

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

522



FROM: Riverside County Department of Public Health

SUBMITTAL DATE:
June 26, 2012

SUBJECT: Ratify the California Department of Public Health Maternal, Child and Adolescent Health (MCAH) Program Allocation Agreement #201133 for FY 2011/2012.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify the MCAH County Allocation Agreement #201133 between the California Department of Public Health and Riverside County Department of Public Health, Maternal, Child and Adolescent Health, in the amount of \$177,170 for the period of July 1, 2011 through June 30, 2012;
- 2) Authorize the Purchasing Agent to sign subsequent amendments that make only ministerial changes to the agreement not to exceed the amount of \$177,170 nor extend the period of performance of July 1, 2011 through June 30, 2012; and

(RECOMMENDED MOTION: Continued on page 2)

HP:rc

Susan D. Harrington
Susan D. Harrington, Director
Department of Public Health

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 177,170	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	NO
	Annual Net County Cost:	\$ 0	For Fiscal Year:	11/12

SOURCE OF FUNDS: 100% funded by State and Federal	Positions To Be Deleted Per A-30	<input checked="" type="checkbox"/>
	Requires 4/5 Vote	

C.E.O. RECOMMENDATION: APPROVE

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

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Ashley, seconded by Supervisor Buster and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Benoit and Ashley
Nays: None
Absent: Stone
Date: July 17, 2012
xc: Public Health, Purchasing

Kecia Harper-Ihem
Clerk of the Board
By: *[Signature]*
Deputy

Prev. Agn. Ref.: | District: ALL | Agenda Number:

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

3.28

FORM APPROVED COUNTY COUNSEL
 BY: *[Signature]* DATE: *[Signature]*
 NEAL R. KIPNIS
 Departmental Concurrence
 Purchasing: *[Signature]* Mark Seiler, Assistant Director

Policy Policy
 Consent Consent
 Dept't Recomm.:
 Per Exec. Ofc.:

SUBJECT: Ratify the California Department of Public Health Maternal, Child and Adolescent Health (MCAH) Program Allocation Agreement #201133 for FY 2011/2012.

RECOMMENDED MOTION (cont.): That the Board of Supervisors:

- 3) Authorize the Chairperson to sign two (2) originals of said Agreement on behalf of the County.

BACKGROUND: The overall goal of the Maternal, Child and Adolescent Health (MCAH) Branch is to ensure that all women of reproductive age, infants, children, adolescents and their families have access to quality maternal and child health services, particularly those services that reduce the incidence of low birth rate and premature delivery, reduce maternal and infant mortality, and promote optimal health and well-being of parenting families. In order to meet this overall goal, several components are being addressed, including the following:

- 1) To improve outreach and access to quality health and human services by linking the MCAH population to needed medical, mental, social, dental, and community services to promote equity in access to quality services. Outreach services will be targeted to identify pregnant women, women of reproductive age, infants, children and adolescents and their families who are eligible for Medi-Cal assistance or other publicly provided health care programs and assist them in applying for these benefits.
- 2) To improve maternal health and assure that all pregnant women will have access to early, adequate and high-quality, perinatal care with a special emphasis on low-income and Medi-Cal eligible women.
- 3) To reduce infant mortality and address disparities by promoting preconception health and health care and by preventing causes such as, birth defects, low birth weight/prematurity, Sudden Infant Death Syndrome (SIDS), and maternal complications in pregnancy.
- 4) To promote health nutrition and physical activity among MCAH populations throughout the lifespan beginning with exclusive breastfeeding of infants to six months of age.

PERSONNEL:

Pursuant to Board Policy A-30, these positions will be eliminated once funding is exhausted.

FINANCIAL INFORMATION:

The FY2011/2012 contract amount of \$177,170 is 100% funded by State and Federal. This amount is in the FY2011/2012 County budget.

JUSTIFICATION OF DELAY:

Delay due to negotiating scope of work requirements.



RON CHAPMAN, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

December 21, 2011

Hermia Parks, RN, PHN, MA
MCAH Director
Director of Public Health Nursing
County of Riverside
Department of Public Health
4065 County Circle Drive, Room 208
Riverside, CA 92513-7600

Dear Ms. Parks:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR
AGREEMENT # 201133 – FY 2011/2012

The Maternal, Child and Adolescent Health (MCAH) Division of the California Department of Public Health (CDPH) approves your Agency's AFA, including the attached Scope of Work (SOW) and Budget for administration of MCAH related programs.

To carry out the program outlined in the enclosed SOW and Budget, during the period of July 1, 2011, through June 30, 2012, the MCAH Division will reimburse expenditures up to the following amount:

Maternal, Child and Adolescent Health\$ 177,170

The availability of Title V funds is based upon funds appropriated in the FY 2011/2012 Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to CDPH MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the 2011-12 Program and Fiscal Policy and Procedures manuals, which includes the ability to substantiate all funds claimed.

CDPH MCAH policies and procedures can be accessed at
<http://cdph.ca.gov/MCAHfiscal>.

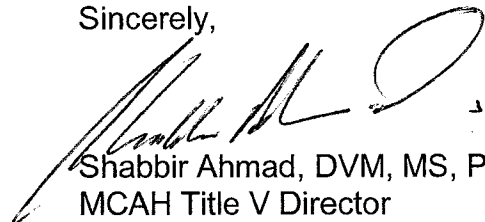
Hermia Parks, RN, PHN, MA
Page 2
December 21, 2011

For agencies claiming Title XIX funds, you also agree to maintain secondary documentation that clearly substantiates time study activities as being non-program related, non-matchable, matchable or enhancable. You also agree to use either:

1. the web-posted CDPH MCAH and/or BIH Base Medi-Cal Factor (MCF),
2. the CDPH MCAH prior-approved alternate MCF (MCAH Program only),
3. a Variable Base MCF for specific staff who serve a unique client population, and who verify and document 100% of their Medi-Cal enrolled and non-Medi-Cal enrolled clients during each time study period (MCAH Program only), and/or
4. the Lodestar generated MCF (AFLP Program only).

