support services, diabetes, other chronic diseases, HIV/STD, and obesity

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HEALTHY BIRTHS INITIATIVE

Exhibit A: Evaluation Plan

COPY

From Scope of Work (Columns 1, 5&6)			Data Collection and Feedback		
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To have a functioning, vibrant Collaboration, linked with documented shared goals and objectives through 2010	Collaborative membership matrix Documentation on file (MOU's, minutes, agenda, notices)	Annual membership list to show member (agency & participant) retention/loss in relation to functions and goals. Wilder Inventory Report	Meeting minutes Membership list/matrix Wilder Inventory Tool	Long Beach to maintain meeting minutes Long Beach to review Membership & Function matrix and report to Collaborative each quarter Long Beach to administer every 6 months and to report back to Collaborative	Add 5 agencies and/ or programs w/ an emphasis on filling existing Collaborative gaps by year one. 100% retention of existing core membership By year 1 to have an average Wilder score of 4 or more and by year 2 and on to increase the average score
	Continuous Quality Improvement Plan developed by March 2006 and distributed to all members and/or Reports from Quality Improvement cycles (Plan-Do-Study-Act)		Previous year's MOU's and CQI report	Long Beach responsible for reviewing and renewing MOU's each year	

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	Signed annual MOU's with appropriate partners documenting future shared goals and objectives				
Strengthen collaborative member organizations' knowledge of resources provided by LB-W BBC members	By June 2006: Staff trained on currently available resources Collaborative members trained or updated on utilization of and access to available resources Protocols for structuring and maintaining an up-to-date resource/ information system Strategic plan for obtaining new resources for the Collaborative developed.	Increased referrals between collaborative partner organizations providing case management services	First 5 LA's client tracking system	Those members providing case management services (with support from First 5 LA)	By June 2006 to have established baseline data and objectives for 06-07 From year one to year three, increase Collaborative interagency referrals by 25%

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	Program curriculum and scheduling plan for ongoing training completed				
To have a functioning, sustainable, and up to date web-based resource directory of LB-W BBC member agency services	Signed MOU's on file of programs/agencies that wish to participate in web-based resource directory Existence of a functioning directory by 6/30/06	Total number of people accessing website	Tracked by number of web hits per year	Collaborative agencies/ programs tracking number of referrals from Centralized Case Manager	By year one to year three increase by 10%

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Early initiation to prenatal and interconception care among high risk women	-Number and type of community events attended by the Collaborative to talk to target population about early prenatal care -Number of client outreach contacts -All relevant staff will receive culturally competency training. -List of agencies prioritized in meeting minutes -Outreach numbers from FiGH on file -Outreach numbers from BIH on file -Outreach records from Diabetes Program on file -Community Event flyers on file	Increase in numbers of high risk women/teens that present for prenatal care during the first trimester by ethnicity Increase in numbers of high risk women/teens that present for interconception care	Sign-in sheets of total number of people outreached at community events Attendance sheets of trained staff on the importance of prenatal/interconception care Clinic numbers indicating when women began prenatal care	Each agency/program providing outreach in targeted zip codes Clinic totals based on patient numbers indicating start of prenatal care & attendance of 6 week post-partum checkup	By June 2006 to have established baseline data and objectives for 06-07 -Increase of 10% of high risk women/ teens that present for prenatal care during the first trimester by ethnicity -Increase of 10% of high risk women/ teens that present for interconception care -Outreach to 2,800 high-risk women on prenatal/interconception care -Target & outreach women at 4 community events focusing on gestational/type 2 diabetes

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Increase and/or promote community and/or individual knowledge about how to have healthy births and access appropriate services	All collaborative members are distributing agreed upon outreach materials Committee minutes Number and types of venues attended Number of presentations to other organizations made Number of produced & disseminated materials 211 Logo and LB-W BBC logo on all health education material LB-W BBC included in Healthy Cities database	Increase in the number of request forms from community agencies and individuals requesting information about services Number of clients who state at initial screening that they got the information from the collaborative efforts Increased number of referrals from year 1 to year 3	Request forms from agencies/programs Sign-in sheets	Lead agency Quarterly updates to 211 of Collaborative services (add/drop organizations) Core Collaborative Partners	10% increase from year one to year three of agency request for materials and/or presentations 100% of outreach and health education materials mention 211 300 high-risk prenatal/interconception women receive group health education 1,000 high-risk Southeast Asian women receive individual/group health education 1,500 African-American high-risk women receive health education

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	Number of women who receive individual health education and messaging and referrals Referrals kept on file Attendance sheets on file		Referral forms on file		

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

Project Name: **Long Beach-Wilmington Best Babies Collaborative**

Grant Agreement Number:

