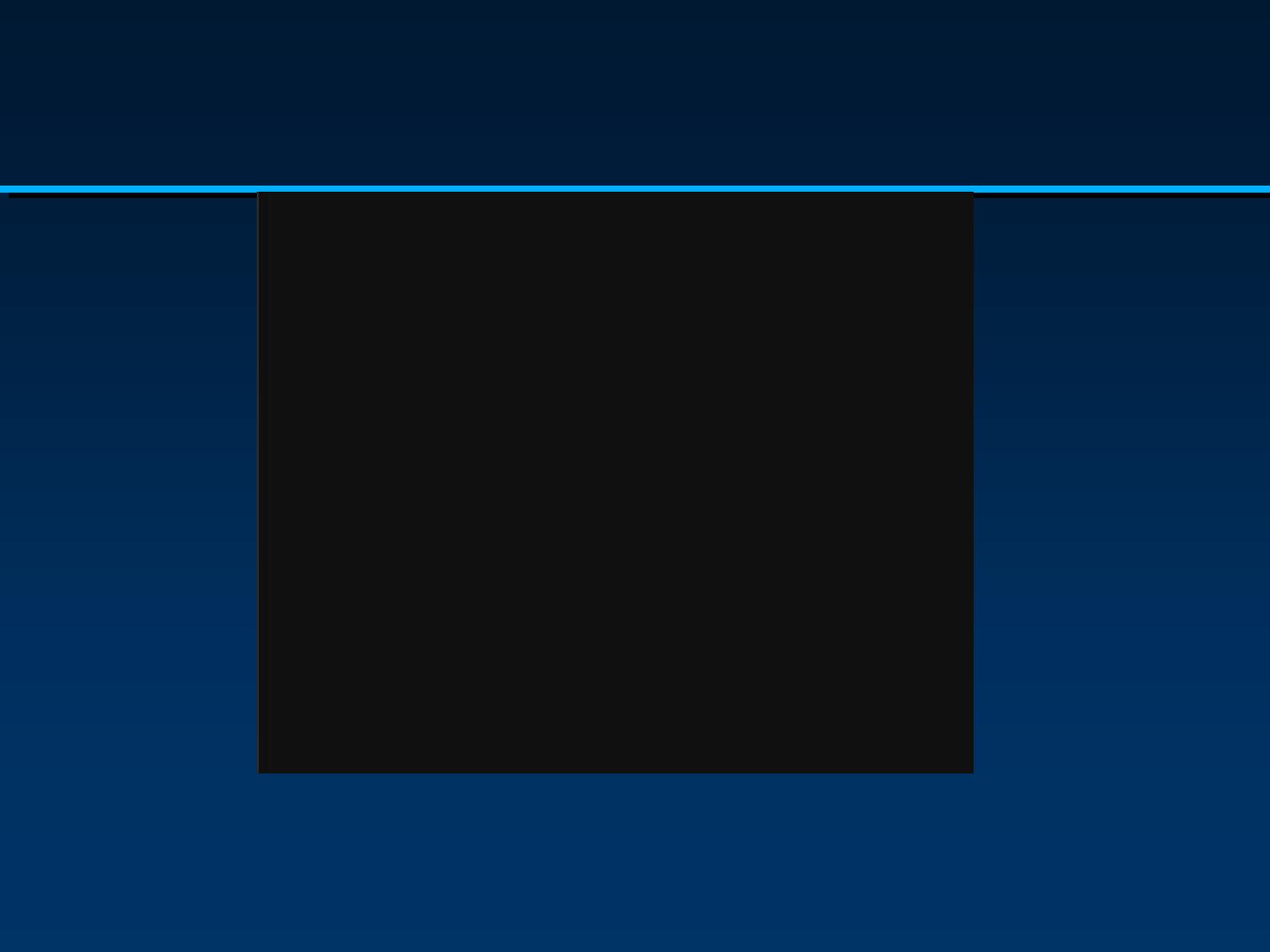
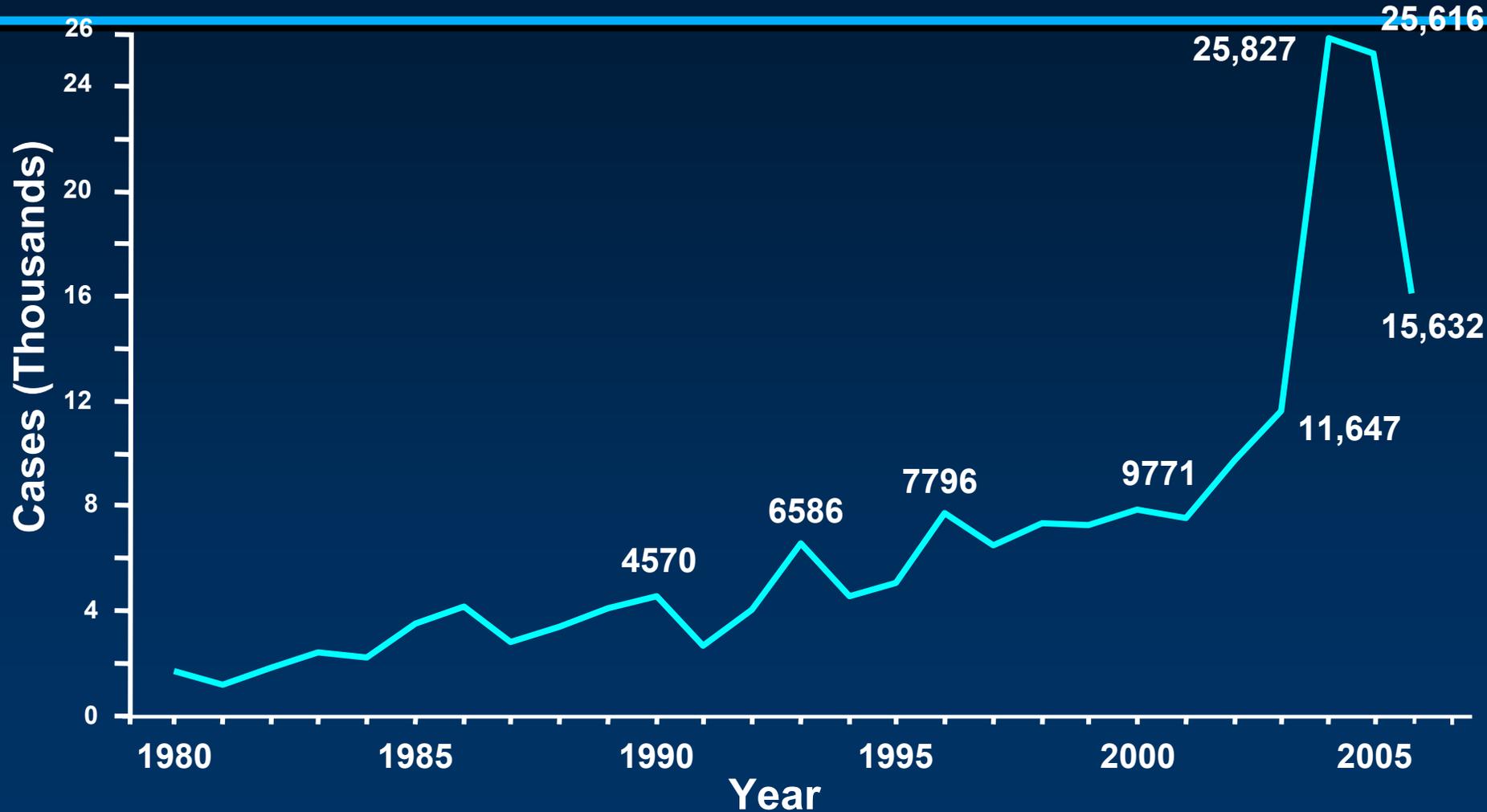


