

32789

**DEPARTMENT OF PUBLIC HEALTH
NURSE-FAMILY PARTNERSHIP PROGRAM SERVICES CONTRACT**

Amendment No. 1

THIS AMENDMENT is made and entered into this _____^{1st}_____ day of July, 2016,

by and between COUNTY OF LOS ANGELES (hereafter "County")
and CITY OF LONG BEACH (hereafter "Contractor")

WHEREAS, reference is made to that certain document entitled "Nurse-Family Partnership Services Contract", dated July 1, 2011, and further identified as Contract No. PH-001739; and

WHEREAS, it is the intent of the parties hereto to amend Contract to extend the term, increase the maximum obligation of County, and make other hereafter designated changes; and

WHEREAS, said Contract provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties; and

NOW, THEREFORE, the parties hereto agree as follows:

- 1. This Amendment shall be effective July 1, 2016.

2. The first Subparagraph of Paragraph 1, TERM, shall be amended to read as follows:

“The term of this Contract shall be effective July 1, 2011 and shall continue in full force and effect unless sooner canceled or terminated as provided herein through June 30, 2019.”

3. Paragraph 2, DESCRIPTION OF SERVICES, Subparagraph A shall be amended to read as follows:

“A. Contractor shall provide services in the manner described in Exhibit A-1 Scope of Work, attached hereto and incorporated herein by reference.”

4. Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, Subparagraph F, G and H shall be added to read as follows:

“F. During the period of July 1, 2016 through June 30, 2017, the maximum obligation of County for all services provided hereunder shall not exceed One Hundred Fourteen Thousand, Five Hundred Two Dollars (\$114,502), as set forth in Schedule 6, attached hereto and incorporated herein by reference.

G. During the period of July 1, 2017 through June 30, 2018, the maximum obligation of County for all services provided hereunder shall not exceed One Hundred Fourteen Thousand, Five Hundred Two Dollars (\$114,502), as set forth in Schedule 7, attached hereto and incorporated herein by reference.

H. During the period of July 1, 2018 through June 30, 2019, the maximum obligation of County for all services provided hereunder shall not exceed One Hundred Fourteen Thousand, Five Hundred Two Dollars (\$114,502), as set forth

in Schedule 8, attached hereto and incorporated herein by reference.”

5. Paragraph, 6, FUNDING/SERVICES ADJUSTMENTS AND REALLOCATIONS, Subparagraph A, shall be replaced in its entirety to read as follows:

“6. FUNDING /SERVICE ADJUSTMENTS AND REALLCOCATIONS:

A. Upon Director’s specific written approval, as authorized by the County’s Board of Supervisors, County may: 1) increase or decrease funding up to 10 percent above or below each term’s annual base maximum obligation; and 2) make modifications to or within budget categories, and make corresponding service adjustments, as necessary. Such adjustments may be made based on the following: (a) if additional monies are available from federal, State, or County funding sources; and/or (c) if County determines from reviewing Contractor’s records of service delivery and billings to County than an underutilization of funds provided under this Contract will occur over its term.

All funding adjustments and reallocation as allowed under this paragraph may be effective upon amendment execution or at the beginning of the applicable contract term, to the extent allowed by the funding source and as authorized by the County’s Board of supervisors. Adjustments and reallocations of funds in excess of the aforementioned amount shall require separate approval by County’s Board of supervisors. Any change to the County maximum obligation or reallocation of funds between schedules in this Contract shall be effectuated by an administrative amendment to this Contract

pursuant to the ALTERATION OF TERMS/AMENDMENTS Paragraph of this Contract. Any modification to or within schedule budget categories shall be effectuated by a change notice that shall be incorporated into and become part of this Contract pursuant to the ALTERATION OF TERMS/AMENDMENTS Paragraph of this Contract.”

6. Paragraph 9, INDEMNIFICATION, shall be amended to read as follows:

“9. INDEMNIFICATION: The Contractor shall indemnify, defend, and hold harmless the County, its Special Districts, elected and appointed officers, employees, agents and volunteers (“County Indemnitees”) from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from and/or relating to this Contract, except for such loss or damage arising from the sole negligence or willful misconduct of the County Indemnitees.”