Grant Agreement Period: **October 1, 2005 – June30, 2006**

From Scope of Work (Columns 1, 5&6)			Data Collection and Feedback		
I. Short-term Outcomes *What results and/or changes does your collaborative aim to achieve during the three (3) year project?*	**II. 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?)*	**III. Outcome Measures** *How will you know that the changes your collaborative aims to achieve during the three (3) year project (column one) have occurred?*	**IV. Data Collection Tools** *What instruments and or tools will you use to collect the data (e.g., sign in sheet, intake form, survey, post-test, medical chart, interview, etc.)*	**V. Data Collection Protocols** *Who will collect the data? How/to whom will the tools be administered? When and how often will you collect data? How and how often will you use the data as feedback for program improvement?*	**VI. Performance Targets** *What is the desired amount/quality of output and what is the desired level of change in outcome? What is the threshold or minimum amount of change for the outcome to be achieved?*
Core Approach					
Increased case management capacity within the Collaborative	By June 2006 to have developed shared (i.e., across all appropriate Collaborative members) screening, referral, assessment and follow up instruments, core data sets, and protocols -"How To" and Policy/Procedures manual for case managers -Report the story of centralized case management -Referral Program for Gestational & Type II Diabetes women/teens -Specialized Case Management Program for women/teens with Gestational & Type II Diabetes	Possible measures TBD: -Increase #/% of women receiving case management services -More women referred to other Collaborative organizations -Increase the number of referrals between organizations -Increase the % of women who complete recommended prenatal care -Increase numbers of women/teens obtaining education/resources - Increase in number of referrals from year 1 to year 3 - Increased number of women case managed	Case management tools	Centralized Case Manager/Lead Agency Latino Diabetes Program	235 women with previous poor birth outcomes or high risk of future poor birth outcomes will receive case management and tracking Increase number of women educated from year one to year three

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

Project Name: **Long Beach-Wilmington Best Babies Collaborative**

Grant Agreement Number: _____

Grant Agreement Period: **October 1, 2005 – June30, 2006**

From Scope of Work (Columns 1, 5&6)			Data Collection and Feedback		
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	List of services currently provided and their similarities and differences Referral form on file Numbers tracked through client contact log sheets Case management charts				
Identify the best practices of individual case management programs, share among the Collaborative and encourage all case managers/liaisons to adopt them.	List of Best Practices shared with Collaborative Established annual review system (annual forms submitted to Collaborative, peer review, quality improve group?)	Case management best practices incorporated into MOU's Fewer case managed women lost to follow-up Measure of client satisfaction	Previous year's MOU's Case management tools Client surveys	Lead Agency/ Centralized Case Manager Survey all case managed women at least once	Decrease # of women lost to follow-up by 10% 80% of women responded with positive feedback to Centralized Case Management Program

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

Project Name: **Long Beach-Wilmington Best Babies Collaborative**

Grant Agreement Number:

Grant Agreement Period: **October 1, 2005 – June30, 2006**

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All Collaborative partners to conduct comprehensive screenings on all target population women (teen moms, prenatal & post-partum moms and moms with no social support) and to refer to other Collaborative organizations as indicated.	Agreement on target populations to be addressed Social support asset map Screening tool available to all Collaborative members All staff trained to use screening tool and to refer as indicated Referrals on file Attendance records on file Attendance records on file Case management assessments on file	More target group women to be screened. More women referred to Collaborative social support programs More women participating in social support programs Increase in number of referrals from year 1 to year 3 Increase in number of assessments from year 1 to year 3	Screening tool Referral forms Case management tools	Each agency/program Screening tool per client	-235 case managed women will receive referrals and linkage to social support programs in the community -After screening, 90% of women receive the appropriate referral -Centralized Case Manager will follow-up on 90% of referrals -30% of women referred showed up to their appointments -Increase in number of high-risk women attending social support programs from year 1 to year 3 by 10%

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

Project Name: **Long Beach-Wilmington Best Babies Collaborative**

Grant Agreement Number: _____

Grant Agreement Period: **October 1, 2005 – June30, 2006**

From Scope of Work (Columns 1, 5&6)			Data Collection and Feedback		
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Documentation of the need for social support services in LB-WBBC service area	Number of women not able to be referred to services because they don't exist Average wait list length for various social support services	Report on unmet needs for social support in the LB-W area	• Survey question on screening form • Number of providers that indicate need at one training	• Each agency and program at screening • PMCC after provider training	-Grants completed seeking funding for social support services from year 1 to year 3

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

Project Name: **Long Beach-Wilmington Best Babies Collaborative**

Grant Agreement Number: _____

Grant Agreement Period: **October 1, 2005 – June30, 2006**

From Scope of Work (Columns 1, 5&6)			Data Collection and Feedback		
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Core Activities					
Increased access to a coordinated and comprehensive interconception care program that supports high risk women preparing for their next healthy birth	Report on existing interconception care programs Protocol on file from TCC TCC Patient charts Diabetes Program will provide care to high risk women with previous diagnosis of Gestational Diabetes and current diagnosis of Type II Diabetes related to previous poor birth outcome	Proposed measures: -Increase the # of targeted women obtaining post partum check ups -Increase the # of women receiving interconception care -Increase the # of women who initiate breastfeeding and continue to 3 and 6 months -Reduce the # of teens getting pregnant within 1 year from previous pregnancy -Reduce the # of women getting pregnant within 2 years from previous pregnancy -Increase the length of follow-up time post birth	TBD: First 5 LA Data Client Tracking System	TBD: First 5 LA Data Client Tracking System	Baseline and objectives for 06-07 to b established by June 2006 From year one to year three increase by 25% 10 identified high-risk Type II Diabetic women by year 1 to receive medical management 65 high-risk Type II Diabetic women by year 1 to receive interconception care services

