

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

614



**FROM:** Community Health Agency, Department of Public Health

**SUBMITTAL DATE:**  
JANUARY 18, 2011

**SUBJECT:** Approve multi-year agreements with Riverside Community Health Foundation No.11-049 and California Family Life Center No.11-053 to establish a collaborative relationship with the County of Riverside, Department of Public Health.

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Approve multi-year Agreement No. 11-049 between Riverside Community Health Foundation and the County of Riverside for the performance period of July 1, 2011 through June 30, 2016 and;
- 2) Approve multi-year Agreement No. 11-053 between California Family Life Center and the County of Riverside for the performance period of July 1, 2011 through June 30, 2016 and;
- 3) Authorize the Chairperson to execute three (3) original copies of each contract on behalf of the County of Riverside.

*Susan D. Harrington*  
\_\_\_\_\_  
Susan D. Harrington, Director of Public Health

mr

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	n/a
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	n/a
	Annual Net County Cost:	\$ 0	For Fiscal Year:	11/12

<b>SOURCE OF FUNDS:</b> N/A	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:** APPROVE

**County Executive Office Signature**  
BY: *Debra Cournoyer*  
Debra Cournoyer

FOR THE APPROVED COUNTY COUNSEL  
 BY: *[Signature]* DATE: 2/7/11  
 NEAL S. KIPNIS Departmental Concurrence

Consent     Policy  
 Consent     Policy

Dep't Recomm.:  
 Per Exec. Ofc.:

Prev. Agn. Ref.:	District: ALL	Agenda Number:
ATTACHMENTS FILED WITH THE CLERK OF THE BOARD		3.5

Subject: Approve multi-year agreements with Riverside Community Health Foundation No.11-049 and California Family Life Center No.11-053 to establish a collaborative relationship with the County of Riverside, Department of Public Health.

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**BACKGROUND:**

Riverside Community Health Foundation 's mission is to improve the health and well-being of our community, their vision is to improve the health status of the community by funding, developing and operating partnerships and collaborations that provide expanded access to high quality health care services and education.

California Family Life Center's mission is to provide safety, comfort and healing to children suffering abuse and abandonment; to teach love and trust; to instill self-esteem, values and hope for the future - and in so doing, assist children trapped in hopelessness and despair become compassionate and contributing members of the community.

California Family Life Center and Riverside Community Health Foundation are both applying for the Community Challenge Grant (CCG). As part of this process these Grantees have the responsibility to invite individuals or agencies to participate in the collaborative and create an atmosphere that the facilities support the process of community change. California Family Life Center and Riverside Community Health Foundation are both soliciting the participation of County of Riverside, Department of Public Health to participate as a Collaborative Member. Some of the responsibilities of the County of Riverside as a collaborative member are to increase awareness and promotion of youth sexual health issues, build support for people who work on youth sexual health issues, support community efforts to help youth avoid unintended pregnancy and efforts to sustain a pregnancy prevention program.

These agreements provide the Teen Pregnancy Prevention (TPP) Collaborative the ability to meet the legislative requirements for California Welfare and Institutions Code (WI) Section 18993.4(a) that requires Community Challenge Grant (CCG) grant programs to include a plan for "community collaboration with parents, local agencies, businesses, school leaders, community groups, and private organizations." They also allow these organizations to convene a broad based group of community members committed to developing healthy youth and reducing risky behaviors, generate decisions, new insight or decisions, and to provide knowledge, skill, expertise and support to the organizations in identifying current community needs.

**FINANCIAL DATA:** These Agreements do not require any County Funds.



Promoting Your Health  
SINCE 1973

TPP COMMUNITY COLLABORATIVE  
MEMBER AGREEMENT FORM

TPP COLLABORATIVE AGREEMENT

This agreement establishes a collaborative relationship between Riverside County Public Health, Medical Services/Family Planning and Riverside Community Health Foundation.