Please ensure that all necessary individuals within your Agency are notified of this approval and that the enclosed documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained in the enclosed SOW and Budget is incorrect or different from that negotiated, please contact your Contract Manager, Toni Ballenger, at (916) 650-0351 or by e-mail at Toni.Ballenger@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Shabbir Ahmad, DVM, MS, PhD
MCAH Title V Director

Enclosure(s)

cc: Mr. Bob Buster, Chairman
Riverside County Board of Supervisors
4080 Lemon Street, 5th Floor
Riverside, CA 92501

Toni Ballenger
Contract Manager
Maternal, Child and Adolescent Health Division

Paula Curran, RN, PHN, MHA
Program Consultant
Maternal, Child and Adolescent Health Division

Central File

Maternal, Child and Adolescent Health (MCAH) Program Scope of Work (SOW)

The Local Health Jurisdiction (LHJ), in collaboration with the State MCAH Program, shall strive to develop systems that protect and improve the health of California's women of reproductive age, infants, children, adolescents and their families. The information generated from this SOW can be used to capture and describe the objectives, activities and outcomes of the MCAH LHJs.

The goals in this MCAH SOW reflect the priorities of the MCAH Division as identified by the federally required 2011-2015 Title V 5-Year Needs Assessment which incorporates local priority needs. All LHJs must perform the activities in the shaded areas in Goals 1-3 and monitor and report on the corresponding general process and outcomes measures. In addition, each LHJ is required to develop at least one specific objective(s) and corresponding intervention activities and evaluation/performance measure(s) for Goals 1, 2 and 3.

Every five years the LHJ is required to use the findings from their Title V Needs Assessment to identify local priority goals and objectives and are encouraged to develop a Five-Year MCAH Action Plan. Each fiscal year the LHJ is required to address one or more local priority objective(s) in their MCAH SOW. Place local priority objective(s) under any of the corresponding Goals 1-6 with the title "Local Priority Objective".

The development of this SOW was guided by several public health frameworks including the 10 Essential Services of Public Health and the three core functions of assessment, policy development and assurance; the Spectrum of Prevention; the Life Course Perspective; the Socioecological Model, and the Social Determinants of Health. Please consider integrating these approaches when conceptualizing and organizing objectives, activities and evaluation measures.

- o The 10 Essential Services of Public Health <http://www.cdc.gov/nphpsp/essentialServices.html>;
- o <http://www.publichealth.lacounty.gov/qi/corefons.htm>
- o The Spectrum of Prevention http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=105&Itemid=127
- o Life Course Perspective <http://mchb.hrsa.gov/lifecourse/resources.htm>
- o The Social-Ecological Model http://www.cdc.gov/ncipc/dvp/social-ecological-model_dvp.htm
- o Social Determinants of Health <http://www.cdc.gov/socialdeterminants/>

Although the State MCAH Division wants each LHJ to make progress towards Title V State Performance Measures and Healthy People (HP) 2020 goals, it is understood that these goals involve complex issues and are difficult to achieve, particularly in the short term. The MCAH Division recognizes the importance of monitoring progress toward reaching long term objectives and that LHJs can only be held accountable for the activities they can realistically achieve given the scope and resources of individual local MCAH programs.

LHJs are also required to comply with requirements as stated in the MCAH Program Policies and Procedures manual such as attending statewide meetings, submitting Agreement Funding Applications and completing Annual Reports <http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAHFI-MCAHProgramPoliciesandProcedures.doc>
Additional fiscal requirements are located in the MCAH Fiscal Policies and Procedures Manual at:
<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAHFI-AdminFiscalPolicyProcedures-1011-2010-0-630.doc>

¹2011-2015 Title V State Priorities
² Title V Requirement

Goal 1: Improve Outreach and Access to Quality Health and Human Services

- Link the MCAH population to needed medical, mental, social, dental, and community services to promote equity in access to quality services, especially for those who are eligible for Medi-Cal or other publicly provided health care programs
 - Outreach services will be targeted to identify pregnant women, women of reproductive age, infants, children and adolescents and their families who are eligible for Medi-Cal assistance or other publicly provided health care programs and assist them in applying for these benefits²

Long Term Outcome Objectives

- 1.a** Increase the percentage of children and adolescents age 0 to 19 with health insurance from a baseline of (insert 88 %) to (insert 92.4 %) by 2015. HP 2020 AHS-1.1. Source: http://fhop.ucsf.edu/fhop/data/SOW/t5_16_health_ins_2009-NEW.xls
- 1.b** Decrease the percentage of children age 2-11 without dental insurance from a baseline of (insert 25.4 %) to (insert 24.1 %) by 2015. HP 2020 AHS-1.2(Developmental). Source: http://familymedicine.medschool.ucsf.edu/fhop/docs/excel/mcah_t5/t5_17_dental_ins.xls
- 1.c** Increase the percentage of women age 19-44 with health insurance from a baseline of (insert 76.4%) to (insert 80.2 % here) by 2015. HP 2020 AHS-1.1. Source: http://fhop.ucsf.edu/fhop/data/SOW/CHIS_Health_Insurance_Women_20-44_2009-NEW.xls
- 1.d** Decrease the percentage of unenrolled children age 0-17 who are eligible for Medi-Cal/Healthy Families from a baseline of (insert 10 %) to (insert 9.5%) by 2015. Source: http://fhop.ucsf.edu/fhop/data/SOW/Medical_Eligibility_0-17_2009_CA_MCAH_County_Groups-NEW.xlsx
- 1.e** Decrease the percentage of unenrolled women, ages 20-44 , who are eligible for Medi-Cal from a baseline of (insert 5.7 %) to (insert 5.4 %) by 2015. Source: http://fhop.ucsf.edu/fhop/data/SOW/Medical_Eligibility_19-44%202007-2009_CA_MCAH_County_Groups%20-%20NEW.xlsx
- 1.f** Insert specific LHJ data collected, if applicable

