

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



911

FROM: County of Riverside Department of Public Health

SUBMITTAL DATE:
March 14, 2013

SUBJECT: Ratify the California Department of Public Health Maternal, Child and Adolescent Health (MCAH) Program Allocation Agreement #201233 for FY 2012/2013.

RECOMMENDED MOTIONS: That the Board of Supervisors:

- 1) Ratify and File the MCAH County Allocation Agreement #201233 between the California Department of Public Health and County of Riverside Department of Public Health, Maternal, Child and Adolescent Health, in the amount of \$226,011 for the period of July 1, 2012 through June 30, 2013;

RECOMMENDED MOTIONS: (Continued on page 2)

FISCAL PROCEDURES APPROVED
HP:rc/y/PAUL ANGULO, CPA, AUDITOR-CONTROLLER
BY: Lisette Rose 3/21/13

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

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 226,011	In Current Year Budget:	No
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	Yes
	Annual Net County Cost:	\$ 0	For Fiscal Year:	12/13

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

C.E.O. RECOMMENDATION: APPROVE

BY: Debra Cournoyer
Debra Cournoyer
County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Stone, Benoit and Ashley
Nays: None
Absent: None
Date: April 2, 2013
xc: Public Health, Purchasing, Auditor

Kecia Harper-Ihem
Clerk of the Board
By: Kecia Harper-Ihem
Deputy

3-6

FORM APPROVED COUNTY COUNSEL DATE 3/21/13
 BY: NEAL R. KIPNIS
 Purchasing: Mark Seiler Departmental Concurrence
 Mark Seiler, Assistant Director
 Policy Policy
 Consent Consent
 Dept's Recomm.: Per Exec. Ofc.:

SUBJECT: Ratify the California Department of Public Health Maternal, Child and Adolescent Health (MCAH) Program Allocation Agreement #201233 for FY 2012/2013.

RECOMMENDED MOTIONS (Continued): That the Board of Supervisors:

- 2) Authorize the Purchasing Agent to sign subsequent amendments that make only ministerial changes to the agreement not to exceed the amount of \$226,011 nor extend the period of performance of July 1, 2012 through June 30, 2013;
- 3) Approve and direct the Auditor-Controller to make the budget adjustment as specified on the attached Schedule A.

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.

FINANCIAL INFORMATION:

The FY 2012/2013 contract amount of \$226,011 is 100 percent funded by State. Of this amount, \$177,170 is in the FY2012/2013 county budget. In this Form 11, MCAH is requesting the Auditor Controller to adjust the budget for the additional amount of \$48,841.

SCHEDULE A
Department of Public Health
Budget Adjustment
Fiscal Year 2012/2013
July 1, 2012 - June 30, 2013

INCREASE IN APPROPRIATIONS:

10000-4200100000-510040	Regular Salaries	\$ 31,941
10000-4200100000-518100	Budgeted Benefits	\$ 14,374
10000-4200100000-524500	Administrative Support-Direct	\$ 2,526
	Total Increase in Appropriations:	\$ 48,841

INCREASE IN ESTIMATED REVENUE:

10000-4200100000-751680	CA-Grant Revenue	\$ 48,841
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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

January 29, 2013

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

Dear Ms. Parks:

**APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR
AGREEMENT # 201233 – FY 2012/2013**

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, 2012, through June 30, 2013, the MCAH Division will reimburse expenditures up to the following amount:

Maternal, Child and Adolescent Health\$ 226,011

The availability of Title V funds is based upon funds appropriated in the FY 2012/2013 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 current 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>.

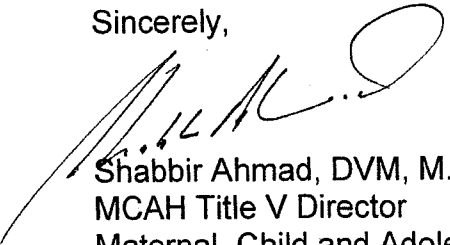
Hermia Parks, RN, PHN, MA
Page 2
January 29, 2013

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, M.S., PhD.
MCAH Title V Director
Maternal, Child and Adolescent Health Division

Enclosure(s)

cc: John F. Tavaglione, Chairman
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

BUDGET SUMMARY PAGE		FISCAL YEAR	BUDGET	% Personnel Matched
		2012-2013	Original	63.62%
			50.9%	