**Purpose**

The purpose of the TPP Collaborative is to:

- Meet the legislative requirements of California Welfare and Institutions Code (WI) Section 18993.4(a) that requires CCG grant programs to include a plan for "community collaboration with parents, local agencies, businesses, school leaders, community groups, and private organizations."
- Convene a broad based group of community members committed to developing healthy youth and reducing risky behaviors.
- Generate decisions, new insight or perspectives that could result in creative solutions for difficult issues; fostering action and promoting change related to teen pregnancy prevention issues.
- To provide knowledge, skill, expertise and support to Riverside Community Health Foundation in identifying the current community needs for the CCG program and teen pregnancy prevention services.

**Responsibilities**

CCG Grantee:

- Invite individuals or agencies to participate in the collaborative.
- Create an atmosphere within the collaborative that facilitates and supports the process of community change.
- Identify through periodic needs assessment the:
  - At-risk youth populations who need pregnancy prevention services.
  - Unique health concerns and needs of the populations.
  - Existing services and resources available in the community.
  - Gaps in unmet services and resources in the community.
- Provide the above information in formats that members can use to develop or revise their needs analysis, logic model, and program plan.
- Develop and implement an Annual Community Accountability Report.
- Develop and implement (with support by Collaborative) a 3-Year Sustainability Plan.
- Report on the collaborative activities in CCG progress reports.
- Maintain membership lists, agendas, minutes and other documents as required by the CCG contract.

Collaborative Members and CCG Grantee:



**TPP COMMUNITY COLLABORATIVE  
MEMBER AGREEMENT FORM**

- Establish the TPP Community Collaborative's core values, mission statement, vision, 5-year goals, objectives, activities, milestones for evaluation, and a recruitment and retention plan.
- Present an Annual TPP Community Accountability Report to community stakeholders about TPP Community Collaborative activities/accomplishments; mobilize support for teen pregnancy prevention efforts and/or services and present an update on the community's progress towards reducing teen pregnancy rates.
- Increase awareness and promotion of youth sexual health issues and community resources.
- Build support for people who work on youth sexual health issues.
- Ensure input and participation from a broad spectrum of people.
- Seek technical assistance and support from other collaborative members and state partners to address local issues.
- Share current information about health, education, and support services for young people that might not otherwise be readily available.
- Share program experiences, evaluations, and best practices with other collaboratives and/or coalitions.
- Support community efforts to help youth avoid unintended pregnancy.
- Support community efforts to sustain a pregnancy prevention program.
- Support the process of changing the community's perception of teenage and unintended pregnancy.
- Sign a letter stating their support of the Workplan.

**Terms of Understanding**

- The term of this agreement is for the duration of the contract period beginning July 1, 2011 and ending June 30, 2016.
- Meetings are to be on a **bimonthly** basis.
- Either the CCG grantee or the collaborative member may terminate this agreement.
- Each collaborative member is responsible for his or her own expenses related to this agreement. There will not be an exchange of funds between the parties for tasks associated with this agreement.
- The signing of this agreement is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the stated purpose.

**Stephanie Smith**  
**Riverside Community Health Foundation**  
**Director of Health Education**

**Riverside County Public Health**  
**Medical Services**  
**Laura Robert M.D.**  
**Chief of Medical Services**

\_\_\_\_\_  
**Signature** **Date**

FORM APPROVED COUNTY COUNSEL  
BY: Neal R. Kipnis 11/3/11  
NEAL R. KIPNIS DATE

\_\_\_\_\_  
**Signature** **Date**

By \_\_\_\_\_  
Chairman, Board of Supervisors  
Date \_\_\_\_\_

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**Riverside Community Health Foundation**  
**Director of Health Education**

**Riverside County Public Health**  
**Medical Services**  
**Laura Robert M.D.**  
**Chief of Medical Services**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Signature** **Date**

FORM APPROVED COUNTY COUNSEL

BY: NEAL R. KIPNIS 2/7/11  
DATE

By \_\_\_\_\_  
Chairman, Board of Supervisors  
Date \_\_\_\_\_

LETTER OF INTENT BY FAMILY PACT PROVIDER

Applicant Official Agency Name Riverside Community Health Foundation

Family PACT Clinic Name Riverside Neighborhood Health Center

As an official representative of the above indicated Family PACT clinic, if the applicant agency receives an award for CCG grant funding to commence on July 1, 2011, I intend to collaborate with the agency identified above to ensure that program participants receive accurate, comprehensive information about Family PACT services.