Data Source

California Health Interview Survey (CHIS), Medi-Cal Statistical Reports, LHJ specific statistics, if applicable

Healthy People 2020 Objectives

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

Timelines

All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

¹2011-2015 Title V State Priorities
² Title V Requirement

Nothing is entered in the shaded areas.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
<p>1.1-1.8 Develop and maintain required foundational structure and public health activities that improve coordination of and access to local health and human services.</p>	<p>Assessment</p> <p>1.1 Identify and monitor trends in health, including disparities, social determinants and barriers to the provision of health and human services to the MCAH population.</p> <p>1.2 Identify and monitor local geographic areas and/or population groups that have insufficient access to health and human services.</p> <p>1.3 Participate in collaboratives, coalitions, networks, etc., and develop products that address unmet needs and promote increased local access to health and human services.</p> <p>Policy Development</p> <p>1.4 Review, revise and enact policies that facilitate access to Healthy Families (HF), Medi-Cal, Access for Infants and Mothers (AIM), or other publicly provided health care programs.</p> <p>1.5 Work with community organizations to influence policy and address social determinants of health and disparities regarding access to health and human services and/or publicly provided health care programs.</p>	<p>Assessment</p> <p>1.1 List and briefly describe trends in health, including disparities, social determinants and barriers to the provision of health and human services.</p> <p>1.2 Briefly describe geographic areas or population groups that have insufficient access to health and human services.</p> <p>1.3 Submit Collaborative Form to document participation, objectives, activities and accomplishments of MCAH-related collaboratives to improve infrastructure and access to health and human services.</p> <p>Policy Development</p> <p>1.4 Describe participation in review and development of policy changes and corresponding systems changes that facilitate access to HF, Medi-Cal, AIM, or other publicly provided health care programs.</p> <p>1.5 Describe efforts to work with community organizations to influence policy and address social determinants of health and disparities regarding access to health and human services and/or publicly provided health care programs.</p>	<p>1.1 Complete and submit Annual Report Data Table (Form 1)</p> <p>1.3 List products developed to improve infrastructure and access to health and human services and describe outcomes of dissemination</p> <p>Policy Development</p> <p>1.4 Describe the impact of policy changes and corresponding systems changes that facilitate access to HF, Medi-Cal, AIM, or other publicly provided health care programs.</p> <p>1.5 Describe results of work with community organizations to influence policy and address social determinants of health and disparities regarding access to health and human services and/or publicly provided health care programs.</p>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
	<p>Assurance</p> <p>1.6 Promote MCAH and public health competencies, participation in trainings, and workforce development as resources allow.</p> <p>1.7 Conduct activities that promote referrals to HF, Medi-Cal, AIM and other low cost/no cost health insurance programs for health care coverage ²</p> <p>1.8 Provide a toll-free or "no cost to the calling party" telephone information service and other appropriate methods of communication, e.g. local MCAH Program web page to the local community ². The requirements are as follows:</p> <ul style="list-style-type: none"> • The service must provide culturally and linguistically appropriate information and referrals to health care providers and practitioners regarding access to prenatal care, and other relevant information • The telephone number must be disseminated widely • The toll free line must be operated during normal business hours. After hours messages must be answered by end of the next business day. 	<p>Assurance</p> <p>1.6 List trainings and educational events that promoted MCAH and public health competencies and workforce development.</p> <p>1.7 Describe activities that promote referrals to HF, Medi-Cal, AIM or other no/low cost health insurance programs for health care coverage</p> <ul style="list-style-type: none"> • Provide the number of referrals to HF, Medi-Cal, AIM or other no/low cost health insurance programs <p>1.8 Report the following:</p> <ul style="list-style-type: none"> • Number of calls and the success/barriers toll-free or "no cost to the calling party" telephone information service • Report the number of web hits to the appropriate local MCAH Program webpage 	<p>Assurance</p> <p>1.6 Describe outcomes of trainings and educational events that promoted MCAH and public health competencies and workforce development.</p> <p>1.7 Describe outcomes of activities that promote referrals to HF, Medi-Cal, AIM or other no/low cost health insurance programs for health care coverage.</p> <p>1.8 Describe outcomes of community information services.</p>