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

Project Name: **Long Beach-Wilmington Best Babies Collaborative**

Grant Agreement Number: _____

Grant Agreement Period: **October 1, 2005 – June30, 2006**

From Scope of Work (Columns 1, 5&6)			Data Collection and Feedback		
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		-Increase enrollment/access to family planning services -Increase access to and utilization of care for: social support services, diabetes, other chronic diseases, HIV/STD, and obesity			

FIRST 5 LA

Agreement # 00667

Budget Summary

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 1 BUDGET (9 months)

Agreement Period: 10/01/05 to 6/30/06

	Cost Category	First 5 LA Funds	Matching Funds	Total Costs
1	Personnel	168,584	59,787	228,371
2	Contracted Svcs *(Excluding Evaluation)*	68,275	0	68,275
3	Equipment	3,700	0	3,700
4	Printing/Copying	9,150	0	9,150
5	Space	4,887	0	4,887
6	Telephone	756	0	756
7	Postage	360	0	360
8	Supplies	4,500	0	4,500
9	Employee Mileage and Travel	1,350	0	1,350
10	Training Expenses	700	0	700
11	Evaluation	0	0	0
12	Other Expenses *(Excluding Evaluation)*	5,224	0	5,224
13	*Indirect Costs	12,968	21,376	34,344
	TOTAL:	**$280,454**	**$81,163**	**$361,617**

Nani Blyleven (562) 570-4231 — 9/8/2005

Fiscal Contact Person — Date

Agency Authorized Signature — Date 9/12/05

Phone #

First 5 LA Authorized Staff Only		
Program Officer		9/13/05
Finance		9/14/05

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

Additional supporting documents may be requested

FIRST 5 LA

Personnel

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 1 BUDGET (9 months)

Agreement Period: 10/01/05 to 6/30/06

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	4,664	100%	9	41,976	0	41,976
BBC Support - PHA 2 - TBD	FT	2,673	100%	9	24,057	0	24,057
Public Health Nurse III - TBD	FT	5,290	100%	9	47,610	0	47,610
Administrative Analyst III - N. Blyleven	FT	5,862	5%	9	2,638	0	2,638
Health Educator II -L. Parra	FT	3,722	40%	9	13,399	0	13,399
Perinatal Services Coordinator - K. Prochnow	FT	5,290	5%	9	0	2,381	2,381
Maternal Child Health (MCH) Public Health Nurse III- A. Frescas	FT	5,290	10%	9	0	4,761	4,761
Nursing Services Officer - P. Shaw	FT	6,853	5%	9	0	3,084	3,084
BIH Coordinator - C. Snuggs	FT	4,550	10%	9	0	4,095	4,095
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
			Total Direct Salaries		129,680	14,321	144,001

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%	8,040	888	8,928
SUI	0.15%	195	21	216
Health	17.76%	23,031	2,543	25,575
WC	5.89%	7,638	844	8,482
Other	28.59%	0	41,170	41,170
	58.59%	38,904.03	45,466.21	84,370.24
	Total Personnel	**$168,584**	**$59,787**	**$228,371**

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

FIRST 5 LA

Section 2

Agreement #

Page: 3 of 10

Contracted Services

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 1 BUDGET (9 months)

Agreement Period: 10/01/05

Contracted/Consultant Services	RATE OF PAY AND FORMULA USED FOR DETERMINING AMOUNT	First 5 LA Funds	Total Matching Funds	Total
Families in Good Health	$2026 x 9 months	18,505		
Planning, implementation, and outreach of				
the BBC program to 1000 high risk women				
Regional Perinatal Programs of CA	$700 x 9 months	6,300		
Planning, implementation and case management				
of Type 2 diabetic clients for the BBC program				
Wilmington Community Clinic	$1265 x 9 months	11,385		11,385
Planning and implementation of BBC program				
and case manage apprx 50 clients				
Promotores - Latino Diabetes Program	$645 x 9 months	5805		5,805
Provide outreach to high risk diabetic women				0
Attend local community events to promote the BBC				0
The Children's Clinic	$1200 x 9 months	10800		10,800
Provide medical management of ten uninsured				0
Type 2 diabetic clients and provide home testing kits				0
				0
				0
St. Mary's - Mary Hilton Family Clinic	$1720 x 9 months	15,480		15,480
Provide case management and health education				0
to 60 clients, and provide group health education				0
to 1000 women				0
				0
USE ADDITIONAL SHEETS IF NECESSARY	**Total Contracted Services:**	**$68,275**	**$0**	**$68,275**

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 L A

Section 3

Equipment

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 1 BUDGET (9 months)

Agreement Period: 10/01/05 to 6/30/06

Equipment description of item	Quantity	Unit Cost	Total Equipment Cost	First 5 LA Funds	Matching Funds	Total Cost
Desktop Computer for Project Coordinator	1	1,700.00	1,700	1,700	0	1,700
Laptop computer for Centralized Case Manager	1	2,000.00	2,000	2,000	0	2,000
			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:	$3,700	$3,700	$0	$3,700