Preventing Pertussis in Babies: The Cough that Kills

Jasjit Singh, MD, FAAP
Pediatric Infectious Diseases
CHOC Children's Hospital

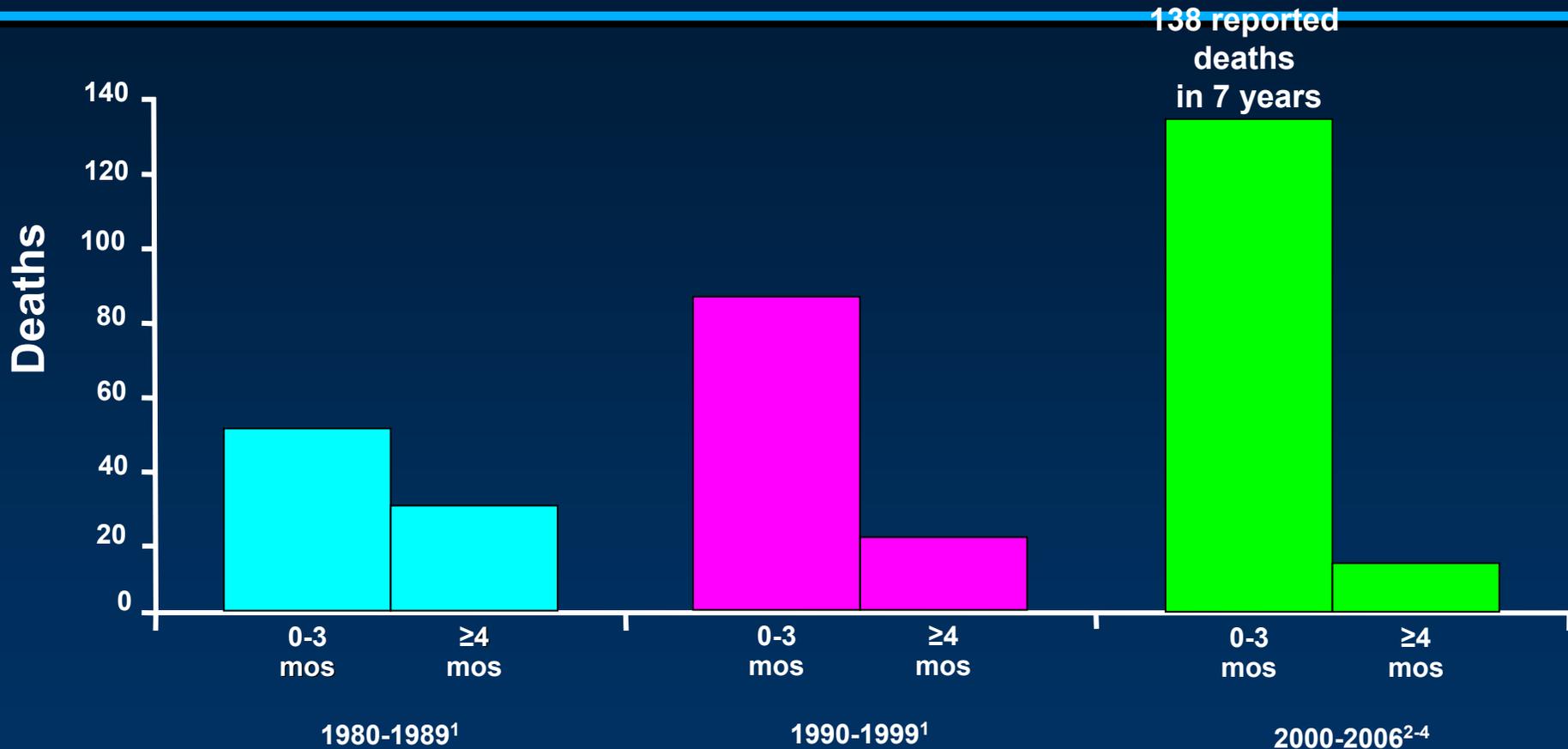


Reports of Pertussis United States, 1980–2006



References: 1. Centers for Disease Control and Prevention (CDC). *MMWR*. 2003;52(54):72-76. 2. CDC. *MMWR*. 2004;53(53):19. (Published June 16, 2006); 3. CDC. *MMWR*. 2006;55(32):890; 4. CDC. *MMWR*. 2007;56(33):860.

Pertussis Deaths by Time Period and Age Group: 1980–1989 vs 1990–1999 vs 2000–2006



References: 1. Vitek CR, et al. *Pediatr Infect Dis J.* 2003;22(7):628-634. 2. CDC. *MMWR.* 2006; 55(RR-17):5. 3. CDC. 2005 Pertussis Surveillance Report—10/4/06. 4. CDC. Data on File (2006 Pertussis Report, Pamela Srivastava E-mail), March 2008. MKT15248.

Complications of Pertussis in Infants United States, 2000-2004¹

Age	Reported Cases	Apnea	Hospitalizations	Pneumonia	Seizures	Deaths
<12 Months	12,174^a	5454	6114	1063	146	92

The total number of reported cases is lower than the total complications because some infants had more than 1 complication.