¹2011-2015 Title V State Priorities
² Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
<p>Insert Short and/or Intermediate Outcome Objective(s) which increase access to health and human services Add specific LHJ short and/or intermediate outcome objective(s) which correspond to key intervention activities in column two here.</p>	<p>1.9 Implement or participate in specific LHJ activities that address health disparities, social determinants and barriers to increased access to health and human services:</p>	<p>1.9 Develop process measures for the specific LHJ defined objectives and activities that were implemented to increase access to health and human services:</p>	<p>1.9 Develop short and/or intermediate related performance measures for the specific LHJ defined objectives and activities that were implemented to increase access to health and human services:</p>
<ul style="list-style-type: none"> • By June 2012, 30 PHNs (county staff) will have knowledge of no/low cost health care and insurance programs available to high-risk pregnant women, children, adolescent, and women of reproductive age and their families. • By June 2012 30 MCAH/PHN staff will attend "Improving Health for All" culturally competent trainings. 	<p>1.9</p> <ul style="list-style-type: none"> • Explore the availability of no/low cost health care and insurance programs to the MCAH population throughout Riverside County and train public health nurses on effective and efficient use of available programs • Provide culturally appropriate and linguistic training via DOPH "Improving Health for All" training. See attachment A. 	<p>1.9</p> <ul style="list-style-type: none"> • Briefly describe knowledge acquired on available no/low cost health care and insurance programs by groups of public health nurses during staff meetings. • Briefly describe the "Improving Health for All" training and the potential impact on staff work 	<p>1.9</p> <ul style="list-style-type: none"> • Number of PHNs trained on no/low cost insurance programs/30 • Briefly describe how staff will implement the use of new knowledge by way of questions on evaluation forms. • Report the number of staff trained on "Improving Health for All"/ 30

¹2011-2015 Title V State Priorities
²Title V Requirement

Goal 2: Improve Maternal Health

- **Improve maternal health by optimizing the health and well-being of girls and women across the lifecycle**¹
- **Reduce maternal morbidity and mortality and the increasing disparity in maternal health outcomes**¹
 - **Assure that all pregnant women will have access to early, adequate and high quality perinatal care with a special emphasis on low-income and Medi-Cal eligible women**²

Long Term Outcome Objectives

- 2.a** Decrease the percentage of births within 24 months of a previous birth among women age 15 to 44 from a baseline of (insert 14.3 %) to (insert 13.5%) by 2015. **HP 2020 FP -5 (18 mths.)**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 2.b** Decrease the percentage of births within 24 months of a previous birth among women age 12 to 19 from a baseline of (insert 14.3 %) to (insert 13.5 %) by 2015. **HP 2020 FP -5 (18 mths.)**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 2.c** Increase the percentage of live born infants whose mothers received prenatal care in the first trimester of pregnancy from a baseline of (insert 82.7 %) to (insert 86.8 %) by 2015. **HP 2020 MICH-10.1**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 2.d** Increase the percentage of women age 15 to 44 with a live birth during the reporting year whose observed to expected prenatal visits are equal to 80 to 109 percent on the Kotelchuck Index from a baseline of (insert 82.7%) to (insert 86.8 %) (APNCU Index- FHOP) by 2015. **HP 2020 MICH-10.2**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 2.e** Decrease the rate of domestic violence calls for assistance from a baseline of (insert rate 7015) to (insert rate 6665) by 2015. **HP 2020 IVP-39 (Developmental)**. Source: <http://fhop.ucsf.edu/fhop/docs/pdf/mcah/DV1987-2009%20by%20LHJ1.pdf>
- 2.f** Insert specific LHJ data collected, if applicable

Rivcohealthdata.org
Kidsdata.org

Birth Statistical Master File, Department of Justice statistics, LHJ specific statistics, if applicable

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

Data Source

Healthy People 2020 Objectives

Timelines

All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

¹2011-2015 Title V State Priorities
² Title V Requirement

Nothing is entered in the shaded areas.

Short and/or Intermediate Objectives(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures (Report on these measures in the Annual Report)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)
<p>2.1-2.5 Develop and maintain required foundational structure and public health activities that improve coordination of and access to early, adequate and high quality perinatal care and maternal health.</p>	<p>Assessment 2.1 Identify and monitor trends in disparities and barriers in access to early, adequate and high quality perinatal care and maternal health.</p> <p>2.2 Identify and monitor local geographic areas and/or population groups that have insufficient access to early, adequate and high quality perinatal care and poor maternal health.</p> <p>2.3 Conduct the following activities: a. Collaborate with providers and other third party payers to improve maternal health and extend comprehensive perinatal care to all pregnant women b. Participate in collaboratives, coalitions, networks, etc., and develop products that address unmet needs to provide access to early perinatal care and CPSP services for all women</p>	<p>Assessment 2.1 List and briefly describe trends in disparities and barriers in access to early, adequate and high quality perinatal care and maternal health.</p> <p>2.2 Briefly describe geographic areas and/or population groups that have insufficient access to early, adequate and high quality perinatal care and poor maternal health.</p> <p>2.3 a & b. Submit Collaborative Form to document participation, objectives, activities and accomplishments of collaboratives and coalitions that improve maternal health and address access to early, adequate and high quality perinatal care.</p>	<p>2.3 b. List products developed to improve access to early, adequate and high quality perinatal care and maternal health and describe outcomes of dissemination.</p>
	<p>Policy Development 2.4 Review, revise and enact policies that facilitate access to early, adequate and high quality perinatal care and improve maternal health.</p>	<p>Policy Development 2.4 Describe participation in the review and development of policy changes and corresponding systems changes that facilitate access to early, adequate and high quality perinatal care and improve maternal health.</p>	<p>Policy Development 2.4 Describe the impact of policy changes and corresponding systems changes that facilitate access to early, adequate and high quality perinatal care and improve maternal health.</p>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>2.6-2.8 Promote access to and quality of local CPSP</p>	<p>2.5 Work with community organizations to influence policy and address disparities regarding access to early, adequate and high quality perinatal care and maternal health.</p> <p>Assurance 2.6 Process applications for identified Medi-Cal providers desiring to become approved CPSP providers.</p> <p>2.7 Provide consultation and technical assistance to CPSP providers related to the provision of CPSP services.</p> <p>2.8 At a minimum, conduct yearly, continuous quality improvement (CQI) and quality assurance activities (QA) for local CPSP providers to ensure that the program is being implemented according to Policies and Procedures and clients are receiving the required nutrition, psychosocial and health education services.</p>	<p>2.5 Describe efforts to work with community organizations to influence policy and address disparities regarding access to early, adequate and high quality perinatal care and maternal health.</p> <p>Assurance 2.6 Report the number of current and newly enrolled providers in CPSP and number of Medi-Cal Obstetrical (OB) providers. List barriers to recruitment and retention of OB providers.</p> <p>2.7 List consultation and/or technical assistance provided to CPSP providers.</p> <p>2.8 List CPSP provider CQI/QA activities that were conducted. Report the number of site visits and face to face contacts with current and potential CPSP providers.</p>	<p>2.5 Describe results of work with community organizations to influence policy and address disparities regarding access to early, adequate and high quality perinatal care and maternal health.</p> <p>Assurance 2.6 Describe the impact on access to and quality of CPSP services.</p> <p>2.7 Describe outcomes of consultation and/or technical assistance provided to CPSP providers.</p> <p>2.8 Describe the results of CQI/QA activities that were conducted.</p>
<p>Insert Short and or Intermediate Outcome Objective(s) which improve access to early, adequate and high quality perinatal care and maternal health Add specific LHJ short and/or intermediate outcome objective(s) which correspond to key intervention activities in column two here.</p>	<p>2.9 Implement or participate in specific LHJ defined activities to improve access to early, adequate and high quality perinatal care and maternal health:</p>	<p>2.9 Develop process measures for the specific LHJ defined objectives and activities that were implemented to improve access to early, adequate and high quality perinatal care and maternal health:</p>	<p>2.9 Develop short and/or intermediate related performance measures for the specific LHJ defined objectives and activities that were implemented to improve access to early, adequate and high quality perinatal care and maternal health:</p>