Version 2.0A-05 Quarterly (MCAH, BHA, JFS, PPO, CHDH)		Program: Maternal, Child and Adolescent Health		ENHANCED MATCHING (7625)		MCAH Cnty-E	
Agency: 201233 Riverside		Subk:		NON-ENHANCED MATCHING (7600)		MCAH Cnty-N	
EXPENSE CATEGORY		TOTAL FUNDING		AGENCY LOCAL REVENUES		COMBINED FED/AGENCY	
(I) PERSONNEL	196,118	37.65%	73,832	(8)	(9)	(10)	(11)
(II) OPERATING EXPENSES	51,680	63.01%	32,566	(12)	(13)	(14)	(15)
(III) CAPITAL EXPENDITURES				(16)	(17)	(18)	(19)
(IV) OTHER COSTS	39,557	35.03%	13,858	(20)	(21)	(22)	(23)
(V) INDIRECT COSTS	13,525	68.58%	9,005	(24)	(25)	(26)	(27)
TOTALS*	300,880	42.96%	129,261	(28)	(29)	(30)	(31)

Maximum Amount Payable from State and Federal resources: **\$226,011**

ACTIVE

STATE FUNDING	129,261	PYD		BUDGETED	129,261	% of Budget	43%
Total Title V							
Total Agency General Fund				74,870		N/A	25%
Total Matching Title XIX				96,749		N/A	32%
Totals	129,261			300,880			100%

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

MCAH PROJECT DIRECTOR'S SIGNATURE: *David Johns* DATE: 12/6/12

AGENCY FISCAL AGENT'S SIGNATURE: *Michelle Lina* DATE: 12/11/12

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

State Use Only	MCAH-TV	MCAH Cnty-N	MCAH Cnty-E
(I) PERSONNEL	53107	53118	53117
(II) OPERATING EXPENSES	73,832	30,099	46,566
(III) CAPITAL EXPENSES	32,566	9,373	277
(IV) OTHER COSTS	13,858	8,175	
(V) INDIRECT COSTS	9,005		
Totals for PCA Codes	226,011		

FORM APPROVED COUNTY COUNSEL DATE: 12/13/12
BY: NEAL R. KIPNIS

DEC 19 2012

EXPENSE CATEGORY	TOTAL FUNDING		LOCALITY		COUNTY		UNMATCHED FUNDING		AGENCY		NON-ENHANCED MATCHING (60/60)		ENHANCED MATCHING (75/25)		(17)	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)		(15)
III OPERATING EXPENSES/DETAIL PAGE	TOTAL OPERATING EXPENSES		32,568	900	3,375	19,746	369	369	369	369	369	369	369	369	369	Match Available
TRAVEL	4,900	20.00%														
TRAINING	2,870	20.00%	574													
1 Communication/Computer Lines	9,660	70.00%	6,762													
2 Office Expense/Postage	1,550	70.00%	1,071													
3 Duplication/Printing	445	70.00%	312													
4 Rent/Utilities/Maint.	12,900	70.00%	9,030													
5 Maintenance Software	4,800	70.00%	3,360													
6 Staff Mileage	5,900	70.00%	4,130													
7 Outreach Materials	1,660	70.00%	1,162													
8 Meeting Supplies/Materials	1,420	70.00%	994													
9 Toll Free Line	250	100.00%	250													
10 Professional Services	6,145	70.00%	4,302													
11																
12																
13																
14																
15																

** 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	
SUBCONTRACTS		13,658	16,349
1			
2			
3			
4			
5			
6			
7			
8			
OTHER CHARGES			
AGENCY'S TOTAL INDIRECT COSTS		39,224	16,349
AGENCY'S OTHER INDIRECT COSTS		25,699	16,349
1	SIDS Expense	13,658	100.00%
2			
3			
4			
5			
6			
7			