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

Agreement # ____________

FIRST 5 L A

Section 4

Printing/Copying

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 1 BUDGET (9 months)

Agreement Period: 10/01/05 to 6/30/06

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.	10,000	0.75	7,500	7,500	0	7,500
Printing and copy costs / B&W	13,889	0.09	1,250	1,250	0	1,250
Logo design - one time fee	1	400.00	400	400	0	400
			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:	$9,150	$9,150	$0	$9,150

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

Agreement # _____

Sections 5 & 6

Space & Telephone

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 1 BUDGET (9 months)

Agreement Period: 10/01/05 to 6/30/06

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 leased PC - Information services*	1.00	209.00	9	1,881	1,881	0	1,881
Computer workstation - Information services*	1.00	209.00	9	1,881	1,881	0	1,881
Computer workstation - Information services**	1.00	125.00	9	1,125	1,125	0	1,125
*Charges based on City required fees for workstations				0	0	0	0
Networked printer @ $0.00				0	0	0	0
PC lease/maintenance @ $84				0	0	0	0
Network,internet connection, email @ $125				0	0	0	0
** Charge is less because PC was bought outright so lease				0	0	0	0
portion only is not applicable.				0	0	0	0
			Total Space:	**$4,887**	**$4,887**	**$0**	**$4,887**

Telephone include # of lines and cost per line	Quantity	Unit Cost	Number of Months	Total Phone Cost	First 5 LA Funds	Matching Funds	Total Cost
Display 16 button 2-line telephone w/ voice mail	2	32.00	9	576	576	0	576
8 button 1-line telephone w/ voice mail	1	20.00	9	180	180	0	180
				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 Telephone:	**$756**	**$756**	**$0**	**$756**

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 1 BUDGET (9 months)

Agreement Period: 10/01/05 to 6/30/06

Postage include description	Quantity	Unit Cost	Number of Months	Total Postage Cost	First 5 LA Funds	Matching Funds	Total Cost
First class stamps	108	0.37	9.00	360	360	0	360
				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 Postage:	$360	$360	$0	$360

Supplies include description	Quantity	Unit Cost	Number of Months	Total Supplies Cost	First 5 LA Funds	Matching Funds	Total Cost
General Office Supplies	1	125.00	9.00	1,125	1,125	0	1,125
Client incentives	75	5.00	9.00	3,375	3,375	0	3,375
				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:	$4,500	$4,500	$0	$4,500

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

Agreement # _____

Employee Mileage/Travel & Training Expenses

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 1 BUDGET (9 months)

Agreement Period: 10/01/05 to 6/30/06

Employee Mileage/Travel include description	Mileage Quantity	Unit Cost per Mile	Total Mileage/Travel Cost	First 5 LA Funds	Matching Funds	Total Cost
Mileage (411 miles / $150 per month)	3,699	0.37	1,350	1,350	0	1,350
			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:	$1,350	$1,350	$0	$1,350

Training Expenses include description, # of people	Quantity	Unit Cost Per Training	Total Training Cost	First 5 LA Funds	Matching Funds	Total Cost
Training room expenses	14	50.00	700	700	0	700
			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:	$700	$700	$0	$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

Section 11

Evaluation

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 1 BUDGET (9 months)

Agreement Period: 10/01/05 to 6/30/06

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

Agreement # _____

Page 10 of 10

Sections 12 & 13

Other Expenses & Indirect Cost

Agency: City of Long Beach

Project Name: Best Babies Collaborative YEAR 1 BUDGET (9 months)

Agreement Period: 10/01/05 to 6/30/06

Other Expenses include description	Quantity	Unit Cost	Total Other Cost	First 5 LA Funds	Matching Funds	Total Cost
Install 2-line display phone for Coordinator	1	544.00	544	544	0	544
Install new computer for Coordinator	1	180.00	180	180	0	180
Transportation vouchers (round trip)	180	25.00	4,500	4,500	0	4,500
			0	0	0	0
			0	0	0	0
			0	0	0	0
		Total Other Expenses:	**$5,224**	**$5,224**	**$0**	**$5,224**

*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(23.85% of wages) for First 5 funds	30,929	12,968	17,961	30,929
Indirect costs per OMB A-87(23.85% of wages) for matching funds	3,416	0	3,416	3,416
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total Indirect Cost:	**$34,344**	**$12,968**	**$21,376**	**$34,344**

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

Best Babies Collaborative YEAR 1 BUDGET (9 months)

Personnel - Section 1

BBC Coordinator	Oversees, develops, plans and participates in the implementation of LB-W BBC program
Public Health Associate	Assist with program data collection, reporting and clerical duties
Public Health Nurse	Provides direct case management to clients
Administrative Analyst	Oversees program budget, invoicing, contracts and other administrative duties
Health Educator	Provides inter-conception health education