If awarded, this Family PACT Provider intends to:

PLEASE CHECK ALL THAT APPLY

- Help promote awareness of, and assistance with, accessing comprehensive family planning reproductive health services for CCG program participants.
- Help promote awareness of sexually transmitted infections and methods to prevent infection and transmission.
- Provide tours and/or open houses of the Family PACT clinic to CCG participants.
- Collaborate with the CCG grantee to ensure that our clinic is teen friendly.
- Assist with promotional activities, coordinated by the CCG grantee, to create awareness about the Family PACT clinic.
- Other, please specify:

Signature of Family PACT Medical Director

Date

Laura Robert, M.D., Chief of Medical Services

951-358-5222

Type or Print Name and Title of Family PACT Medical Director

Telephone Number

LETTER OF INTENT BY FAMILY PACT PROVIDER

Applicant Official Agency Name Riverside Community Health Foundation

Family PACT Clinic Name Rubidoux Family Health Center

As an official representative of the above indicated Family PACT clinic, if the applicant agency receives an award for CCG grant funding to commence on July 1, 2011, I intend to collaborate with the agency identified above to ensure that program participants receive accurate, comprehensive information about Family PACT services.

If awarded, this Family PACT Provider intends to:

PLEASE CHECK ALL THAT APPLY

- Help promote awareness of, and assistance with, accessing comprehensive family planning reproductive health services for CCG program participants.
- Help promote awareness of sexually transmitted infections and methods to prevent infection and transmission.
- Provide tours and/or open houses of the Family PACT clinic to CCG participants.
- Collaborate with the CCG grantee to ensure that our clinic is teen friendly.
- Assist with promotional activities, coordinated by the CCG grantee, to create awareness about the Family PACT clinic.
- Other, please specify:

Signature of Family PACT Medical Director

Date

Laura Robert, M.D., Chief of Medical Services

951-358-5222

Type or Print Name and Title of Family PACT Medical Director

Telephone Number

LETTER OF INTENT BY FAMILY PACT PROVIDER

Applicant Official Agency Name Riverside Community Health Foundation

Family PACT Clinic Name Jurupa Family Care Center

As an official representative of the above indicated Family PACT clinic, if the applicant agency receives an award for CCG grant funding to commence on July 1, 2011, I intend to collaborate with the agency identified above to ensure that program participants receive accurate, comprehensive information about Family PACT services.

If awarded, this Family PACT Provider intends to:

**PLEASE CHECK ALL THAT APPLY**

- Help promote awareness of, and assistance with, accessing comprehensive family planning reproductive health services for CCG program participants.
- Help promote awareness of sexually transmitted infections and methods to prevent infection and transmission.
- Provide tours and/or open houses of the Family PACT clinic to CCG participants.
- Collaborate with the CCG grantee to ensure that our clinic is teen friendly.
- Assist with promotional activities, coordinated by the CCG grantee, to create awareness about the Family PACT clinic.
- Other, please specify:

Signature of Family PACT Medical Director

Date

Laura Robert, M.D., Chief of Medical Services

951-358-5222

Type or Print Name and Title of Family PACT Medical Director

Telephone Number



## Fostering Success for Kids from Troubled Homes

### TPP COLLABORATIVE AGREEMENT

This agreement establishes a collaborative relationship between <sup>Riverside County Public Health</sup> Lake Elsinore Family Care Center and California Family Life Center.