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/nphsp/essentialServices.html>;
- o <http://www.publichealth.lacounty.gov/qi/corefns.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
²Title 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 94 %) to (insert 98.7 %) 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 16.5 %) to (insert 15.7 %) 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 66.9%) to (insert 70.2 % 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 69.7 %) to (insert 66.2%) 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 6.7 %) to (insert 6.4 %) 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)	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>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 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. 1.2 Identify and monitor local geographic areas and/or population groups that have insufficient access to health and human services. 1.3 Participate in collaborative coalitions, networks, etc. and develop products that address unmet needs and promote increased local access to health and human services.</p> <p>Policy Development 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. 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 1.1 List and briefly describe trends in health including disparities, social determinants and barriers to the provision of health and human services. 1.2 Briefly describe geographic areas or population groups that have insufficient access to health and human services. 1.3 Submit Collaborative Form to document participation, objectives, activities and accomplishments of MCAH related collaborative to improve infrastructure and access to health and human services.</p> <p>Policy Development 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. 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) 1.3 List products developed to improve infrastructure and access to health and human services and describe outcomes of dissemination Policy Development 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. 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 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>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"> o Provide the number of referrals to HF, Medi-Cal, AIM or other no/low cost health insurance programs 	<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 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 webpage to the local community.² The requirements are as follows:</p> <ul style="list-style-type: none"> o 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 o The telephone number must be disseminated widely o 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>1.8 Report the following:</p> <ul style="list-style-type: none"> o Number of calls and the success/barriers toll-free or no cost to the calling party, telephone information service o Report the number of web hits to the appropriate local MCAH Program webpage 	<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)
Insert Short and/or Intermediate Outcome Objective(s), activities, Evaluation/Performance Measures in the appropriate column below			
<p>1.9 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>
<p>1.9 By June 30, 2013, 25 hospital staff will demonstrate knowledge of the PHD's available health and human services for high risk pregnant women and their newborns</p>	<p>1.9</p> <ul style="list-style-type: none"> • Establish partnership with hospital and clinic staff in order to share information on MCAH health and human services available. • Give information on the referral process for clients to be referred to the PHD. Query number of referrals received by June 30, 2013. • Develop a tool that will measure current knowledge of PHD services and knowledge gained from information provided. Contact FHOP as needed for assistance with developing an evaluation tool 	<p>1.9</p> <ul style="list-style-type: none"> • Describe process for using referral forms, fax number and contact information by clinic and hospital staff • Describe process of developing tool for use of measuring knowledge change. 	<p>1.9 Number of hospital staff demonstrating knowledge of the PHD's health and human services for high risk pregnant women and their newborns/25</p> <p>Report the number of women referred from the hospital to the PHD for services</p> <p>Briefly describe knowledge change</p>

Goal 2: Improve Maternal Health

- Improve maternal health by optimizing the health and well-being of girls and women across the lifecycle¹
- Reduce maternal morbidity and mortality and the increasing disparity in maternal health outcomes¹
 - 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 women²

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 15 %) to (insert 14.3%) 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 10.2 %) to (insert 9.7 %) 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 83 %) to (insert 87.2 %) 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 69.1%) to (insert 72.6 %) (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 28.6) to (insert rate 27.7 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

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
²Title 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>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>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 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>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	Evaluation/Performance Measures (Report on these measures in the Annual Report)
<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</p> <p>2.6 Process applications for identified Medical 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</p> <p>2.6 Report the number of current and newly enrolled providers in CPSP and number of Medical 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</p> <p>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</p> <p>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>

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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>2.9 Local Priority Objective</p> <ul style="list-style-type: none"> By June 30, 2013, June 30, 2013, all MCAH field staff will demonstrate increased knowledge on teenage sexual exploitation and human trafficking and be able to assist teens to recognize danger signs. By June 30, 2013 all teens case managed by Field Public Health Nurses will express knowledge of the methods employed by predators to engage them in human trafficking and prostitution. 	<p>2.9</p> <ul style="list-style-type: none"> Educate MCAH/Field staff on how to access and appropriately use available tools and information related to teen sexual exploitation and human trafficking. Schedule and provide training regarding sexual exploitation and human trafficking during at least one quarterly staff meeting Develop process to measure knowledge change for staff and teens. Contact FHOP for assistance to develop an evaluation method, if needed. Incorporate educational materials regarding human trafficking Collaborate with Million Kids and the "Love Trap Program" to assist with training and how to help prevent sexual exploitation and human trafficking in teens. 	<p>2.9</p> <ul style="list-style-type: none"> Describe education provided to staff on sexual exploitation and human trafficking Describe results of collaborative process with Million Kids Describe process developed to educate teens and evaluate teen understanding of the way predators engage them in sexual exploitation and human trafficking Describe challenges/barriers encountered and solutions. Briefly describe process to measure knowledge change for staff and teens Report the number of public health nurses attending staff meeting and receiving information on how to assist teens understand the process used by predators to engage them in sexual exploitation and human trafficking. Report number of teens who received updated materials and education regarding the information given on sexual exploitation and human trafficking 	<p>2.9</p> <ul style="list-style-type: none"> Number of MCAH field staff demonstrating increased knowledge on teenage sexual exploitation and human trafficking and ability to assist teens to recognize danger signs/all MCAH field staff Number of teens case managed by Field Public Health Nurses who express knowledge of the methods employed by predators to engage them in human trafficking and prostitution/all teens case managed by the field nurses Brief description of the knowledge gained by staff and teens. Describe any policy changes. Brief description of the staff strategy to assist teens to prevent sexual exploitation and human trafficking

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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 6.6%) to (insert 6.3%) 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 1.1%) to (insert 1.0%) 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 11.6%) to (insert 11.0%) 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 5.3 to (insert rate 5.0) 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 3.8) to (insert rate 3.6) 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 1.9) to (insert rate 1.8) 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 5.7) to (insert rate 5.4) 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 8 to 7.6 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

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

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.