Fringe

The City's actual fringe costs are 58.59% of salary. First 5 pays 30% only.
First 5 LA Funds column: Fringe is calculated at 30% of personnel charged to First 5 funds.
Matching Funds column: Fringe is calculated at 30% of personnel charged to Matching Funds plus 28.59% in of the Total Personnel Cost which includes the 28.59% "Other" fringe costs we could not charge to First 5 LA Funds.
The "Other" fringe costs are made up of the following charges:

Retirement PERS	19.608%
Medicare	1.450%
Payroll Benefit Overhead	3.550%
Pension Bond	3.670%
Health insurance % not charged to First 5 LA	0.312%
	28.590%

Contacted Services - Section 2

Families in Good Health	Estimated monthly charges for this budget period is $2026.
Lillian Lew (Families in Good Health - FGH)	Oversee devlopment & participation of FGH collaborative partnership
Outreach Worker (FGH)	Provide outreach to target population
Regional Perinatal Programs of CA	Estimated monthly charges for this budget period is $700.
Kathy Fagen (Regional Perinatal Progs of CA. - RPP)	Oversee devlopment & participation of RPP collaborative partnership
Wilmington Community Clinic	Estimated monthly charges for this budget period is $1265.
Vanilla Brooks (Wilmington Community Clinic - WCC)	Oversee devlopment & participation of WCC collaborative partnership
Medical Assistant (WCC)	Case manage pregnant clients at WCC
Promotores - (Latino Diabetes)	Estimated monthly charges for this budget period is $645.
Persons not yet chosen	Outreach and education to target population with type II diabetes during inter-conception
The Children's Clinic	Provide clinical visits for 10 clients during inter-conception @ $200 per visit
Homeblood gluecose testing kits for ten Type 2 Diabetes clients @ $20 per kit	
St. Mary's Medical Center - Mary Hilton Clinic	Estimated monthly charges for this budget period is $1720.
Health Educator	Case management and health education.

Equipment - Section 3

Purchase of a Dell Optiplex business class desktop PC configured to the City's standard for support and network compatability, incl MS Office and Lotus Notes.

Purchase of a Dell Latitude business class laptop computer configured

to the City's standard for support and network compatibility
incl MS Office and Lotus Notes

Printing & Copying - Section 4

Apprx.cost per unit of $0.75 for color brochures & mailers
Apprx. cost of $0.09 for xerox copying
Apprx. Cost for the design of BBC logo and camera-ready art for reproduction.

Space - Section 5

Two leased computer workstations, one for the PHN and one for the PHA 2 & one purchased PC for program coordinator.
The leased Pentium class computers are setup in existing workstations.
Monthly charges are $84 for lease and maintenance and $125 for network and internet connections and for email.
No printer charges apply because they are connected to a networked printer.
Technology Services standards and configurations are required by the City for network compatability and maintenance & repair reasons.

One new desktop computer for the Program Coordinator has a monthly service charge of $
because the computer was purchased (see section 3) rather than leased, so only maintenance charges apply.
Monthly network charge of $125 for network and internet connections and email.
There is no monthly internet charge for the Laptop because it will plug into the same connection as the desktop.

Phone - Section 6

One 16-button, caller ID, 2-line telephone for the program coordinator (standard type for supervisors) with voicemail @ $32 per month.
Two eight button, one line telephone with voicemail for the PHN and PHA II @ $20 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 @ $0.37 each. Estimated mailings at 108 pieces per month.

Supplies - Section 8

General Office Supplies at $125 per month in the beginning to set up program.
Client incentives to be distributed each month are estimated to be about $5 each and given to 37 clients.

Employee Mileage/Travel - Section 9

Mileage for staff and supervisors on behalf of this program is estimated to be 410 miles per month at the City standard of $.0365 per mile.
Travel other than mileage is not expected.

Training Expenses - Section 10

Best Babies Collaborative YEAR 1 BUDGET (9 months)

Expense to cover room fees including audio-visual equipment use is estimated at $50 per occurance with 14 training/meeting seesions for the nine month period for client and collaborative partner training/meetings.

Evaluation - Section 11

No evaluation expenses are expected during this budget period.

Other Expenses - Section 12

One-time charge for the instalation of the Coordinator's telephone. No phone exists in the space she will occupy.
The City requires purchase of the telephone unit @ $470 plus $74 labor to install

One-time charge of $180 for the installation and Lotus notes setup of the new computer for the Coordinator, even though it is a purchased unit.

Transportation vouchers with an estimated $25 each for a round-trip are estimated to be distributed at a rate of 20 per month for nine months.
We expect the client incentives and Transportation vouchers to increase as the program grows.

Indirect Costs - Section 13

The City's indirect cost based on the last OMB A-87 available to us for fiscal year 2003-04 is 23.85%
Two line items on the budget reflect the 10% claimable amount of wages charged to First 5 and the other 13.85% charged to Matching Funds.
The second line item shows the full 23.85% rate applied to the portion of wages that are identified as Matching Funds.

LB-WBBC Budget Justification

COPY

LBDHHS Personnel:

- **BBC Coordinator:** A funded full-time position for the full three years to oversee, plan and assist in development of the collaborative, and participate in the implementation of the program as a whole. This individual will also be the main contact between First 5 LA and the Healthy Births Learning Collaborative personnel. The coordinator will supervise and assist the BBC Centralized Case Manager and the Public Health Associate.