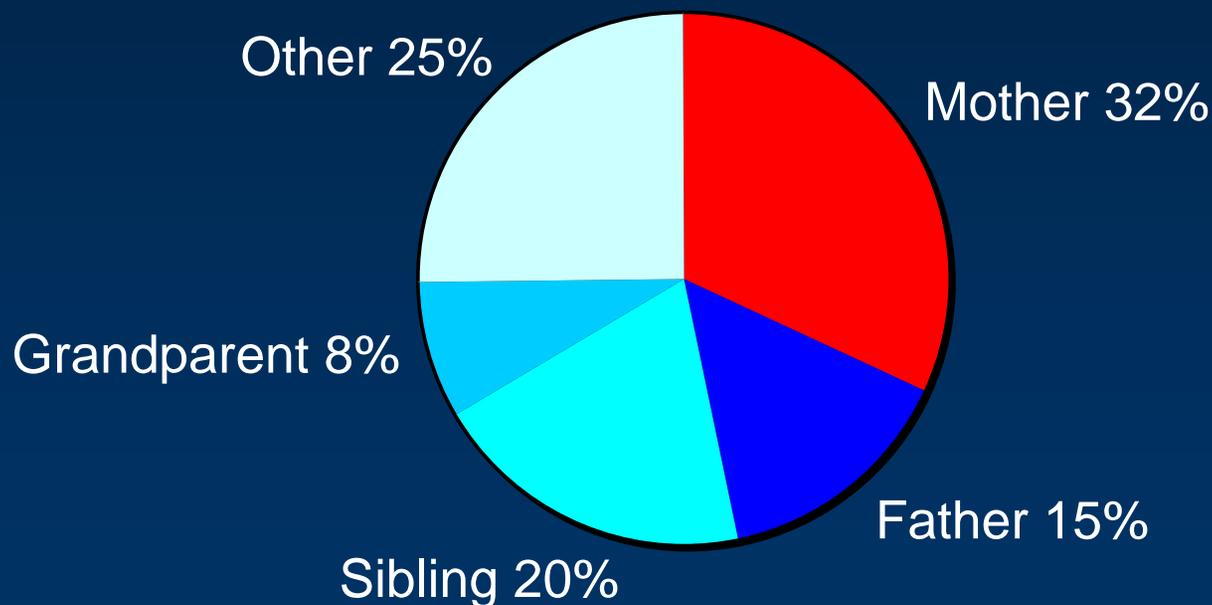
- From 2000 to 2004, over 12,000 cases of pertussis were reported among infants younger than 12 months
- Almost half of them were hospitalized¹
- 90% of pertussis deaths occurred in infants under 6 months of age

Pertussis Summary

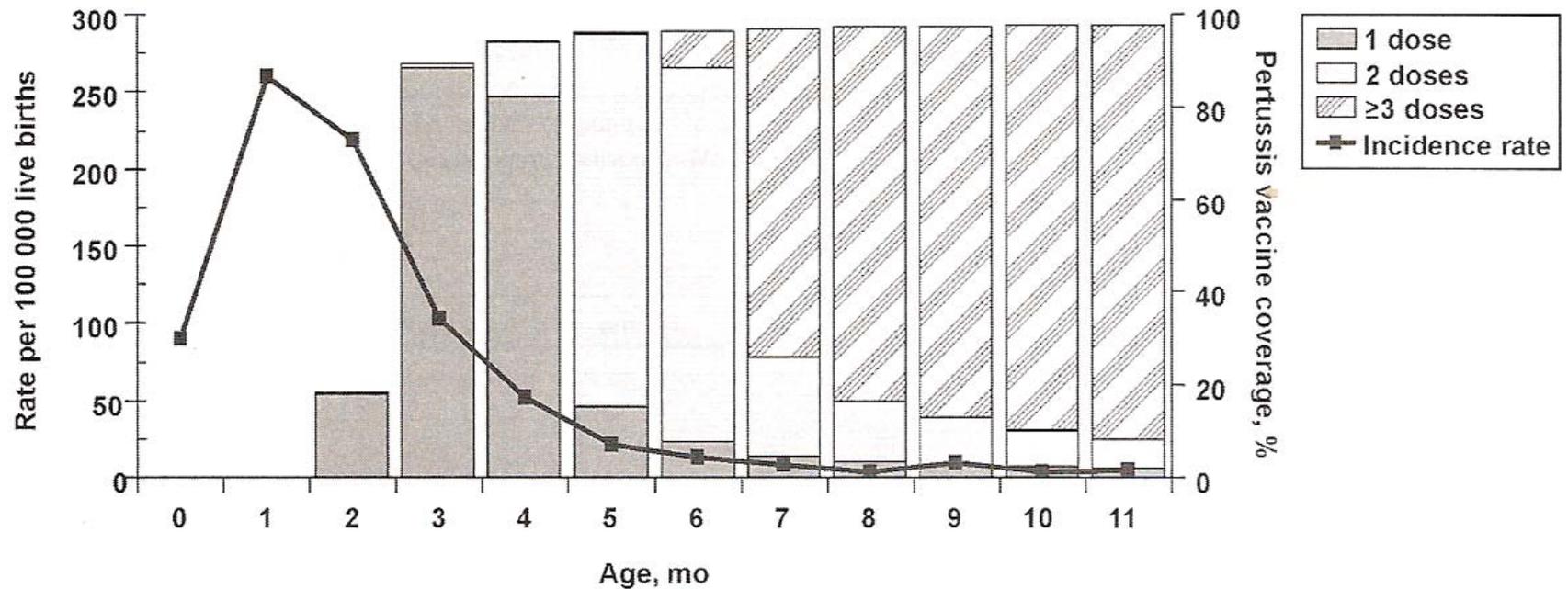
- Reports of pertussis, which have increased dramatically in recent years, represent only fraction of actual cases
- Largest increases in reported cases are among adolescents and adults
- Pertussis immunity, following disease or vaccination, wanes over time
- Disease in adolescents and adults associated with significant morbidity and complications, and with transmission to infants
- Infant pertussis is often severe, leading to hospitalization and mortality; deaths continue to increase among infants too young to be fully vaccinated

CDC Study – Infant Pertussis: Who Was the Source?

- 774 infant cases from 4 states
- 264 cases had source identified
- Sources:



Infant Pertussis Hospitalizations



Infant Pertussis Hospitalizations

- Using discharge databases, rates of hospitalization were 2x higher than with passive reporting
- Highest hospitalization rates were in babies 1-2 mos (239 hospitalizations per 100,000 live births)
- 86% of hospitalizations ≤ 3 mos
- 95% of infants who required mechanical ventilation and all deaths were ≤ 3 mos

Tdap Vaccination of Adults

- ACIP recommends adult (19-64 yrs) receive a single dose of Tdap if ≥ 10 yrs since Td (shorter intervals considered)
- Adults with close contact with infants <12mos
- Women should receive Tdap in the immediate post-partum period
- Adults should receive Tdap as part of wound management
- Adults with a history of pertussis should receive Tdap according to routine recommendations

Preconception Women and Postpartum Mothers Recommendation¹

“When possible, women should receive Tdap before becoming pregnant....Women, including those who are breastfeeding, should receive a dose of Tdap in the immediate postpartum period if they have not previously received Tdap.”