¹2011-2015 Title V State Priorities
² Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
<p>Local Priority Objective</p> <p>2.9</p> <ul style="list-style-type: none"> By June 2012, develop one strategy to increase knowledge of MCAH/field staff on pre-conception and inter-conception health. By June 2013 all teens case managed by Field Public Health Nurses will express knowledge of the importance of preventing birth before 24-months of a previous birth for teens. 	<p>2.9</p> <ul style="list-style-type: none"> Educate MCAH/Field staff on how to access and appropriately use available tools related to pre-conception and inter-conception health. Access materials on line and list those appropriate to increasing staff knowledge and provide information to nurse's during staff meeting on pre-conception health and preventing birth before 24 months of a previous birth for teens regarding pre-conception health and 24months spacing. Incorporate educational materials regarding the importance of preventing birth before 24-months of a previous birth for teens into packets used for home visits. Collaborate with Contra Costa County regarding educational materials. 	<p>2.9</p> <ul style="list-style-type: none"> Describe education provided to staff on pre-conception and inter-conception health Describe results of collaborative process with Contra Costa Describe process developed to educate teens and evaluate teen understanding of pre-conception and inter-conception health Describe challenges/barriers encountered and solutions. 	<p>2.9</p> <ul style="list-style-type: none"> Describe strategy developed to increase staff knowledge of pre and interconception care and deliver the message to teens case managed by the PHNs Report the number of public health nurses attending staff meeting and receiving information on how to access on-line information about pre-conception and inter-conception health. Report number of teens who received updated materials and education regarding the importance of preventing birth before 24-months of a previous birth/ total teens case managed by Field PHNs

¹2011-2015 Title V State Priorities
² Title V Requirement

Goal 3: Improve Infant Health

- Reduce infant mortality and address disparities by promoting preconception health and health care and by preventing causes such as birth defects, low birth weight/prematurity, SIDS, and maternal complications in pregnancy¹

Long Term Outcome Objectives

- 3.a** Decrease the percentage of Low Birth Weight Live Births from a baseline of (insert 6.7%) to (insert 6.4%) by 2015. **HP 2020 MICH-8.1.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 3.b** Decrease the percentage of Very Low Birth Weight Live Births from a baseline of (insert 1.2%) to (insert 1.1%) by 2015. **HP 2020 MICH-8.2.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 3.c** Decrease the percentage of Preterm Births (less than 37 weeks gestation) from a baseline of (insert 12%) to (insert 11.5%) by 2015. **HP 2020 MICH-9.1-9.4.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 3.d** Decrease the rate of perinatal deaths (fetal and infant deaths from 28 wks gestation through 7 days after birth) from a baseline of (insert rate 4.8) to (insert rate 4.5) per 1,000 live births by 2015. **HP 2020 MICH-1.2.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 3.e** Decrease the rate of neonatal deaths (within the first 28 days of life) from a baseline of (insert rate 3.6) to (insert rate 3.4) per 1,000 live births by 2015. **HP 2020 MICH- 1.4.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 3.f** Decrease the rate of postneonatal deaths (between 28 days and 1 year) from a baseline of (insert rate 1.7) to (insert rate 1.6) per 1,000 live births by 2015. **HP 2020 MICH-1.5.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 3.g** Decrease the rate of infant deaths (birth to 1 year) from a baseline of (insert rate 5.3) to (insert rate 5.0) per 1,000 live births by 2015. **HP 2020 MICH-1.3.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 3.h** Decrease the number of infant deaths due to SIDS from a baseline of 0 to 0 by 2015 **OR** maintain the status of no infant deaths due to SIDS by 2015. **HP 2020 MICH-1.8.** Source: LHJ statistics
- 3.i** Insert specific LHJ data collected, if applicable

Rivcohealthdata.org

CDPH Perinatal Outcomes Data Reports

LHJ Coroner's Notification Card (CDPH 4411), California SIDS Program compliance monitoring reports, Death Statistical Master File, Birth Statistical Master File, LHJ specific statistics, if applicable