- **Public Health Associate II:** Assist with program implementation, Wilder data collection, client tracking and reporting plus assist in case management data entry. PHA will also be responsible for reserving meeting spaces for collaborative, sending out meeting notices, typing and filing minutes/agendas and other clerical duties. The PHA will also be available to give presentations to community organizations regarding the LB-WBBC and participate in the web-based resource directory.

- **Public Health Nurse:** The PHN will work as a Centralized Case Manager and 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) these services will be provided to 125 clients in the first year. 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 PHN will also work directly with all of the collaborative programs/agencies including Black Infant Health, Role of Men and Latino Diabetes Program to provide case management training and assistance for targeted population.

- **Administrative Analyst:** Oversees program budget, invoicing, assisting in contracts and other administrative duties. The analyst also works directly with the BBC Coordinator in requesting approval for future requisitions and addendums from First 5 LA to the City Council, City Attorney and other city officials as per City regulations.

- **Health Educator:** The Latino Diabetes Program will provide interconception health education for 65 high-risk women/teens diagnosed with Gestational or Type II Diabetes. The Health Educator will assist in educating the client past the 6 week post-partum period and make home visits for those clients who are unable to travel. She will focus on basic nutrition using the new food pyramid, diabetes control and management, referrals to outside resources, awareness of need for physical activity and glucose monitoring. Will receive referrals largely through the LBMMC & SMMC Sweet Success Programs. The HE will also supervise and assist the Promotora with preparations for community outreach and events.

LB-WBBC Budget Justification

- **Perinatal Services Coordinator:** Non-funded position through the LB-WBBC, the CPSP Coordinator will work with identified OB providers in the community regarding the services/resources of the Collaborative. She will also educate and inform the providers and their staff on how to refer high-risk patients to the Centralized Case Management Program. Attend and participate in collaborative meetings.

- **Maternal Child Health (MCH) Public Health Nurse:** MCH clinic provides assistance with state funded presumptive eligibility for pregnancy-testing and prenatal care, referrals for social support services, accessing and utilization of Medi-Cal plus limited case management. The MCH PHN (non-funded position) will be referring women outlined in the scope of work to the CCM and other collaborative programs/agencies. She also will be attending collaborative meetings and assisting in the implementation of the case management programs.

- **Nursing Services Officer (NSO):** Will be assisting with the development, planning and implementation of the LB-WBBC, attending and participating in the collaborative meetings. Supervise the BBC Coordinator and assist her in program development and implementation (non-funded position).

- **Black Infant Health (BIH) Coordinator:** BIH Coordinator (non-funded) will work directly with the CCM to refer African-American high-risk women to the case management program. Participate in the implementation of social support services and resources for the LB-WBBC. BIH program will also receive referrals from the BBC to provide social support groups and limited case management for high-risk African-American women/teens. Outreach workers for the BIH program will also offer BBC health education materials to their clients and in the community.

Contracted Personnel/Services:

- **Families in Good Health (FiGH):** Lillian Lew, liaison for FiGH is a BBC funded position (4 hours per week x 6 months & 2 hours per week x 3months) for the first year. She will participate in collaborative meetings, development and implementation of the BBC program. FiGH works exclusively in reaching isolated Southeast Asian and Hispanic communities and will focus in targeting high-risk women/teens in the identified zip codes. The liaison will also supervise the BBC funded outreach worker and work directly with the BBC Coordinator.

- **FiGH Outreach Worker:** Will work sixteen hours a week providing outreach to 1,000 targeted high-risk Southeast Asian and Hispanic women in the five zip codes. She will also work with the OB clinic at St. Mary's Medical Center to identify high-risk women who will qualify for LB-WBBC case management program.

LB-WBBC Budget Justification

- **California Diabetes and Pregnancy Program (CDAPP):** Cathy Fagen, coordinator is funded (4 hours per week x 6 months & 2 hours per week x 3months) for the first year. She will attend and assist in collaborative planning and implementation meetings then the regular collaborative meetings. She will participate in the SOW implementation and evaluation plan. Work exclusively with the LBMMC Sweet Success Program to refer targeted women to LB-WBBC case management program and Latino Diabetes Health Education.

- **Wilmington Community Clinic (WCC) Nurse Practitioner:** Vanilla Brooks is funded (4 hours per week x 6 months & 2 hours per week x 3months) for the first year. Ms. Brooks will attend and assist in the development and implementation of the collaborative by participating in the scope of work activities. Will also assist in developing case management program for high-risk women/teens at the Wilmington Community Clinic, which is currently lacking. Primary supervisor for the BBC funded WCC medical assistant who will be providing case management and referrals to the CCM.

- **Medical Assistant:** Maria Insante will be BBC funded for eight hours a week to provide on-site case management for 50 unduplicated high-risk women residing in the 90744. She will have access to the First 5 LA web-based tracking system and will enter data for the clients she will be working with plus establishing referrals through the system for other outside resources and referrals. Since WCC currently has no designated case manager liaison, Ms. Insante will be able to provide on-site case management assistance for the first time at WCC. A desktop computer will be purchased/set-up at $1,200 to allow access to the web-based program and to keep computer files of case managed clients.

