EXHIBIT A – SCOPE OF WORK – COMMUNITY OPPORTUNITIES FUND

Contract Number: 00745
Agency Name: Children’s Hospital Los Angeles
Project Name: Healthcare Provider Alliance for Children
Project Length: 4 years (4/1/2010-3/31/2014)

Contract Period: 4/1/10-6/30/11
Revision Date: (Office Use Only)
Report Period:
Submission Date:

INITIATIVE GOAL (POLICY AND ADVOCACY): Project activities will develop policies and/or build public awareness and support for policies that will result in sustained and meaningful impact on the long-term outcome.

FIRST 5 LA PRIORITY AREA: Babies are born healthy

PROJECT GOAL: Comprehensive, affordable and continuous health insurance coverage for all young children. Cover all children in families under 300% of the Federal Poverty Level (FPL) and provide affordable options for those above 300% of FPL.

LONG-TERM OUTCOME(S):
Increase number of Los Angeles county children age 0-5 years enrolled in health insurance programs. Decrease the frequency and duration of lapses in health insurance coverage. Ensure a comprehensive benefit package for all children, including mental health and dental services. Minimize cost-sharing to a reasonable percentage of income, in particular for preventive visits.
## Exhibit A – Scope of Work – Community Opportunities Fund

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(For progress report only)

Objective status:
- IN-PROCESS
- COMPLETE
- DELAYED

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1. Increased capacity to continue moving toward organizational effectiveness and designated long-term outcome.

A. Increased clarity, prioritization and support for the approved project components.

A1. Complete (or revise) logic model

A2. Participate in quarterly COF Policy Meetings coordinated by First 5 LA

B. Provision of baseline/aggregate data for initiative-level evaluation and to inform Technical Assistance

B1. Complete an organizational self-assessment using TCC’s OCAT, including Policy and Advocacy component, at the beginning of the grant project (as

Grantee Staff to be designated

Completed as part of contract negotiations.

Grantee Staff to be designated, First 5 LA Policy Team, First 5 LA Technical Assistance Consultant

Grantee Staff to be designated

3/1/10-5/1/10

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<td>Consultant.</td>
<td>well as prior to the close of the grant project</td>
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<td>B2. Involve First 5 LA's initiative-wide consultant as a technical assistant in reconciling the results of the baseline organizational self-assessment, identifying and providing linkages to technical assistance resources in regards to implementation of the project.</td>
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<td>Grantee Staff to be designated and First 5 LA Technical Assistance Consultant</td>
<td>Onngoing</td>
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<td>B3. Support and participate in periodic group/peer learning/training opportunities.</td>
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<td>2. Ongoing program improvement informed by initiative-level evaluation and project-level evaluation.</td>
<td>A. Building and improving organizational evaluation capacity.</td>
<td>A1. Participate in all initiative-level evaluation activities to be collectively agreed upon between grantees, First 5 LA staff, and First 5 LA's initiative-level evaluator;</td>
<td>First 5 LA Initiative-level Evaluator</td>
<td>On-going</td>
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<td>A2. Involve First 5 LA's initiative-level evaluator as a technical assistant in developing and implementing a project-specific evaluation plan that also addresses overarching evaluation questions;</td>
<td>Grantee Staff to be designated</td>
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<td>Project coordinator A1. Conduct needs assessment to identify and describe healthcare provider organizations and other key stakeholders. A2. Define structure and goals. Establish subgroups. Develop policy agenda. A3. Hold coalition meetings quarterly for two years, then twice a year. A4. Organize annual symposium starting year two. A5. Evaluate success of the coalition through participation in coalition activities, and through interviews and surveys.</td>
<td>Project coordinator A1. Conduct needs assessment to identify and describe healthcare provider organizations and other key stakeholders. A2. Define structure and goals. Establish subgroups. Develop policy agenda. A3. Hold coalition meetings quarterly for two years, then twice a year. A4. Organize annual symposium starting year two. A5. Evaluate success of the coalition through participation in coalition activities, and through interviews and surveys.</td>
<td>MOU with AAP executed by 04/30/2010. Identify and contact organizations by 06/01/2010. First coalition meeting by 09/01/2010. Coalition goals and agenda approved by 12/31/2010. First annual symposium held by 12/31/2011. Evaluation of coalition by 3/31/2012 and 3/31/2014.</td>
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3. Building a multidisciplinary coalition for children’s health coverage.