Data Source

Healthy People 2020 Objectives

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

Timelines

All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

¹2011-2015 Title V State Priorities
² Title V Requirement

Nothing is entered in the shaded areas.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>3.1-3.7 Develop and maintain required foundational structure and public health activities that improve infant health outcomes.</p>	<p>Assessment 3.1 Identify and monitor trends in perinatal, neonatal, postneonatal and infant health outcomes.</p>	<p>Assessment 3.1 List and briefly describe trends in disparities and barriers related to perinatal, neonatal, postneonatal and infant health outcomes.</p>	
	<p>3.2 Identify and monitor local geographic areas and/or population groups that have high rates of poor perinatal, neonatal, postneonatal and infant health outcomes.</p>	<p>3.2 Briefly describe local geographic areas and/or population groups that have high rates of poor perinatal, neonatal, postneonatal and infant health outcomes.</p>	
	<p>3.3 Participate in collaboratives, coalitions, networks, etc., and develop products that address unmet needs to prevent poor perinatal, neonatal, postneonatal and infant health outcomes.</p>	<p>3.3 Submit Collaborative Form to document participation, objectives, activities and accomplishments of collaboratives and coalitions that address poor perinatal, neonatal, postneonatal and infant health outcomes.</p>	<p>3.3 List products developed to improve infant health outcomes and describe outcomes of dissemination. (List below)</p>
	<p>Policy Development 3.4 Review, revise and enact policies that enable the implementation of appropriate interventions to improve infant health.</p>	<p>Policy Development 3.4 Describe participation in the review and development of policy changes and corresponding systems changes that improve infant health.</p>	<p>Policy Development 3.4 Describe the impact of policy changes and corresponding systems changes that improve infant health.</p>
	<p>3.5 Work with community organizations to influence policy and address disparities in infant health.</p>	<p>3.5 Describe efforts to work with community organizations to influence policy and address disparities regarding infant health.</p>	<p>3.5 Describe results of efforts to address disparities in infant health outcomes.</p>
	<p>Assurance 3.6 Establish contact with parents/caregivers of infants with presumed SIDS death to provide grief and bereavement support services.</p>	<p>Assurance 3.6 (Insert number) of parents/caregivers who experience a presumed SIDS death and the number who are contacted for grief and bereavement support services.</p>	

¹2011-2015 Title V State Priorities
²Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
<p>3.7 Short and/or Intermediate Outcome Objective(s) which promote SIDS risk reduction and community health education Add specific LHJ short and/or intermediate outcome objective(s) which correspond to key intervention activities in column two here.</p>	<p>3.7 Attend the SIDS Annual Conference/SIDS training(s) and other conferences/trainings related to infant health.</p>	<p>3.7 Provide staff member name and date of attendance at SIDS Annual Conference/trainings(s) and other conferences/trainings related to infant health.</p>	<p>3.7 Describe results of improved knowledge of staff trainings related to infant health.</p>
Insert Short and or Intermediate Outcome Objective(s), activities, Evaluation/Performance Measures in the appropriate column below			
<p>3.8 Short and/or Intermediate Outcome Objective(s) which promote SIDS risk reduction and community health education Add specific LHJ short and/or intermediate outcome objective(s) which correspond to key intervention activities in column two here.</p>	<p>3.8 Implement or participate in specific LHJ defined activities to promote SIDS risk reduction and health education materials to the community.</p>	<p>3.8 Develop process measures for the specific LHJ defined objectives and activities that were implemented to promote SIDS risk reduction and health education materials to the community:</p>	<p>3.8 Develop short and/or intermediate related performance measures for the specific LHJ defined objectives and activities that were implemented to promote SIDS risk reduction and health education materials to the community.</p>
<p>3.8</p> <ol style="list-style-type: none"> By June 2012, 30 providers and 30 MCAH/PHN staff will receive updated SIDS materials to educate clients on risk reduction for SIDS By June 2012, all nursing students in the nursing school orientation classes will have knowledge of Co-sleeping risk reduction activities 	<p>3.8</p> <ol style="list-style-type: none"> SIDS coordinator will disseminate and provide SIDS reduction education and materials and DVDs in English/Spanish to CPSP providers, nurse and social worker home visitors. SIDS coordinator to conduct Co-sleeping/SIDS training in nursing school orientation classes and provide a course evaluation form. 	<p>3.8</p> <ol style="list-style-type: none"> Describe process to educate CPSP Providers and MCAH /PHN staff on SIDS risk reduction activities Describe collaborative process to provide education to nursing school orientation students 	<p>3.8</p> <ol style="list-style-type: none"> Report number of nurses, social workers and CPSP providers who received materials on SIDS risk reduction/ goal number of 60 Report number of nursing school orientation students that received information on co-sleeping risk/total number of nursing school orientation students Describe knowledge gained as a result of the nursing school student orientation
Insert Short and or Intermediate Outcome Objective(s), activities, Evaluation/Performance Measures in the appropriate column below			
<p>3.9 Short and/or Intermediate Outcome Objective(s) which improve infant health outcomes Add specific LHJ short and/or intermediate outcome objective(s) which correspond to key intervention activities in column two here.</p>	<p>3.9 Implement or participate in specific LHJ defined activities to improve infant health outcomes:</p>	<p>3.9 Develop process measures for the specific LHJ defined objectives and activities that were implemented to improve infant health outcomes:</p>	<p>3.9 Develop short and/or intermediate related performance measures for the specific LHJ defined objectives and activities that were implemented to improve infant health outcomes:</p>