ACIP Adult Recommendations

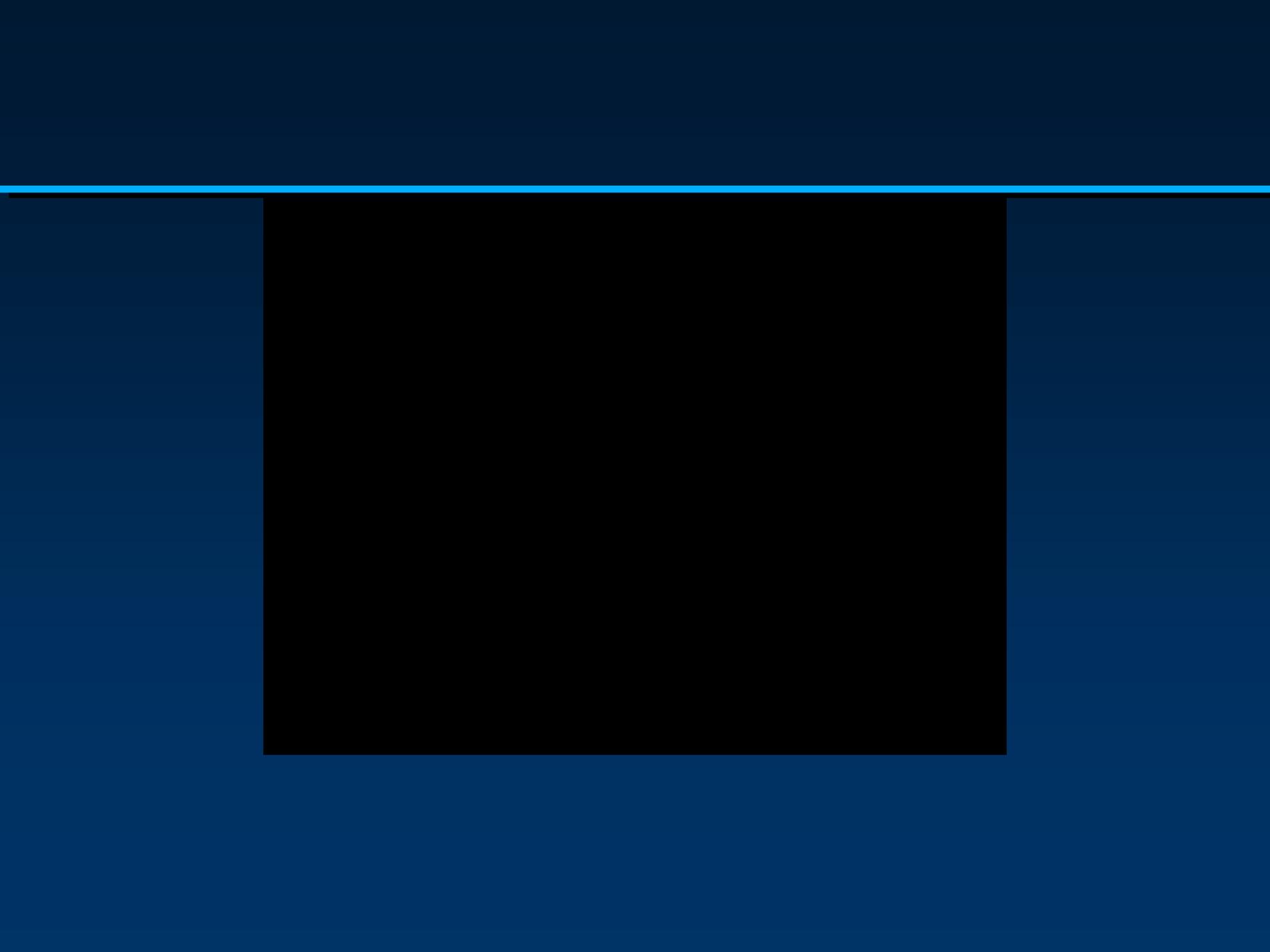
Key Contacts Recommendation¹

“Adults who have or who anticipate having close contact with an infant aged <12 months (e.g., parents, grandparents aged <65 years, child-care providers, and HCP [health-care personnel]) should receive a single dose of Tdap at intervals <10 years since the last Td to protect against pertussis if they have not previously received Tdap.... An interval as short as 2 years from the last dose of Td is suggested to reduce the risk for local and systemic reactions after vaccination; shorter intervals may be used.”

ACIP Adult Recommendations

Local Epidemiology

- Total cases – CA
 - 2005: 3182 (584 hospitalizations, 7 deaths)
 - 2009: 2322 cases
- 2001-2006 in CA
 - 2492 infant cases
 - 91% < 6 mos; 66% < 2 mos
 - 74% < 6 mos were hospitalized, 24 deaths
- CHOC
 - 2005: 24 cases
 - 2009: 28 cases
 - 2010: 34 cases in first 9 mos





Supplemental Transmittal
May 5, 2010 Meeting

DATE: May 4, 2010

TO: Clerk of the Commission

FROM: Michael M. Ruane, Executive Director

A handwritten signature in black ink, appearing to read 'Michael M. Ruane'.

SUBJECT: Supplemental Transmittal – Agenda Items No. 2 and No. 4

Please revise the agenda package as follows:

1. Agenda Item No. 2 – Proposed action is to approve agreement FC1-SSA-08. The agreement number in the staff report is correct.
2. Agenda Item No. 4 – Enclosed is an updated funding allocation sheet for the Maternal Child Health Network. The revised sheet does not revise any funding allocations, it incorporates: 1) the correct legal name for the VNA (Visiting Nurses) organization; 2) revised footnotes on the bottom of sheet regarding the terms of funding.

ATTACHMENT:

Recommended Bridges Maternal Child Health Network Funding (Replaces Attachment 2 of Agenda Item No. 4).

cc: Commission Members
Commission Counsel

Attachment 2

Recommended Bridges Maternal Child Health Network Funding
Term: July 1, 2010 through June 30, 2012

Contract Number	Organization	Budget FY 10-11	Budget FY 11-12	New Contract Maximum Obligation	Program Scope HV = Home Visitation
FCI-BN-02	Anaheim Memorial Medical Center	\$111,000	\$100,000	\$211,000	Early Outreach & Referral
FCI-BN-03	Coastal Communities Hospital	\$134,000	\$120,000	\$254,000	Early Outreach & Referral
FCI-BN-04	Fountain Valley Regional Hospital and Medical Center	\$144,000	\$130,000	\$274,000	Early Outreach & Referral
FCI-BN-05	Garden Grove Hospital and Medical Center	\$164,000	\$150,000	\$314,000	Early Outreach & Referral
FCI-BN-06	Hoag Memorial Presbyterian Hospital	\$156,000 \$125,000	\$140,000 \$125,000	\$546,000	A -Early Outreach Referral B - Infant HV
FCI-BN-07	Mission Hospital Memorial Medical Center	\$144,000	\$130,000	\$274,000	Early Outreach & Referral
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FCI-BN-10	Western Medical Center – Anaheim	\$131,000	\$120,000	\$251,000	Early Outreach & Referral
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FCI-BN-12	Children’s Bureau of Southern California	\$541,000 \$277,000	\$541,000 \$277,000	\$1,636,000	A -Infant HV B - Toddler HV
FCI-BN-13	Orange County Child Abuse Prevention Center	\$541,000 \$455,000	\$541,000 \$455,000	\$1,992,000	A - Infant HV B - Toddler HV
FCI-BN-14	VNA Foundation of Orange County	\$70,000	\$70,000	\$140,000	Center Based HV
FCI-BN-15	*Orangewood Children’s Foundation	\$865,000 \$165,000	\$790,000 \$165,000	\$1,985,000	A - Program Management B - Electronic Technology
FCI-P6-02	** Delhi Community Center	\$80,125	TBD	amendment	Health Access HV
FCI-P6-06	** The Raise Foundation	\$140,838	TBD	amendment	Health Access HV
FCI-P6-07	** Institute for Healthcare Advancement	\$80,125	TBD	amendment	Health Access HV
FCI-P6-08	** City of Garden Grove	\$119,442	TBD	amendment	Health Access HV
FCI-P6-10	** Share Our Selves	\$80,125	TBD	amendment	Health Access HV
FCI-P6-15	** Children’s Bureau of Southern California	\$240,000	TBD	amendment	Health Access HV
Total Network Funding		\$5,525,655	\$4,575,000	\$10,100,655	

* Funding allocation may be adjusted at a later date pending review of Health Access Home Visitation projects.