- **St. Mary Medical Center (SMMC) OB Health Educator:** Health Educator is funded for sixteen hours a week to provide case management to 60 unduplicated targeted high-risk perinatal and/or interconception women at the OB Clinic. She will also work directly with the BBC Centralized Case Manager to further assist her clients and provide outside referrals and linkage to various resources and social support programs. The HE will also give group health education and messaging classes to 300 women in the first year.

- **Latino Diabetes Program/Promotora:** Funded position, fifteen-hours a week to provide outreach and health education to women/teens with Gestational and Type II Diabetes. The promotora will also be working with the Latino Diabetes Health Educator assisting in home visits and will provide health education/messaging and outreach at four community events.

LB-WBBC Budget Justification

- **The Children's Clinic:** Medical provider clinic will see 10 uninsured women referred through the BBC, in the targeted area with Type II diabetes during interconception period to provide clinical management. TCC will provide 45 clinic visits for these clients and home blood glucose testing kits for the first year of the LB-WBBC grant period.

- **Mileage:** 100 miles per agency per month at .365 mile for the first year to attend LB-WBBC collaborative and HBLC meetings.

Additional Cost:

- **Telephone:**
  1. One time $544.00 fee as contracted by the City of Long Beach for installation of display phone for BBC Coordinator.
  2. Display 16-button 2-line telephone w/ voice mail for Coordinator & CCM at $32.00 per month per City of Long Beach contracted service.
  3. 8-button 1-line telephone w/ voice mail for PHA at $20.00 per month per City of Long Beach contracted service.

- **Computer:** Installation of leased computer for BBC Coordinator at $180.00 per contracted services by the City of Long Beach. Computer will be used for collaborative tracking; reports for First 5 LA/HBLC, program/agencies referrals, access to Internet resources and other needed services.

- **Printing and copy costs:** Unit cost at .75 for 10,000-color printing and or copying cost for LB-WBBC. Includes copies of reports, program agendas, minutes, collaborative resources/programs, developed BBC materials, brochures and mailers plus any other needed copying for the development and implementation of collaborative.

- **Printing and copy costs:** Unit cost at .09 for 13,889 black & white printing and or copying cost for LB-WBBC. Includes all of the above materials, flyers, outreach information and other BBC developed or related copying/printing.

- **Logo Design:** Unit cost at $400 which includes, logo design and the design, layout, camera-ready artwork and all digital files for business card(s), unlimited changes, lifetime support even after project finalized, letterhead and envelope. The Professional Package also includes a practical Logo Guide about using logo effectively in various business applications.

- **Computer Workstation:** 3 computer workstations (BBC Coordinator, CCM & PHA) contracted information services (maintenance, pc lease cost, network, internet connection and city email). Unit cost at $209.00 per month for first year (9 month period) based on required City of Long Beach service contract.

LB-WBBC Budget Justification

- **Postage:** Unit cost of first class stamp at .37 cents for 108 pieces of mail per month for nine months (total $360). This will be for LB-WBBC mailers to collaborative partners, referral programs/agencies, First 5 LA, HBLC, LABBC and clients of the Case Management Program. Postage will also be used to promote awareness and increase referral for the BBC.

- **General Office Supplies:** Pens, pencils, notepads, staplers, calendars, necessary file folders for case management, etc. to set-up needed equipment for the BBC Coordinator, CCM and PHA. Total allotted cost of $110.00 per month for the first year. More supplies will be needed the first year to establish personnel and will likely decrease year two and three.

- **Client** Incentives: Purchase of needed incentives with LB-WBBC logo and contact information to promote awareness of BBC and to use as incentives for clients entering various aspects of the program. Unit cost not to exceed $5.00 per item at 75 items per month for the first year. Incentive items will be determined by the collaborative by 10/31/05 and research will be completed by BBC Coordinator to find appropriate client incentives which most likely will include pens, pencils, tote bags for new baby kits, grocery gift cards, refrigerator magnet clips to keep track of appointments with case managers and other incentives deemed appropriate to population.

- **Transportation Vouchers:** Round trip vouchers/tokens will be handed out to 20 clients per month for the first year at $25.00 per unit cost a month. This will provide clients who are financially unable to attend, due to lack of transportation, social support programs, clinic visits, case manager appointments, parenting classes, etc.

- **Mileage:** 411 miles per month at .37 cents a mile for the first year to attend LB-WBBC collaborative and HBLC meetings for the BBC Coordinator, CCM and PHA. This will also cover the mileage of the CCM to see clients outside of LBDHHS and to meet with the case management liaisons at Latino Diabetes Program, Wilmington Community Clinic and SMMC.

- **Training room expenses:** $700 has been designated to cover the cost of room fees, conference calls, web-based programs and any other incidentals related to collaborative meetings and trainings needed or incurred throughout the first year.