¹2011-2015 Title V State Priorities
²Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
<p>3.9</p> <ul style="list-style-type: none"> By June 2012, all nursing students in the nursing school orientation classes will have knowledge of the importance of spacing births. 	<p>3.9</p> <ul style="list-style-type: none"> CPSP coordinator to conduct importance of spacing births in nursing school orientation classes and provide a course evaluation form. Course evaluation to nursing students upon completion of orientation classes. 	<p>3.9</p> <ul style="list-style-type: none"> Describe education or curriculum provided on birth spacing Describe nursing students response to education provided 	<p>3.9</p> <ul style="list-style-type: none"> Describe knowledge gained from the nursing students on birth spacing, and any documented comments. Number of nursing school orientation students that received knowledge and reported importance of birth spacing/ total number of students attending classes on birth spacing

¹2011-2015 Title V State Priorities
²Title V Requirement

Goal 4: Improve Nutrition and Physical Activity

- Promote healthy nutrition and physical activity among MCAH populations throughout the lifespan beginning with exclusive breastfeeding of infants to six months of age

Long Term Outcome Objectives
 (Choose one or more. Delete those not chosen.)

- 4.a** Decrease the percentage of children age 5-19 who are overweight from a baseline of (insert 28 %) to (insert 26.6%) by 2015. **HP 2020 NWS-10.4 (children and adolescents 5-19 yrs)**. Source: <http://fhop.ucsf.edu/fhop/data/SOW/PEDNSS 5-19 2009 final.xlsx>
- 4.b** Insert specific LHJ data collected, if applicable

Data Source

California Center for Public Health Advocacy
 California Pediatric Nutrition Surveillance System, Genetic Disease Branch, LHJ specific statistics, if applicable

Healthy People 2020 Objectives

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

Timelines

All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
<p>Insert Short and/or Intermediate Outcome Objective(s) which promote healthy nutrition and physical activity in the MCAH population. Add specific LHJ short and/or intermediate outcome objective(s) which correspond to key intervention activities in column two here.</p>	<p>4.1 Place any specific LHJ defined intervention activities to meet the Outcome Objective(s) here. Number each intervention activity sequentially, such as, 4.1, 4.2, 4.3, 4.4, etc.</p> <p>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance. http://www.publichealth.lacounty.gov/gi/corefons.htm</p>	<p>Develop process measures for each specific LHJ defined intervention activity. Number sequentially to correspond with each intervention activity, such as, 4.1, 4.2, 4.3, 4.4, etc.</p>	<p>4.1 Develop short and/or intermediate outcome related performance measures for the specific LHJ defined objectives and activities</p>

¹2011-2015 Title V State Priorities
² Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Descriptions and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
<p>Local Priority Objective</p> <p>4.1</p> <ul style="list-style-type: none"> By June 2012, MCAH Director will collaborate with the Office on Multicultural Health to update the Child and Adolescent Obesity Provider toolkit. 	<p>4.1</p> <ul style="list-style-type: none"> Attend California Department of Health Care Services Office on Multicultural Health meetings and workgroup updating the toolkit. Review information from Child and Adolescent Obesity Provider tool kit and website http://www.sdchip.org 	<p>4.1</p> <ul style="list-style-type: none"> Describe results of collaborative efforts Describe findings of review Briefly describe "Next Steps" planned to implement and evaluate the effectiveness of the toolkit. Include timeframe and plan. 	<p>4.1</p> <ul style="list-style-type: none"> Toolkit updated. see: http://www.sdchip.org/media/2871/CMA_ChildToolkit.pdf

¹2011-2015 Title V State Priorities
²Title V Requirement

ATTACHMENT A



Winter Schedule

Public Health: Improving Health for All

Module 2: Cultural Competency & Cultural Acceptance

Module 2 is the second component in a series of six modules designed to address health disparity issues facing Riverside County.

This module will discuss cultural competency and explain why it is necessary in Public Health. It will also provide relevant resources and material in order to enhance knowledge and awareness essential to the program.

The six part series is designed to:

- Increase staff awareness and knowledge in the discipline of Public Health, health disparities and the elimination of health inequities.
- Help foster a deep understanding of the social determinants of health, while strengthening our obligation to eliminate health inequities in our diverse population.



EMPLOYEE ID NUMBER REQUIRED FOR ENROLLMENT

PRIOR TO ENROLLING, SUPERVISORY APPROVAL WILL BE REQUIRED

REQUIREMENTS: COMPLETION OF MODULE 1

DATE	TIME	LOCATION
11/17	8:00-12:00	Palm Springs Family Care Center
	1:00-5:00	Palm Springs Family Care Center
11/29	8:00-12:00	West Annex--Large Conference Room*
	1:00-5:00	West Annex--Large Conference Room*
11/30	8:00-12:00	West Annex--Large Conference Room*
	1:00-5:00	West Annex--Large Conference Room*
12/06	8:00-12:00	Sherman Building--Breckenridge
	1:00-5:00	Sherman Building--Breckenridge
12/07	8:00-12:00	Sherman Building--Breckenridge
	1:00-5:00	Sherman Building--Breckenridge
12/14	8:00-12:00	Sherman Building--Breckenridge
		Sherman Building--Breckenridge

To Enroll Please Contact

Sakeena Al-Amin, OAH
 Immunization/Staff
 Development Branch
 Phone: (951) 358-7141
 Email: Salamin@rivcocha.org

*Address/Directions will be provided in confirmation of registration e-mail.