** Not to exceed amount listed – six month extension pending review (total \$740,655)

Note: One-time FY 2010-11 funding to support Early Outreach and Referral, Program Management / Electronic Technology, program transition.



Children & Families
Commission of Orange County

2010 APR 23
Agenda Item No. 4
May 7, 2010 Meeting
ORANGE COUNTY
BOARD OF SUPERVISORS

DATE: April 24, 2010

TO: Children and Families Commission of Orange County

FROM: Michael M. Ruane, Executive Director

SUBJECT: Bridges Maternal Child Health Network Program Funding Recommendations

In order to continue to work within the funding projections in the Long-Range Financial Plan, the Commission took early action and proactively directed staff in September of 2009 to review the Bridges Maternal Child Health Network and identify opportunities to consolidate services and redesign program elements to adhere to the financial constraints.

An update of the Bridges for Newborns Maternal Child Health Network (Network) program review was presented to the Commission in December 2009 and March 2010. This staff report provides final recommendations for implementation of the proposed program redesign.

Bridges Maternal Child Health Network Review

Since February 2000, the Commission has funded the Bridges for Newborns and Project Connections Early Action Programs to increase health access for very young children. In addition, the Commission funds several programs targeted at strengthening families for the purpose of promoting healthy early child development. Attachment 1 includes the key programmatic components of the Bridges Maternal Child Health Network and the scope of services. Collectively, these programs serve over 30,000 children and their families annually and focus on Commission outcomes to help ensure that children are:

- born healthy
- have and use a health home for comprehensive health services to include physical and dental services along with access to receiving age appropriate immunizations
- have access to early screening and assessments so conditions are identified, assessed, and managed
- raised in healthy and safe environments

The Bridges Network has served as a platform to implement many of the Commission's strategies to address maternal child health issues such as supporting the hospitals in pursuing Baby Friendly hospital designations to promote breastfeeding practices. The network can also serve as a platform to address the recent increase of pertussis which has been occurring in California.

In response to Commission's direction, the Orangewood Children's Foundation submitted a proposal developed with input from the current network of providers. An outside panel of child health experts reviewed the proposal. Consistent with this review, staff recommends funding for the Bridges Maternal Child Health Network as indicated on Attachment 2. The Long-Range Financial Plan dictated a \$1.25 million annualized reduction which will be fully implemented by the end of the upcoming fiscal year.

Program Redesign Features

Key features recommended in the redesign proposal include:

Refocus Distribution of Kit for New Parents	A First 5 California study confirmed that the Kits are most effective when received during pregnancy. A recent Commission pilot considered if prenatal distribution of the Kit was feasible. In response to the findings, recommend continued distribution of the Kits through the Bridges program with increased focus on prenatal outreach.
Expand Referrals to Out of Network Providers	Currently, participation in the Bridges program is limited to babies screened by Bridges participating hospitals. Community providers have requested that program eligibility be extended to include: families identified prenatally, babies born at non-Bridges hospitals including out of County hospitals for families residing in Orange County, and families who move to Orange County with an infant. The new proposal would implement a referral clearinghouse to receive out of network referrals, provide training on the Bridges screening tool, and introduce families to the Bridges program.
Use Electronic Technology for Efficient and Effective Services	Due to the number of babies born at Bridges hospitals, a significant amount of staff time has been dedicated to data collection, data entry, and processing family referrals to services. Adding a paperless system which would leverage existing hospital data for risk screening and data collection with electronic referral through wireless technology with real time data sharing would promote efficiencies between all Network programs.
Strengthen Home Visitation Investment	Home visitation providers have recommended adopting the Triple P evidence based curriculum as the home visitation service model. A pilot of the curriculum has been implemented through technical assistance and training provided through the Mental Health Services Act. Triple P provides more structure with interventions and services while reducing service time, increasing the number of families served.
Health Access Promotion Team Deployment	In order to achieve cost saving and promote program flexibility, it is recommended that the health access program be reviewed over the next six months.
Centralize Program Management	In order to achieve cost saving, it is recommended that a master service agreement be developed to centralize program management. Master agreement components would include: implementing a safety net referral clearinghouse, providing for the design and implementation of the electronic technology, manage “Kit for New Parents” distribution, provide program management services for the Bridges Network.

Transition Plan

In order to ensure that the proposed redesign changes are implemented successfully, with no disruption of services, transition funds are recommended over the reduced annualized program costs for allocation in FY 2010-11. One time funds proposed for Early Outreach and Referral hospital based programs would be designated to support the transition to the new information system and expenses related to leveraging hospital data systems. One time funds allocated for Program Management would ensure that adequate staff support is available to support Network providers in the transition to the new program model including implementing the new automated information system for client referral tracking, and related services protocols. A six month extension of funding for the Health Access Promotion Teams (e.g., Raise Foundation) while we examine opportunities to address deployment and funding needs.

Kit for New Parents

The State Commission will be reducing the number of Kits for new parents in the future and Orange County can expect to have less than 50% of the current allocation available. The new statewide allocation system will focus distribution on lower income families and hard to reach populations. In light of these changes, staff will be working with our state association on allocation options as well as new approaches that could be implemented on a local level.

Emerging Issues – Whooping Cough Vaccination Needs

There has been an increase in the incidents of Whooping Cough in California, and the State Health Officer has issued an advisory to all counties. Whooping Cough is of particular concern to newborns and infants since the vaccine is not fully effective until six months of age.

At the May 5th Commission meeting, there will be a presentation on this issue and the potential to utilize the Bridges for Newborns program as a potential platform for improving vaccination of parents. Staff recommends that we incorporate this into the current funding agreements with birthing hospitals, if approved by your Commission.

PRIOR COMMISSION ACTIONS:

- April 2010 – Bridges Network progress report received and funds authorized for Care Coordination Module technology development
- March 2010 – Bridges Network recommendations received
- December 2009 – Report on Bridges Network Program review received
- September 2009 – “Strategic Planning Meeting Follow-up Session Report” received
- August 2002 – Bridges for Newborns Program Strategic Business Plan approved
- February 2000 – Bridges and Project Connections Early Action Programs approved

STRATEGIC PLAN & FISCAL SUMMARY:

The fiscal reports and recommended actions presented in this staff report have been reviewed in relation to the Commission’s Strategic Plan and are consistent with the Healthy Children goal. Funding for the Bridges Network allocations in the indicated on Attachment 2 are included in the FY 2010-11 Budget recommendations. FY 2011-12 recommended allocations are reflected in the Commission’s Financial Plan.