#### Purpose

The purpose of the TPP Collaborative is to:

- Meet the legislative requirements of California Welfare and Institutions Code (WI) Section 18993.4(a) that requires CCG grant programs to include a plan for "community collaboration with parents, local agencies, businesses, school leaders, community groups, and private organizations."
- Convene a broad based group of community members committed to developing healthy youth and reducing risky behaviors.
- Generate decisions, new insight or perspectives that could result in creative solutions for difficult issues; fostering action and promoting change related to teen pregnancy prevention issues.
- To provide knowledge, skill, expertise and support to California Family Life Center in identifying the current community needs for the CCG program and teen pregnancy prevention services.

#### Responsibilities

##### CCG Grantee:

- Invite individuals or agencies to participate in the collaborative.
- Create an atmosphere within the collaborative that facilitates and supports the process of community change.
- Identify through periodic needs assessment the:
  - At-risk youth populations who need pregnancy prevention services.
  - Unique health concerns and needs of the populations.
  - Existing services and resources available in the community.
  - Gaps in unmet services and resources in the community.
- Provide the above information in formats that members can use to develop or revise their needs analysis, logic model, and program plan.
- Develop and implement an Annual Community Accountability Report.
- Develop and implement (with support by Collaborative) a 3-Year Sustainability Plan.
- Report on the collaborative activities in CCG progress reports.
- Maintain membership lists, agendas, minutes and other documents as required by the CCG contract.

##### Collaborative Members and CCG Grantee:

- Establish the TPP Community Collaborative's core values, mission statement, vision, 5-year goals, objectives, activities, milestones for evaluation, and a recruitment and retention plan.
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- Increase awareness and promotion of youth sexual health issues and community resources.
- Build support for people who work on youth sexual health issues.
- Ensure input and participation from a broad spectrum of people.
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- Support the process of changing the community's perception of teenage and unintended pregnancy.
- Sign a letter stating their support of the Work plan.

**Terms of Understanding**

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*Rodney Walker*  
**California Family Life Center**  
 Executive Director

*Laura Roberts, MD*  
**Lake Elsinore Family Care Center**  
 Chief of Medical Services for Ambulatory Care

\_\_\_\_\_  
 Signature Date

*[Handwritten Signature]* 11/16/10  
 \_\_\_\_\_  
 Signature Date

By \_\_\_\_\_  
 Chairman, Board of Supervisors  
 Date \_\_\_\_\_

FORM APPROVED COUNTY COUNSEL  
 BY: *[Handwritten Signature]*  
 NEAL R. KIPNIS DATE

ATTEST: Kecia Harper-Ihem, Clerk of the Board  
 By \_\_\_\_\_

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*Rodney Walker*  
*California Family Life Center*  
*Executive Director*

*Laura Roberts, MD*  
*Lake Elsinore Family Care Center*  
*Chief of Medical Services for Ambulatory Care*

\_\_\_\_\_  
*Signature* *Date*

*[Handwritten Signature]* *11/16/10*  
 \_\_\_\_\_  
*Signature* *Date*

By \_\_\_\_\_  
 Chairman, Board of Supervisors

Date \_\_\_\_\_

ATTEST: Kecia Harper-Ihem, Clerk of the Board

By \_\_\_\_\_

FORM APPROVED COUNTY COUNSEL  
 BY: *[Handwritten Signature]*  
 NEAL R. KIPNIS *DATE*

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*Rodney Walker*  
 California Family Life Center  
 Executive Director

*Laura Roberts, MD*  
 Lake Elsinore Family Care Center  
 Chief of Medical Services for Ambulatory Care

\_\_\_\_\_  
 Signature Date

*[Signature]* 11/16/10  
 \_\_\_\_\_  
 Signature Date

By \_\_\_\_\_  
 Chairman, Board of Supervisors  
 Date \_\_\_\_\_

FORM APPROVED COUNTY COUNSEL  
 BY: *[Signature]*  
 NEAL R. KIPNIS DATE

ATTEST: Kecia Harper-Ihem, Clerk of the Board  
 By \_\_\_\_\_