BUDGET SUMMARY PAGE		FISCAL YEAR	BUDGET	BASE MCF %	TITLE V BALANCE	% Personnel Matched
		2011-2012	Original	49.9%		41.32%

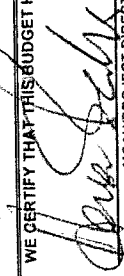
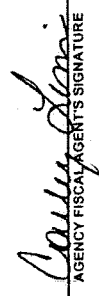
EXPENSE CATEGORY	UNMATCHED FUNDING		AGENCY		NON-ENRANCED MATCHING (50/50)		ENRANCED MATCHING (75/25)	
	(1) MCAH-TV	(2) %	(3) Federal Title V	(4) %	(5) Local Revenue	(6) %	(7) Combiner Fed/Agency	(8) %
(I) PERSONNEL	146,891	58.27%	85,593				24,201	25.25%
(II) OPERATING EXPENSES	28,474	83.96%	23,907		1,100		3,339	0.45%
(III) CAPITAL EXPENDITURES	33,728	41.09%	13,858		11,660		8,210	
(IV) OTHER COSTS	10,130	58.27%	5,903				4,227	
(V) INDIRECT COSTS (10% MAX)					12,760		39,977	16.98%
TOTALS*	219,223	58.96%	129,261	5.82%			37,097	100%

ACTIVE

Maximum Amount Payable from State and Federal resources: **\$177,170**

STATE FUNDING	BUDGETED	% of Budget
Total Title V	129,261	59%
Total Agency General Fund	42,055	19%
Total Matching Title XIX	47,907	22%
Totals	219,223	100%

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

 MCAH/PROJECT DIRECTOR'S SIGNATURE
 AGENCY FISCAL AGENT'S SIGNATURE
 11/3/11 DATE
 11-3-11 DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

State Use Only	PCA Codes	MCAH-TV	MCAH Cnty-N	MCAH Cnty-E
(I) PERSONNEL	53107	85,593	53118	53117
(II) OPERATING EXPENSES	23907		12,101	27,823
(III) CAPITAL EXPENSES	13,858		1,670	96
(IV) OTHER COSTS	5,903		4,105	
(V) INDIRECT COSTS	177,170	129,261	2,114	
Totals for PCA Codes			19,990	27,919

Program:	Maternal, Child and Adolescent Health									
Agency:	201133 Riverside									
Subk:										
EXPENSE CATEGORY	UNMATCHED FUNDING			NON-FEDERATED MATCHING (50/50)			ENHANCED MATCHING (75/25)			MATCH AVAILABLE
	HEALTHY	FEDERAL TITLE V	AGENCY	MCAH GRANT	COMBINED FED/AGENCY	MCAH GRANT	COMBINED FED/AGENCY			
	(12) %	(10) %	(7) %	(10) %	(11) %	(14) %	(15) %	(16) %	(17) %	
TOTAL FUNDING	(3)	(5)	(6)	(10)	(11)	(14)	(15)	(16)	(17)	

EXPENSE CATEGORY	TOTAL OPERATING EXPENSES	FEDERAL TITLE V	AGENCY	MCAH GRANT	COMBINED FED/AGENCY	MCAH GRANT	COMBINED FED/AGENCY	MATCH AVAILABLE
	(3)	(5)	(6)	(10)	(11)	(14)	(15)	(16)
TRAVEL	2,938	2,938						125
TRAINING	500	362						114
1 Communication	1,500	1,500						14
2 Office Expense/Postage	1,459	1,459						
3 Duplication/Printing	100	100						
4 Rent/Utilities/Maint.	8,850	6,399						2,451
5 Data Processing	600	600						
6 OASIS RMIS	4,000	4,000						
7 Outreach Materials	500	500						
8 Meeting Supplies	300	300						
9 Toll Free Line	250	250						
10 MCAH Dues	1,100	1,100						
11 Educational Materials	500	500						
12 Staff Mileage	5,000	5,000						
13								
14								
15								
TOTAL OPERATING EXPENSES	28,874	23,907	1,100	3,315	763	3,000	125	2,700

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

IV. OTHER COSTS DETAIL PAGE	TOTAL OTHER COSTS	FEDERAL TITLE V	AGENCY	MCAH GRANT	COMBINED FED/AGENCY	MCAH GRANT	COMBINED FED/AGENCY	MATCH AVAILABLE
	(3)	(5)	(6)	(10)	(11)	(14)	(15)	(16)
SUBCONTRACTS	33,728	13,858	11,660	8,210				
1								
2								
3								
4								
5								
6								
7								
8								
OTHER CHARGES								
AGENCY'S TOTAL INDIRECT COSTS	30,000							
AGENCY'S OTHER INDIRECT COSTS	19,870							
1 SIDS Expense	13,858	13,858	11,660	8,210				
2								
3								
4								
5								
6								
7								

Program:	Maternal, Child and Adolescent Health									
Agency:	201133 Riverside									
Subj:										
EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	TOTAL FUNDING	%	Federal Title V	%	Local Revenue	%	Local Cont'n	%	Enhanced Matching (50/50)	%
	146,891		85,693		24,201		37,097			

I. PERSONNEL DETAIL PAGE

INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL PERSONNEL COSTS		TOTAL WAGES	BENEFITS	UNMATCHED FUNDING		NON-FEDERATED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
				TOTAL WAGES	BENEFITS			(10)	(11)	(14)	(15)		
1	HP MCAH Director	25.00%	108,761	27,190	53.88%	14,650	26,563	46.12%	12,540	49.9%	7,511	11,513	
2	DC CPSP	80.00%	74,114	59,291	49.85%	29,657	59,030	7.00%	4,150	49.9%	16,691	25,584	
3	DC SIDS Coordinator	20.00%	74,114	14,823	100.00%	14,823				49.9%			
4													
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