Exhibit C

Description of Lead Agency and Collaborative Members

Overview and History

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Collaboration

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

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

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

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

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

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

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

Leadership

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

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

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

Administration

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

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

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

Accountability

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

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

Population Served

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

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

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

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

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

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

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

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

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

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

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

Capacity

Existing Services

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

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

Core Approaches

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

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

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

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

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

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

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

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

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

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

Gaps in Current Services

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

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

Socioeconomic Risk Factors –

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

Gaps in MCH Resources –

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

Health Indicators –

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

Proposed Program

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

services. A collaborative partnership will bring the resources together that can influence the above factors, improve awareness and accessibility of these resources, and provide funding to expand essential services. The collaborative will build a network of providers and resources that will provide or promote the provision of services to pregnant women and their families in an integrated, coordinated, and comprehensive manner. The Best Babies Collaborative will:

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

Program interventions will follow the guiding principles of being comprehensive and integrated, addressing community identified issues at local and systemic levels, utilizing evidence-based approaches designed in a culturally competent manner.

Collaboration

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

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

Collaborative partners were selected for the reasons outlined on page 2, and have experience working together formally and informally. Additional stakeholders will be brought into the process. LBDHHS sent invitations to a list of over 100 potential stakeholders inviting them to be involved in the planning process, and information and feedback will be requested of them again during the planning process. This list included agencies and individuals such as residential drug treatment facilities, teen parent programs, CPSP providers, Family-PACT providers, CHDP providers, domestic violence centers, Long Beach Unified School District, and faith-based organizations. The MOUs in Appendix A provide additional information on the specific partner roles, as well as resumes of key staff.

Outcomes

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

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

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

Evaluation

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

Budget

The proposed budget includes funding for a full-time BBC coordinator (Yolanda Salomon-Lopez) at $4,666 per month for the 3-month planning period, plus benefits. Other personnel costs are for project oversight to be provided by the Nursing Services Officer (Pamela Shaw), who is on the budget for 10%, and fiscal (contracting and invoicing) oversight to be provided by the Nursing Division Administrative Analyst, at 8% (matching funds). Contracted services costs for the funded collaborative partners will be for salary and

benefits, as detailed on the budget detail sheets, for a total of $12,183. The funded collaborative partner individuals will participate in planning activities by providing expertise in areas such as perinatal care, cultural competency, quality improvement, data collection, outreach, and community building. Additional unpaid collaborative partners will also be involved during the planning phase. Information on the operating budgets, recent audit reports, and additional budget details are in Appendices E, F, and G. LBDHHS is providing a total of $7,197 of matching funds and requesting a total of $39,294 from 1st 5 LA.

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

Exhibit D

FIRST 5 LA

Champions For Our Children

Mail Grant

Memo

750 N. Alameda Street
Los Angeles, CA 90012
PH: 213.482.5902
FAX: 213.482.5903
www.first5.org
contact@first5.org

To: City of Long Beach

From: Marlene Tarumoto-Sugita, Program Officer MTS
Grants Management

Date: September 20, 2005

Subject: **HEALTHY BIRTHS INITIATIVE - GRANT #00667, YEAR 1**

CONGRATULATIONS! Your scope of work and budget for year 1 has been approved. Your new grant agreement is enclosed for your signature. Please complete and sign Sections 30.2 (Notices) and 31 (Agreement Signatures) and return the two original grant agreements along with any required documents listed below in the enclosed envelope by **no later than September 30, 2005.**

In order to ensure that your new grant agreement is in compliance and in good standing all required documents must be on file. Failure to submit the documents will delay the processing of your grant agreement and ultimately, delay the approval of any invoices. If you have any questions, please do not hesitate to call your assigned program officer.

Please submit the following *checked (and in bold)* documents with your two (2) signed grant agreements:

EXHIBIT C

- ☐ Certification and Assurance Signature Form
- ☐ Agency Involvement in Litigation and/or Contract Compliance Difficulties
- ☐ Child Care Center License
- ☐ By-Laws
- ☐ Articles of Incorporation
- ☐ List of Current Board of Directors
- ☒ Signature Authorization Form – **Missing City Manager's signature approving list (please sign and resubmit the enclosed originals)** ✓done
- ☐ IRS Account Determination Letter
- ☐ State/Federal Identification Number
- ☐ Form RRF-1 Filed with Attorney General's Registry of Charitable Trusts
- ☐ Form 990 Annual Information Return Filed With IRS
- ☐ Independent Audit
- ☐ Memorandum of Understanding – Per Contracted Services Section in Budget
- ☒ Insurance Coverage (Section 15 of Agreement) – **Please submit new Certificate of Self Insurance** for: ✓done
  - General Liability
  - Comprehensive Auto Liability – **Missing $2 million aggregate**
  - Worker's Compensation
  - Crime Coverage – **Missing Commission as a Loss Payee**
  - Professional Liability
  - Property – **Once property is appraised, please submit property coverage on Evidence of Property Insurance with Additional Insured Endorsement**
- ☒ Self-Insurance Certificate (Section 15 of Agreement) – Please submit certificate (that lists all of the above insurance coverages and amounts) and – **Please submit a copy of the self-insured certificate issued by the State of California** ✓done

c: File