7. Paragraph 10, GENERAL PROVISIONS FOR ALL INSURANCE COVERAGE, Subparagraph C and Subparagraph E, shall be amended to read as follows:

“C. Cancellation of or Changes in Insurance: Contractor shall provide County with, or Contractor’s insurance policies shall contain a provision that County shall receive, written notice of cancellation or any change in Required Insurance, including insurer, limits of coverage, term of coverage or policy period. The written notice shall be provided to County at least ten (10) days in advance of cancellation for non-payment of premium and thirty (30) days in advance for

any other cancellation or policy change. Failure to provide written notice of cancellation or any change in Required Insurance may constitute a material breach of the Contract, in the sole discretion of the County, upon which the county may suspend or terminate this Contract.”

“E. Failure to Maintain Insurance: Contractor’s failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Contract, upon which County immediately may withhold payments due to Contractor, and/or suspend or terminate this Contract. County, at its sole discretion, may obtain damages from Contractor resulting from said breach. Alternatively, the County may purchase the Required Insurance, and without further notice to Contractor, deduct the premium cost from sums due to Contractor or pursue Contractor reimbursement.”

8. Paragraph 19, ALTERATION OF TERMS, shall be replaced in its entirety to read as follows:

“19. ALTERATION OF TERMS/AMENDMENTS:

A. The body of this Contract (including its ADDITIONAL PROVISIONS), and any Exhibit(s) attached hereto, fully expresses all understandings of the parties concerning all matters covered and shall constitute the total Contract. No addition to, or alteration of, the terms of this Contract, whether by written or verbal understanding of the parties, their officers, employees or agents, shall be valid and effective unless made in the form of a written amendment

to this Contract which is formally approved and executed by the parties in the same manner as this Contract.

B. The County's Board of Supervisors; the Chief Executive Officer or designee; or applicable State and/or federal entities, laws, or regulations may require the addition and/or change of certain terms and conditions in the Contract during the term of this Contract to comply with changes in law or County policy. The County reserves the right to add and/or change such provisions as required by the County's Board of Supervisors, Chief Executive Officer, or State or federal entity. To implement such changes, an Amendment to the Contract shall be prepared by Director and executed by the Contractor and Director, as authorized by the County's Board of Supervisors.

C. Notwithstanding Paragraph 19.A., in instances where the County's Board of Supervisors has delegated authority to the Director to amend this Contract to permit extensions or adjustments of the contract term; the rollover of unspent Contract funds; and/or an increase or decrease in funding up to 10 percent above or below each term's annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable Contract term, and make corresponding service adjustments, as necessary, an Administrative Amendment shall be prepared by Director and executed by the Contractor and Director, as authorized by the County's Board of Supervisors, and shall be incorporated into and become part of this Contract.

D. Notwithstanding Paragraph 19.A., in instances where the County's Board of Supervisors has delegated authority to the Director to amend this Contract to permit modifications to or within budget categories and corresponding adjustment of the scope of work tasks and/or activities and/or allow for changes to hours of operation, changes to service locations, and/or correction of errors in the Contract's terms and conditions, a written Change Notice shall be signed by the Director and Contractor, as authorized by the County's Board of Supervisors. The executed Change Notice shall be incorporated into and become part of this Contract."

9. Paragraph 1, ADMINISTRATION, of the ADDITIONAL PROVISIONS, shall be replaced in its entirety to read as follows:

"1. ADMINISTRATION OF CONTRACT:

A. County's Director of Public Health or his/her authorized designee(s) (hereafter collectively "Director") shall have the authority to administer this Contract on behalf of County. Contractor agrees to extend to Director the right to review and monitor Contractor's programs, policies, procedures, and financial and/or other records, and to inspect its facilities for contractual compliance at any reasonable time.

B. Approval of Contractor's Staff: County has the absolute right to approve or disapprove all of the Contractor's staff performing work hereunder and any proposed changes in the Contractor's staff, including, but not limited to, the contractor's Project Manager.

C. Contractor's Staff Identification: All of Contractor's employees assigned to County facilities are required to have a County Identification (ID) badge on their person and visible at all times. Contractor bears all expense related to the badges.

D. Background and Security Investigations: Each of Contractor's staff performing services under this Contract, who is in a designated sensitive position, as determined by County in County's sole discretion, shall undergo and pass a background investigation to the satisfaction of County as a condition of beginning and continuing to perform services under this Contract. Such background investigation must be obtained through fingerprints submitted to the California Department of Justice to include State, local, and federal-level review, which may include, but shall not be limited to, criminal conviction information. The fees associated with the background investigation shall be at the expense of the Contractor, regardless if the member of Contractor's staff passes or fails the background investigation. Contractor shall perform the background check using County's mail code, routing results to the County.