A. Creating and improving a coalition to advocate for children’s health coverage.

B. Understanding the research and information needs of the coalition.

B1. Develop and administer survey for general public on knowledge and attitudes toward children’s health insurance.

B2. Development and administer
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**Survey for healthcare providers and coalition members on knowledge and attitudes toward children's health insurance.**

**Survey administration complete by 5/1/2011.**

**Analysis and report to coalition by 6/1/2011.**


B. Improve healthcare provider advocacy skills. Increase healthcare percentage of healthcare
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<td>providers who feel moderately or highly skilled in advocacy and policy skills by 50%.</td>
<td>Same as above, except minimum 10 attendees for pilot and minimum 50 trainees per year.</td>
<td>Same as above, with additional consultation from CHLA media relations staff.</td>
<td>Ongoing</td>
<td>Same as above.</td>
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<td>C. Improve healthcare provider media skills. Increase healthcare percentage of healthcare providers who feel moderately or highly skilled in media skills by 50%.</td>
<td>A. Establish and improve relationships with policy targets. Increase contact with policy targets by 50%.</td>
<td>A1. Identify policy targets. Include minimum 15 policy targets. A2. Hold town hall meetings in each SPA minimum once per year. A3. Make contact with policy targets minimum twice per year. A4. Evaluation of contacts with policy targets through contact reports.</td>
<td>Project coordinator AAP ED AAP Area Representatives Biostatistician for Q4.</td>
<td>Ongoing</td>
<td>Identification of policy targets by 4/1/2011. Town hall meetings minimum one in each SPA by 9/30/2011. One meeting with each policy target by 9/30/2011, then subsequently twice per year. Evaluation of contacts with policy targets by 06/30/2012, and annually</td>
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**B. Improve access to information and tools needed for effective advocacy through HPAC website. Increase downloads and hits to website by 25% per year.**

**B1. Design website**

**B2. Create web content, including sample advocacy tools, advocacy training materials, links to data and research, links to contacts for policymakers, links to other advocacy organizations.**

**B3. Publish newsletter quarterly.**

**B4. Publish minimum of 2 white papers or policy briefs per year.**

**B5. Publish proceedings from annual coalition meeting.**

**B6. Evaluation of website use through website hits, postings, and downloads.**

**Project coordinator CHLA PI’s TBD web consultant Biostatistician for B6.**

**Website design, content creation and preparation 6/1/2010 – 6/1/2011. All other activities ongoing.**

**Website launch 6/1/2011.**

**First newsletter due 3/1/2011, then quarterly.**

**First policy briefs due with launch of website 6/1/2011, then subsequently twice per year.**

**First meeting proceedings due 3/31/2012.**

**Evaluation of website due 12/31/2012, then annually.**


**C. Improve ability to participate in advocacy through a Rapid Response Network (RRN). Increase activity through the rapid response network by 20% per year.**

**C1. Create policy priorities and establish mechanism for identifying appropriate issues through the coalition subcommittee.**

**C2. Create database of experts who are willing to give testimony, serve as consultants or be interviewed by**

**Project coordinator AAP ED CHLA PI’s TBD web consultant Biostatistician for C6.**

**Ongoing.**

**Expert database created by 7/1/2011**

**Key contact database created by 12/31/2010.**

**RRN infrastructure established by 7/1/2011**
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C3. Create database of individuals who are willing to serve as key contacts to local government agencies and elected officials.

C4. Create web and email based network with mechanism for response and participation.

C5. Create action alerts with associated resource materials such as template letters, op-eds, fact sheets, slide presentations, etc. Goal is minimum of 6 alerts per year.


Launch of RRN by 09/30/2011...
Evaluation of RRN starting 3/31/2012 and annually thereafter.