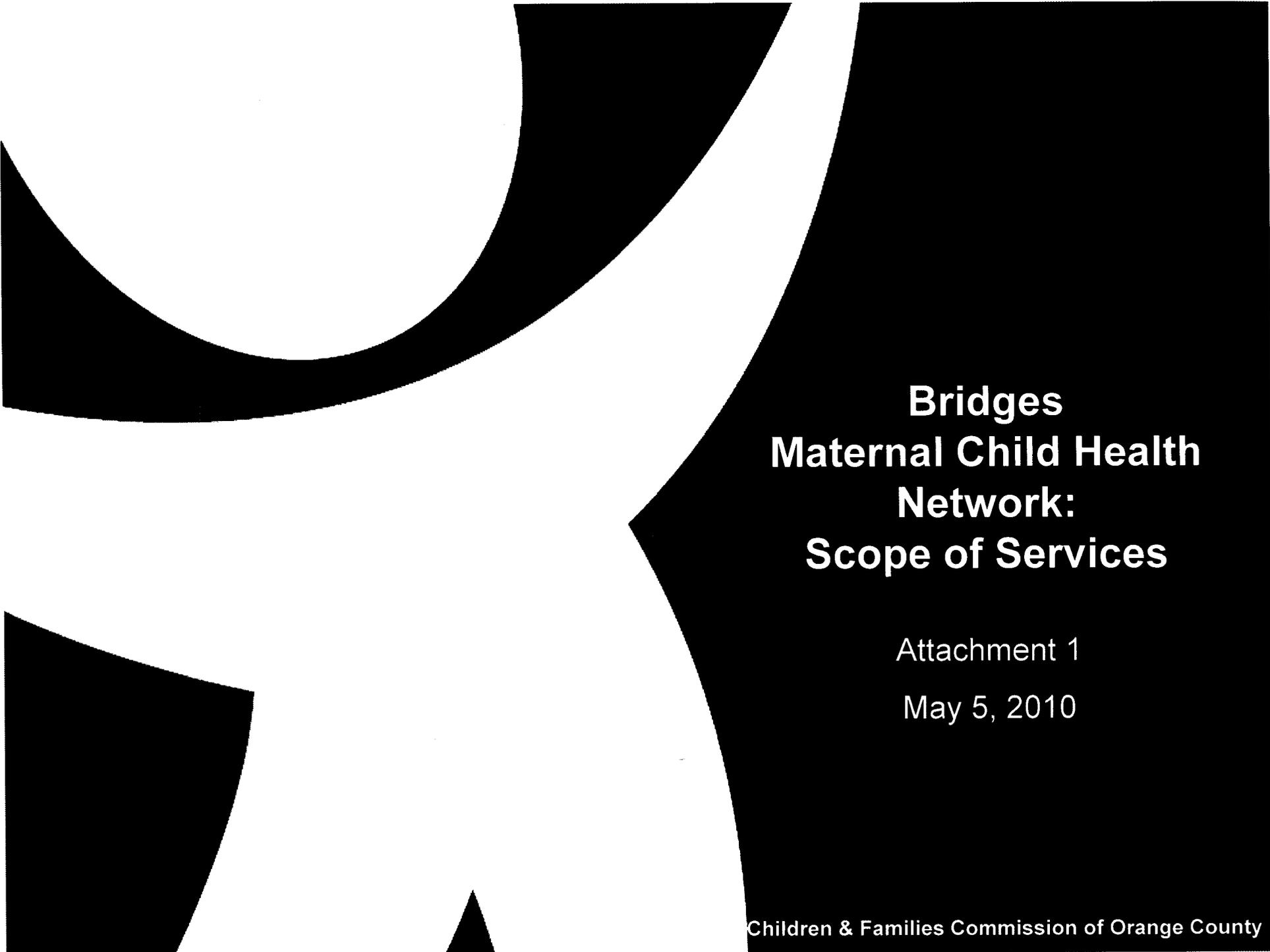
RECOMMENDED ACTIONS:

1. Adopt Resolution (Attachment 3) authorizing Executive Director, or designee, and Commission Counsel to prepare and negotiate New Agreements, or Amendments to Current Agreements at the Executive Director's sole discretion, to provide Bridges Maternal Child Health Network services with the organizations, for the terms and in the amounts and on the conditions as described in Attachment 2 to this Agenda Item.
2. Receive report and presentation on increase in Whooping Cough cases and potential opportunities to utilize Bridges for Newborns platform and Commission communication resources to improve vaccination rates, and provide policy direction to staff.

ATTACHMENTS:

1. Bridges Maternal Child Health Network: Scope of Services
2. Recommended Bridges Maternal Child Health Network Funding
3. Resolution for Bridges Maternal Child Health Network Funding

Contact: Alyce Mastrianni



**Bridges
Maternal Child Health
Network:
Scope of Services**

Attachment 1

May 5, 2010

Bridges For Newborns

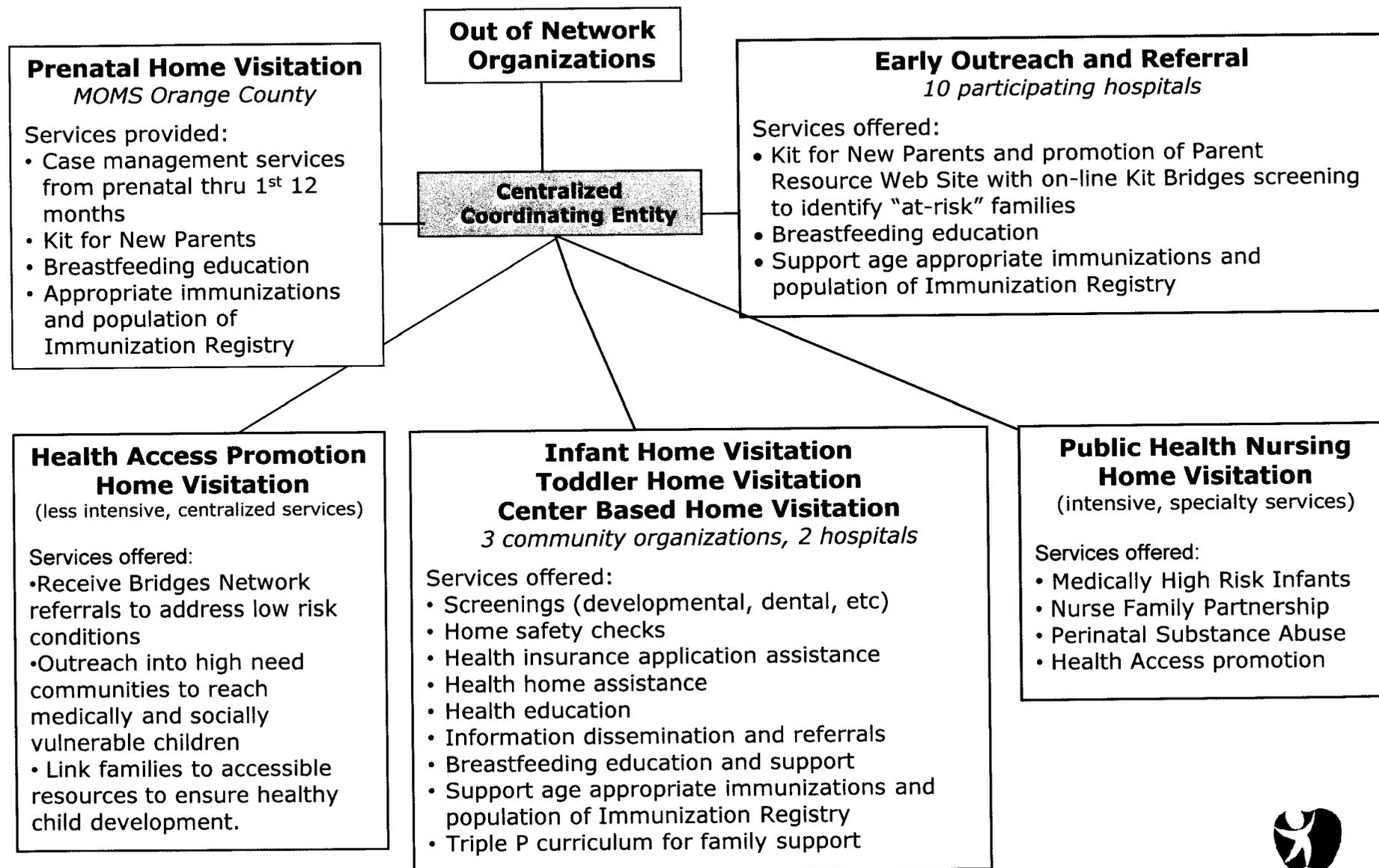
Bridges is a county-wide program aimed to ensure all prenatal women and their babies have:

- A medical home for preventive services
- Health and other risk factors identified
- Information about healthy child development
- Home visiting / early intervention services as needed

The program is the entry point and provides an array of services funded by the Commission devoted to supporting the health and development of children from prenatal through age five.



Bridges Maternal Child Health Network: Scope of Services



Proposed Annual Funding: Contracts Ending 2009/10

Redesign	Current	Redesign	Percent Change
Early Outreach & Referral	1,675,126	1,300,000	-22%
Healthy Child Development			
Home Visitation - Infants	1,795,844	1,518,000	-15%
Home Visitation - Toddler	734,000	732,000	0%
Home Visitation - Mental Health	290,000	-	-100%
Home Visitation - Center Based	69,000	70,000	1%
*Health Access Promotion	1,481,309	**740,655	TBD
Program Management			
*Core Program Management	670,500	401,000	-40%
*Centralized Program Costs	-	249,000	new
Kits	235,000	140,000	-40%
NetChemistry	94,500	165,000	75%
Total Annual Budget	7,045,279	5,678,000	-19%
Early Outreach & Referral Transition		135,000	
*Program Management Transition		75,000	
Total including 1st year transition fees	7,045,279	5,525,655	

*Not to exceed amounts listed

**Six month extension pending review



Recommended Program Redesign

Prenatal Home Visitation	Provide leadership in prenatal outreach, education, and technical assistance to develop partnership with OB's and improve referral linkages. (Community Provider)	1 community organizations
Early Outreach & Referral	Automate client risk prescreening. Prioritize bedside screening to high-risk families. Conduct prenatal outreach. (Hospitals)	10 High Birth Hospitals
Home Visitation		
- Infant	Adjust model to allow flexible, shorter term service as appropriate to needs. Open program eligibility to out of network referrals. (Community Providers and 2 Hospital Providers)	2 hospitals, 2 community organizations
-Toddler	Promote best practice curriculum as standard program model which will allow for expanded services. (Community Provider)	2 community organizations
-Center Based	Parent- Infant support program provides home visitation services in a central location. (Community Provider)	1 community organization
-Public Health Nurses	Provide flexibility to redeploy resources to target priorities within changing service demands. Strengthen referral management across Network. (County)	County services
- Health Access Promotion	Review Promotores Home Visitation deployment and funding. Continue current funding for 6 months.	6 community organizations
Program Management	Consolidate contracts. Ensure interagency referrals & system linkages. Centralize safety net referrals.	Orangewood Children's Foundation
- Including –		
Data Interface	Interface with hospital current data systems to allow for paperless data collection and referral.	

Total proposed reduction from 27 contracts to 20 contracts

* Public Health Nursing and Prenatal Home Visitation are not part of the funding action, a separate multi-year agreement is in place.



Focus of Redesign

Long-Term Financial Plan and revenue projections dictate the need to examine a thoughtful approach to continuing to achieve strong outcomes for children by:

- Restructuring the program to operate as a network-system of care
- Identifying cost savings and reductions
- Finding ways to streamline processes
- Strengthening program management



Proposed Design Changes:

Operate as a Network

- Develop data system to promote interface with existing hospital data intake collection systems.
- Implement system across Bridges Maternal Child Health Network providers, including conducting interagency referrals electronically.
- Use wireless technology for real time data entry, use of on-going case files, and outcome tracking.
- Promote responsive communication regarding client care across Network agencies.
- Manage Network referrals including out of Network referrals to ensure timely, responsive care and eliminate lost referrals.
- Automate data entry into new Commission outcome tracking system.



Proposed Design Changes: *Cost Savings / Fund Leveraging*

- Continue to participate in TCM and MAA to leverage Commission funding and reinvest funds back into the program.
- Reduce administrative expenses.
 - Reduce the number of contracts without significant impact on the level of service.
 - Streamline technical assistance and implement centralized program management.
 - Reduce the number of Commission program leads.
- Utilize existing and emerging mental health services (MHSA) for 0-5 children and their families.



Proposed Design Changes:

Streamline Processes

Gain program efficiencies:

- Implement Network information system to automate and improve client referral, response, services and tracking.
- Implement data interface to leverage existing hospital data.

Increase program capacity:

- Expand eligibility to include non-Bridges hospitals and community organizations serving pregnant women, mothers and newborns, and encourage out of county hospital referrals to the network.
- Expand prenatal outreach, screening and Kit distribution.
- Modify program models to increase service flexibility based on family need.
- Adopt Triple P curriculum for home visitation, adjust length of services.
- Review health access programs to maximize service delivery with focus on high risk, maternal child health populations.
- Redesign Health Care Coordinator positions: standardize level of expertise, increase qualifications, enhance scope with focus to decrease staff turnover.



Proposed Design Changes:

Strengthen Program Management

- Centralize program management into a master agreement with Orangewood Children's Foundation; maintain relationship with Hospital Association of Southern California.
- Develop prenatal outreach and referral processes.
- Distribute Kit for New Parents with increased focus on prenatal distribution.
- Promote Network with continued targeting of at-risk populations including: substance exposed infants, low-birth weight babies, post partum depression, teen parents, unstably housed families, and promoting family resilience.
- Build strategic partnerships to ensure responsive services for families to support strong maternal child health outcomes such as: breastfeeding, age appropriate immunizations, health home, developmental screening, nutrition, and child safety.