If a member of Contractor's staff who is in a designated sensitive position does not obtain work clearance through the criminal history background review, they may not be placed and/or assigned within the Department of Public Health. During the term of the Contract, the Department may receive subsequent criminal information. If this subsequent information constitutes a

job nexus, the Contractor shall immediately remove staff from performing services under this Contract and replace such staff within fifteen (15) days of removal or within an agreed upon time with the County. Pursuant to an Contract with the Federal Department of Justice, the County will not provide to Contractor nor to Contractor's staff any information obtained through the County's criminal history review.

Disqualification of any member of Contractor's staff pursuant to this section shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Contract."

10. Paragraph 34, COUNTY'S QUALITY ASSURANCE PLAN, of the ADDITIONAL PROVISIONS, shall be amended to read as follows:

"34. COUNTY'S QUALITY ASSURANCE PLAN: County or its agent will evaluate Contractor's performance under this Contract on not less than an annual basis. Such evaluation will include assessing Contractor's compliance with all contract terms and performance standards. Contractor deficiencies which County determines are severe or continuing and that may place performance of this Contract in jeopardy if not corrected will be reported to the Board of Supervisors. The report will include improvement/corrective action measures taken by County and Contractor. If improvement does not occur consistent with the corrective action measures, County may terminate this Contract or impose other penalties as specified in this Contract.

The County maintains databases that track/monitor contractor performance history. Information entered into such databases may be used for a variety of purposes, including determining whether the County will exercise a contract term extension option.”

11. Paragraph 46, TIME OFF FOR VOTING, shall be added to the ADDITIONAL PROVISIONS to read as follows:

“46. TIME OFF FOR VOTING: The Contractor shall notify its employees, and shall require each subcontractor to notify and provide to its employees, information regarding the time off for voting law (Elections Code Section 14000). Not less than 10 days before every statewide election, every Contractor and subcontractors shall keep posted conspicuously at the place of work, if practicable, or elsewhere where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of Section 14000.”

12. Paragraph 47, WHISTLEBLOWER PROTECTIONS, shall be added to the ADDITIONAL PROVISIONS to read as follows:

“47. WHISTLEBLOWER PROTECTIONS:

A. Per statute 41 United States Code (U.S.C.) 4712, all employees working for contractors, grantees, subcontractors, and subgrantees on federal grants and contracts are subject to whistleblower rights, remedies, and protections and may not be discharged, demoted, or otherwise discriminated against as a reprisal for whistleblowing. In addition, whistleblowing

protections cannot be waived by any Contract, policy, form, or condition of employment.

B. Whistleblowing is defined as making a disclosure “that the employee reasonably believes” is evidence of any of the following: gross mismanagement of a federal contract or grant; a gross waste of federal funds; an abuse of authority relating to a federal contract or grant; a substantial and specific danger to public health or safety; or a violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant). To qualify under the statute, the employee’s disclosure must be made to: a member of Congress, or a representative of a Congressional committee; an Inspector General; the Government Accountability Office; a federal employee responsible for contract or grant oversight or management at the relevant agency; an official from the Department of Justice, or other law enforcement agency; a court or grand jury; or a management official or other employee of the contractor, subcontractor, grantee, or subgrantee who has the responsibility to investigate, discover, or address misconduct.

C. The National Defense Authorization Act for fiscal year 2013, enacted January 2, 2013, mandates a Pilot Program for Enhancement of Contractor Employee Whistleblower Protections that requires that all grantees, their subgrantees, and subcontractors: to inform their employees working on any federal award that they are subject to the whistleblower rights and remedies

of the pilot program; to inform their employees in writing of the employee whistleblower protections under statute 41 U.S.C. 4712 in the predominant native language of the workforce; and, contractors and grantees shall include such requirements in any made with a subcontractor or subgrantee.”

13. Effective on the date of this Amendment, Exhibit A-1 shall be added, attached hereto and incorporated herein by reference.

14. Effective on the date of this Amendment, Schedules 6, 7 and 8, shall be attached hereto and incorporated herein by reference.