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Nothing is entered in the shaded areas.

Short and/or Intermediate Objective(s)	Interventor Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
3.1-3.7 Develop and maintain required foundational structure and public health activities that improve infant health outcomes.	<p>Assessment</p> <p>3.1 Identify and monitor trends in 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>3.3 Participate in collaborative coalitions, networks, etc. and develop products that address unmet needs to prevent poor perinatal, neonatal, postneonatal and infant health outcomes.</p>	<p>Assessment</p> <p>3.1 List and briefly describe trends in disparities and barriers related to 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 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</p> <p>3.4 Review, revise and enact policies that enable the implementation of appropriate interventions to improve infant health.</p> <p>3.5 Work with community organizations to influence policy and address disparities in infant health.</p>	<p>Policy Development</p> <p>3.4 Describe participation in the review and development of policy changes and corresponding systems changes that improve infant health.</p> <p>3.5 Describe efforts to work with community organizations to influence policy and address disparities regarding infant health.</p>	<p>Policy Development</p> <p>3.4 Describe the impact of policy changes and corresponding systems changes that improve infant health.</p> <p>3.5 Describe results of efforts to address disparities in infant health outcomes.</p>
	<p>Assurance</p> <p>3.6 Establish contact with parents/caregivers of infants with presumed SIDS death to provide grief and bereavement support services.</p>	<p>Assurance</p> <p>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>	

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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)
<p>3.7 Attend the SIDS Annual Conference, SIDS trainings, 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 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>	<p>3.7 Describe results of improved knowledge of staff trainings related to infant health</p>
<p align="center">Insert Short and or Intermediate Outcome Objective(s), activities, Evaluation/Performance Measures in the appropriate column below</p>			
<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 1. By June 30, 2013, 30 providers and 30 MCAH/PHN staff will demonstrate increased knowledge of SIDS risk reduction activities and infant safe sleep environment 2. By June 30, 2013, all nursing students in the nursing school orientation classes will demonstrate knowledge of Co-sleeping risk reduction activities</p>	<p>3.8 1. SIDS coordinator will disseminate and provide SIDS reduction education and materials to CPSP providers, nurse and social worker home visitors. 2. SIDS coordinator to conduct Co-sleeping/SIDS training in nursing school orientation classes and provide a course evaluation form. 3. Develop a process to measure knowledge change. Contact FHOP for assistance in developing an evaluation process if needed</p>	<p>3.8 1. Describe process to educate CPSP Providers and MCAH /PHN staff on SIDS risk reduction activities 2. Describe collaborative process to provide education to nursing school orientation students 3. Briefly describe process to measure knowledge change</p>	<p>3.8 1. Number of nurses, social workers and CPSP providers demonstrating increased knowledge of SIDS risk reduction activities and infant safe sleep environment / goal number of 60 2. Number of nursing school orientation students demonstrating knowledge of co-sleeping risk/total number of nursing school orientation students 3. Describe knowledge gained as a result of the nursing school student orientation and completed evaluation</p>

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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>3.9 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>4. Contact State SIDS Coordinator for TA 5. Utilize materials located at the State web site http://www.cdph.ca.gov/programs/SIDS/Pages/default.aspx 6. And the California SIDS Foundation web site at: http://www.californiasids.com/Universal/MainPage.cfm?p=10</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>
<p>3.9 Local Priority Objective • By June 30, 2013, all participants in the Perinatal Depression Support Groups will be assessed for substance abuse</p>	<p>3.9 PHN and SW facilitating the Perinatal Depression Support Groups to assess support group participants for substance abuse • Provide assistance and linkage to those with</p>	<p>3.9 Describe assessment tool used • Describe how assessment and linkage is incorporated into the support groups</p>	<p>3.9 Number of support group participants assessed/all participants • Number of participants with positive assessment with linkage and assistance</p>

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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)
	positive assessments.	provided.