Attachment 2

Recommended Bridges Maternal Child Health Network Funding
Term: July 1, 2010 through June 30, 2012

Contract Number	Organization	** Budget FY 10-11	Budget FY 11-12	New Contract Maximum Obligation	Program Scope HV = Home Visitation
FCI-BN-02	Anaheim Memorial Medical Center	\$111,000	\$100,000	\$211,000	Early Outreach & Referral
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FCI-P6-10	*Share Our Selves	\$80,125	TBD	amendment	Health Access HV
FCI-P6-15	*Children’s Bureau of Southern California	\$240,000	TBD	amendment	Health Access HV
Total Network Funding		\$5,525,655	\$4,575,000	\$10,100,655*	

* Not to exceed amount listed – six month extension pending review (total \$740,655)

** Early Outreach and Referral, Program Management / Electronic Technology, includes FY 2010-11 funding to support program transition.

CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY

RESOLUTION NO. ___-10-C&FC

May 5, 2010

A RESOLUTION OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY DIRECTING THE EXECUTIVE DIRECTOR AND COMMISSION COUNSEL TO PREPARE AND NEGOTIATE NEW AGREEMENTS, OR AMENDMENTS TO CURRENT AGREEMENTS AT THE EXECUTIVE DIRECTOR'S SOLE DISCRETION, WITH DESIGNATED ORGANIZATIONS TO PROVIDE BRIDGES MATERNAL CHILD HEALTH NETWORK SERVICES; AND, AUTHORIZING APPROVAL AND EXECUTION OF SUCH AGREEMENTS, OR AMENDMENTS TO AGREEMENTS, ON BEHALF OF THE COMMISSION

WHEREAS, in order to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development, the legislature adopted legislation set forth in the California Children and Families Act of 1998, Health and Safety Code Section 130100, *et seq.* (as amended, the "Act") implementing the Children and Families First Initiative passed by the California electorate in November, 1998 and establishing the California Children and Families Commission and County Children and Families Commissions, including this Children and Families Commission of Orange County ("Commission"); and

WHEREAS, Commission adopted its Strategic Plan to define how funds authorized under the Act and allocated to the Commission should best be used to meet the critical needs of Orange County's children prenatal to five years of age as codified in the Act; and

WHEREAS, the Executive Director and Commission Counsel have prepared a standard Master Agreement for Services ("Master Agreement"), which was approved by the Commission; and

WHEREAS, the Commission desires to enter into New Agreements, or Amendments to Current Agreements at the Executive Director's sole discretion, with each of the Organizations, hereinafter referred to as the "Contractor" in each of the Agreements or Amendments to Agreements authorized herein, to provide Bridges Maternal Child Health Network services for the terms and in the amounts and on the conditions as described in Attachment 2 to the May 5, 2010 staff report for this Agenda Item; and

WHEREAS, each Contractor desires to enter into the applicable Agreements, or Amendments to Agreements, in furtherance of the purposes of the Act and the Strategic Plan on the terms and conditions set forth in the applicable Agreements; and

WHEREAS, Commission has reviewed the staff report for the May 5, 2010 Commission meeting relating to the scope of services to be provided and hereby finds and determines that the proposed Agreements, or Amendments to Agreements, are in furtherance of and consistent with the Commission's Strategic Plan; and

WHEREAS, Commission desires to authorize the Commission Chair and Commission Clerk to execute the Agreements, or Amendments to Agreements with each of the Contractors, for the

terms and in the amounts and on the conditions specified in Attachment 2 to the May 5, 2010 staff report for this Agenda Item; and

NOW, THEREFORE BE IT RESOLVED BY THE COMMISSIONERS OF THE CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY AS FOLLOWS:

Section 1 Commission finds and determines the foregoing Recitals are true and correct and are a substantive part of this Resolution.

Section 2 Commission authorizes the Executive Director, or designee, and Commission Counsel to prepare and negotiate New Agreements, or Amendments to Current Agreements at the Executive Director's sole discretion, with each of the Contractors as described in Attachment 2 to this Agenda Item to provide Bridges Maternal Child Health Network services for the terms and in the amounts and on the conditions, consistent with the May 5, 2010 staff report and scope of services referenced therein; and

Section 3 The form of any New Agreements with the Contractors, for the terms and in the amounts specified in Attachment 2 to the May 5, 2010 staff report for this Agenda Item shall be substantially similar to the form of the standard Master Agreement, subject to minor, non-substantive revisions as reviewed and approved by the Executive Director or designee and Commission Counsel. The approval by the Executive Director or designee of the New Agreements, and/or Amendments to Current Agreements, shall be conclusively evidenced by the execution of such New Agreements and/or Amendments to Current Agreements by the Commission Chair and delivery thereof to the Commission Clerk.

Section 4 Commission hereby approves the New Agreements, or Amendments to Current Agreements at the Executive Director's sole discretion, with each of the Contractors as described in Attachment 2 to this Agenda Item to provide Bridges Maternal Child Health Network services for the terms and in the amounts and on the conditions, as specified in the May 5, 2010 staff report for this Agenda Item.

Section 5 The Commission Chair and the Clerk of the Commission are hereby authorized to execute and attest, respectively, the New Agreements and/or Amendments to Current Agreements on behalf of the Commission.

Section 6 A copy of each final New Agreement and/or Amendment to Current Agreement when executed by the Commission Chair and attested by the Clerk of the Commission shall be appended hereto as a part of Exhibit A to this Resolution. Exhibit A is hereby fully incorporated as a part of this Resolution by this reference and made a part hereof. Each final executed Amendment to Agreement shall be placed on file in the office of the Clerk of the Commission.

Section 7 In addition to the authorization of Section 2 above, the Executive Director, or designee, is hereby authorized, on behalf of the Commission, (i) to sign all documents necessary and appropriate to carry out and implement the Agreement(s), (ii) to cause the issuance of warrants, (iii) to administer the Commission's obligations, responsibilities, and duties to be performed under such agreement(s), and (iv) during the term thereof to provide waivers, administrative interpretations, and minor modifications of the provisions of such agreement(s) in the furtherance thereof.

Section 8 The Clerk of the Commission shall certify to the adoption of this Resolution.

The foregoing resolution was passed and adopted by the following vote of the Children and Families Commission of Orange County on May 5, 2010 to wit:

AYES Commissioners: _____

NOES: Commissioner(s): _____

EXCUSED: Commissioner(s): _____

ABSTAINED: Commissioner(s) _____

CHAIR

STATE OF CALIFORNIA)
)
COUNTY OF ORANGE)

I, DARLENE J. BLOOM, Clerk of the Commission of Orange County, California, hereby certify that a copy of this document has been delivered to the Chair of the Commission and that the above and foregoing Resolution was duly and regularly adopted by the Children and Families Commission of Orange County.

IN WITNESS WHEREOF, I have hereto set my hand and seal.

DARLENE J. BLOOM
Clerk of the Commission, Children and Families Commission of
Orange County, County of Orange, State of California

Resolution No: __-10-C&FC

Agenda Date: May 5, 2010

Item No. __



I certify that the foregoing is a true and correct copy of the Resolution adopted by the

DARLENE J. BLOOM, Clerk of the Commission

By: _____
Deputy

EXHIBIT A TO RESOLUTION OF COMMISSION

(Attach copy(ies) of final executed New Agreements and/or Amendments to Current Agreements)