15. Except for the changes set forth hereinabove, Contract shall not be changed in any other respect by this Amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Interim Director of Public Health, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By Cynthia A. Harding
Cynthia A Harding, M.P.H.
Interim Director

CITY OF LONG BEACH

Contractor

By Patrick H. West Assistant City Manager
Signature EXECUTED PURSUANT
TO SECTION 301 OF
THE CITY CHARTER.
Patrick H. West

Printed Name

Title City Manager
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM:

May 24, 2016
CHARLES PARKIN, City Attorney
By Patricia Gibson
DEPUTY CITY ATTORNEY

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
MARY C. WICKHAM
County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Public Health

By Patricia Gibson
Patricia Gibson, Chief
Contracts and Grants Division

BL#03542

County of Los Angeles – Department of Public Health
Maternal, Child, and Adolescent Health (MCAH) Programs

NURSE FAMILY PARTNERSHIP – LOS ANGELES

CITY OF LONG BEACH

Scope of Work

July 1, 2016 through June 30, 2019

Under this Agreement, the Nurse Family Partnership (NFP) Nurse in the City of Long Beach will serve first-time pregnant teens/youth who are living in poverty within the jurisdiction of the City of Long Beach.

The focus for continuation of NFP services will be on recruiting clients from all of the Long Beach area that meet the criteria of the Prevention and Early Intervention (PEI) target populations including:

- A. Children/Youth in stressed families;
- B. Underserved cultural populations;
- C. Pregnant teens and women from stressed families;
- D. Pregnant teens or women with co-occurring mental health problems and substance abuse;
- E. Pregnant teens at risk of entry or in the juvenile justice system;
- F. Pregnant women who are risk of entry or in the criminal justice system;
- G. Pregnant teens who exhibit early signs of a severe mental illness or at risk of developing maternal depression;
- H. Pregnant teens or women experiencing homelessness;
- I. Pregnant teens in the foster care system;
- J. Pregnant women who are deaf and/or hearing impaired; and
- K. Pregnant teens who have been exposed to trauma

NFP services will be delivered by a NFP trained public health nurse (NFP PHN) who will manage an average caseload of no less than twenty (20) clients, with the goal of maintaining a case load of twenty-five (25) clients. The NFP nurse will perform the NFP services in accordance to NFP-National Service Office protocols and policies, and will also perform:

- A. Screening – Participants must be first-time mothers, living in poverty, and less than twenty-eight (28) weeks into their pregnancy. All participants shall be screened using the Patient Health Questionnaire (PHQ-9) within the first thirty (30) to sixty (60) working days.
- B. Mental Health Assessment – In addition to their initial mental health screening, NFP PHN will assess participants every six (6) months using the following recommended instruments:
 1. Prenatal
 - a. PHQ-9.
 2. Postnatal
 - a. PHQ-9.
 - b. Ages and Stages Questionnaire (ASQ-“Child Development”) and Ages and Stages Questionnaire-“Social/Emotional” (ASQ:SE) – a brief developmental screening instrument
 3. Referral to Mental Health Provider – Based upon the results of the screening, the participant may be referred for mental health services for further mental health assessment and services as appropriate.
- C. Referral and Linkage to Needed Services and Provide Case Management – The PHN home visitor will refer participants to the NFP Mental Health Specialist who will assist the client and/or coordinate care with the Department of Mental Health (DMH) System Navigator who will help with arranging the most appropriate referral resources for those participants as needed to improve their quality of life and promote mental wellness. DMH will help to provide coordination of services to ensure that participants follow through with referrals.
- D. Culturally and Linguistically Appropriate Services – Eliminating mental health disparities is a central principle of PEI. The City of Long Beach will ensure that services are culturally and linguistically competent.

County of Los Angeles – Department of Public Health
Maternal, Child, and Adolescent Health (MCAH) Programs

NURSE FAMILY PARTNERSHIP – LOS ANGELES

CITY OF LONG BEACH

Scope of Work

July 1, 2016 through June 30, 2019

- E. Community Partnerships – City of Long Beach will demonstrate the ability to form community partnerships with agencies, programs and services to promote mental wellness for participants.
- F. Outreach – City of Long Beach will provide outreach to attempt recruitment of clients who fit the target populations as specified in this Agreement, including the first time pregnant teen/youth/woman who is deaf or hearing impaired. In the event that the population enrolled varies significantly from the target population, Department of Public Health will evaluate City of Long Beach outreach efforts to determine if any needed changes in the outreach activities and corrective action are required.
- G. Schedule of Visits – A PHN shall provide home visitation services beginning before the mother's twenty-eighth (28th) week of pregnancy and continue until the child reaches his/her second (2nd) birthday. Prenatal visits will occur once a week for the first four weeks, then every other week until the baby is born. Postpartum visits will occur weekly for the first six (6) weeks and then every other week until the baby is twenty-one (21) months. From twenty-one (21) to twenty-four (24) months, visits will be monthly. The PHN may adjust the frequency of visits as needed.
- H. Specifically perform the following key activities to accomplish the target objectives as outlined:

Measurable Objectives	Key Activities	Evaluation Indicators	Implementation Timeline
<ul style="list-style-type: none"> • Increase percentage of normal birth weight births (≥ than 2500 grams or 5.5 lbs). • Increase percentage of full-term births (≥ thirty-seven 37 weeks gestation). 	<ul style="list-style-type: none"> • Educate clients on the importance of prenatal care. • Refer clients to prenatal care providers as needed. • Make referrals to other health care providers as needed. • Ensure compliance with prenatal appointments. • Educate clients on adequate nutrition, fetal growth and development, and danger signs during pregnancy. 	<ul style="list-style-type: none"> • Number of normal birth weight births. • Number of full-term births. 	<p>These activities are implemented for each client during her pregnancy.</p> <p>The infant's birth weight and gestational age are collected during the first home visit after the birth of the infant.</p>
<ul style="list-style-type: none"> • Decrease percentage of women who smoke during pregnancy. 	<ul style="list-style-type: none"> • Educate clients on the risks of smoking during pregnancy. • Assess readiness of clients to quit. • Counsel clients on quitting methods. • Assess exposure to secondary smoke. • Provide continuous support with cessation efforts. 	<ul style="list-style-type: none"> • Number of clients who report smoking during pregnancy. 	<p>These activities are implemented for each client during her pregnancy.</p> <p>The client is asked about her smoking practices at program enrollment, at thirty-six (36) weeks of pregnancy, and at twelve (12) months after delivery.</p>

County of Los Angeles – Department of Public Health
Maternal, Child, and Adolescent Health (MCAH) Programs

NURSE FAMILY PARTNERSHIP – LOS ANGELES

CITY OF LONG BEACH

Scope of Work

July 1, 2016 through June 30, 2019

<ul style="list-style-type: none"> Decrease percentage of women who drink alcohol during pregnancy. 	<ul style="list-style-type: none"> Discuss the risks of drinking alcohol during pregnancy. Encourage clients to avoid alcohol as the single leading cause of infant mental retardation. Assess readiness to quit or decrease the amount of alcohol. Provide continuous support with cessation efforts. 	<ul style="list-style-type: none"> Number of clients who report drinking alcohol during pregnancy. 	<p>These activities are implemented for each client during her pregnancy.</p> <p>The client is asked about her drinking practices at program enrollment, at thirty-six (36) weeks of pregnancy, and at twelve (12) months after delivery.</p>
<ul style="list-style-type: none"> Decrease the average number of months women receive cash assistance through California Work Opportunities and Responsibility to Kids (CaWORKs) by helping them or their household family members find employment. 	<ul style="list-style-type: none"> Refer clients and their family members for job training/job referral programs as available and follow-up on referrals. Help to increase clients' self-esteem by providing positive feedback and assistance in steps taken toward job-related activities. 	<ul style="list-style-type: none"> Number of months clients report receiving cash assistance through Temporary Assistance for Needy Families (TANF)/CaWORKs. 	<p>These activities are generally implemented with each client after the birth of her child and when the client expresses readiness to (re)enter the workforce. The nurses may help the clients' household family members at any time.</p> <p>Each client is asked how many months they have been receiving TANF/Welfare during their pregnancy, and also at six (6), twelve (12), eighteen (18), and twenty-four (24) months after delivery of their child.</p>
<ul style="list-style-type: none"> Increase the percentage of pregnant/parenting minors (< eighteen (18) years of age) who are enrolled in school. 	<ul style="list-style-type: none"> Refer minor clients to Adolescent Family Life Program (AFLP) as applicable and encourage completion of high school education. Follow-up on referrals to Black Infant Health, AFLP or other home visiting programs. Educate clients regarding the value of completing education. 	<ul style="list-style-type: none"> Number of minor clients who report current enrollment in school. 	<p>These activities are implemented with each minor client from the time she enrolls into the program until the time she either graduates from high school, or graduates from the NFP program (since she may still be a minor at that time).</p> <p>Each client is asked if they are currently enrolled in an education program at the time of enrollment, and also six (6), twelve (12), eighteen (18), and twenty-four (24) months after delivery of their child.</p>

County of Los Angeles – Department of Public Health
Maternal, Child, and Adolescent Health (MCAH) Programs

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Scope of Work

July 1, 2016 through June 30, 2019

<ul style="list-style-type: none"> • Increase the percentage of women who initiate breastfeeding. • Increase the percentage of women who continue to breastfeed at six (6) months after delivery. • Increase the percentage of women who continue to breastfeed at twelve (12) months after delivery. 	<ul style="list-style-type: none"> • Educate clients on the benefits of breastfeeding to both the mother and the infant, breastfeeding techniques, and how to avoid/ameliorate common breastfeeding problems. • Provide breastfeeding consultation and support after the delivery of the child. • Refer the client to a Lactation Consultant or program, if necessary. 	<ul style="list-style-type: none"> • Number of clients who report initiating breastfeeding. • Number of clients who report continued breastfeeding at six (6) months after delivery. • Number of clients who report continued breastfeeding at twelve (12) months after delivery. 	<p>These activities are implemented during pregnancy and after delivery of the child.</p> <p>The client is asked if she ever initiated breastfeeding and if she is currently breastfeeding six (6), twelve (12), eighteen (18), and twenty-four (24) months after delivery.</p>
<ul style="list-style-type: none"> • Decrease the percentage of minors (< eighteen (18) years of age) who experience a subsequent pregnancy within two (2) years of the birth of their first child. 	<ul style="list-style-type: none"> • Discuss and stress the importance of family planning, including the benefits of inter-pregnancy spacing, methods of birth control, and plans for future children. • Assist clients in identifying challenges and responsibilities that come with having multiple children at a young age. • Present the various methods of birth control and assist client in finding a resource for receiving birth control. 	<ul style="list-style-type: none"> • Number of minor clients who report a subsequent pregnancy while enrolled in the program. 	<p>These activities are implemented for each client after the birth of her child and continue for the duration of her enrollment.</p> <p>The client is asked if she has become pregnant since the birth of her child at six (6), twelve (12), eighteen (18), and twenty-four (24) months after delivery.</p>
<ul style="list-style-type: none"> • Increase the percentage of children who are up-to-date with their immunizations. 	<ul style="list-style-type: none"> • Educate the client on the benefits of having her child's immunizations kept up-to-date. • Help the client determine if the child is up-to-date on his/her immunizations. • Help the client find a location in which she can have her child immunized. • Answer any questions the client may have regarding immunizations. 	<ul style="list-style-type: none"> • Number of clients' children who are up-to-date with their immunizations according to the Recommended Childhood and Adolescent Immunization Schedule. 	<p>These activities are implemented for each client after the birth of her child and continue for the duration of her enrollment.</p> <p>The client is asked what immunizations her child has received at six (6), twelve (12), eighteen (18), and twenty-four (24) months after delivery.</p>

**County of Los Angeles – Department of Public Health
Nurse Family Partnership – Los Angeles**

**City of Long Beach
Budget Term: July 01, 2016 through June 30, 2017**

Personnel Costs	Monthly Rate	Funds Requested
NFP Public Health Nurse - Barbara Schwartz	\$ 6,838.58	\$82,063.00
Subtotal		\$82,063.00
Benefits	Percentage	
Retirement (PERS)	10.000%	\$8,206.00
FICA	6.200%	5,088.00
Medicare	1.450%	1,190.00
Health/Dental	10.000%	8,206.00
Workers Compensation	6.070%	4,981.00
Subtotal	33.720%	\$27,671.00
Ancillary Expenses		
Mileage (LA County rate \$0.54 per mile)	2702 (miles per year x \$.054/mile)	\$1,459.00
Subtotal		\$1,459.00
Technology Services Expenses	Monthly Rate	
Cell Phone	\$ 28.92	\$347.00
Data Center	88.33	1,060.00
Email & Web Service	62.83	754.00
Voice & Data Network	95.66	1,148.00
Subtotal		\$3,309.00
	Total	\$114,502.00

**County of Los Angeles – Department of Public Health
Nurse Family Partnership – Los Angeles**

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FICA	6.200%	5,088.00
Medicare	1.450%	1,190.00
Health/Dental	10.000%	8,206.00
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**County of Los Angeles – Department of Public Health
Nurse Family Partnership – Los Angeles**

**City of Long Beach
Budget: July 01, 2018 through June 30, 2019**

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	Total	\$114,502.00