

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

905



FROM: Department of Public Health

SUBMITTAL DATE:
December 23, 2013

SUBJECT: Ratify and File the Agreement #201333 between the California Department of Public Health Maternal, Child and Adolescent Health Division and the County of Riverside Department of Public Health. Districts: All [\$199,264 – State Funds].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and File the Maternal, Child and Adolescent Health County Allocation Agreement #201333 between the California Department of Public Health and County of Riverside Department of Public Health, Maternal, Child and Adolescent Health, in the amount of \$199,264 for the period of July 1, 2013 through June 30, 2014; and
2. Authorize the Purchasing Agent to sign subsequent amendments that make only ministerial changes to the agreement not to exceed the amount of \$199,264 nor extend the period of performance of July 1, 2013 through June 30, 2014.

HP:rc

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 199,264	\$ 0	\$ 199,264	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	
SOURCE OF FUNDS: 100 percent funded by State.				Budget Adjustment: No	
				For Fiscal Year: 13/14	

C.E.O. RECOMMENDATION:

APPROVE

BY: *Jennifer L. Sargent*
Jennifer L. Sargent

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Stone, Benoit and Ashley
Nays: None
Absent: Tavaglione
Date: January 14, 2014
xc: Public Health, Purchasing

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

COUNTY COUNSEL
 BY: *Neil R. Kipnis*
 DATE: 12/23/13
 Departmental Concurrence

Purchasing: *Mark Seiler*
 Mark Seiler, Assistant Director

- A-30
- 4/5 Vote
- Positions Added
- Change Order

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

FORM 11: Ratify and File the Agreement #201333 between the California Department of Public Health Maternal, Child and Adolescent Health Division and the County of Riverside Department of Public Health.

Districts: All [\$199,264 – State Funds].

DATE: December 23, 2013

PAGE: 2 of 2

BACKGROUND:

Summary

The overall goal of the Maternal, Child and Adolescent Health (MCAH) Program 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, 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.

Impact on Citizens and Businesses

The MCAH Program strives to develop systems that protect and improve the health of women of reproductive age, infants, children and their families. The goals in the MCAH scope of work incorporate and address local problems identified by the Department of Public Health's 5-Year Needs Assessment and reflect the Title V priorities.



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



EDMUND G. BROWN JR.
Governor

RON CHAPMAN, MD, MPH
Director & State Health Officer

October 30, 2013

Hermia Parks, RN, PHN, MA
MCAH Director
Director Public Health Nursing &
Maternal, Child & Adolescent Health
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 #201333 – FISCAL YEAR 2013-14**

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

To carry out the program(s) outlined in the enclosed SOW(s) and Budget(s), during the period of July 1, 2013, through June 30, 2014, the MCAH Division will reimburse expenditures up to the following amounts:

Maternal Child and Adolescent Health.....\$199,264

The availability of Title V funds are based upon funds appropriated in the FY 2013-14 Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the 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 CDPH/MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed. The policies and procedures manual can be accessed at:

<http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalPoliciesandProceduresManual.aspx>

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 enhanceable. 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).

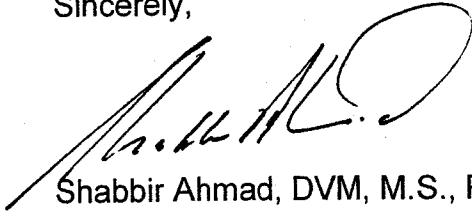
Hermia Parks, RN, PHN, MA

Page 2

October 30, 2013

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: Mr. John F. J. Benoit
Chair Board of Supervisors
Riverside County
4080 Lemon Street, 5th Floor
Riverside, CA 92501

Toni Ballenger, AGPA
Contract Manager
Maternal, Child and Adolescent Health Division

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

Central File

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION**

**FUNDING AGREEMENT PERIOD
FY 2013-14 (LHJs)/2012-13 to 2014-15 (CBOs)**

AGREEMENT FUNDING APPLICATION (AFA)/UPDATE FORM *

At the beginning of each fiscal year Agencies are required to submit this AFA Form along with their AFA Package, which requires certification signatures (original signatures, no stamps allowed). This form should also be used when submitting updates that occur during the fiscal year. Update submissions do not require certification signatures.

The Agency Identification Information section must be completed each time this form is submitted.

* Note: Agreement refers to Allocations for LHJs or Grants for CBOs.

AGENCY IDENTIFICATION INFORMATION

Any program related information being sent from the CDPH MCAH Division
will be directed to the MCAH and/or AFLP Director.

Please check the applicable "Program" boxes below: changes being submitted:

MCAH AFLP BIH FIMR CHVP

Fiscal Year: 2013-14 Update Effective: _____ (only required when submitting updates)

Agreement Number:	2013-33		
Federal Employer ID#:	956000930W		
Complete Official Agency Name:	County of Riverside, Department of Public Health		
Business Office Address:	P.O. Box 7600 (4065 County Circle Drive)		
Agency Phone:	951-358-5516	Agency Fax:	951-358-4762
Agency Website Address:	www.rivcoph.org		

1 AGENCY DIRECTOR

Name:	Susan Harrington					
Title:	Director of Public Health					
Mailing Address:	P.O. Box 7600					
City:	Riverside	Zip:	92513-7600			
Phone:	951-358-7036	Ext.:		FAX:		
E-Mail Address:	sharring@rivcocha.org					

2 BOARD INFORMATION					
Clerk of the Board <input type="checkbox"/>			Chair Board of Supervisors <input checked="" type="checkbox"/>		
Title:	John F. J. Benoit, Chairman Riverside County Board of Supervisors				
Mailing Address:	4080 Lemon Street, 5th Floor				
City:	Riverside	Zip:	92501		
Phone:	951-955-1020	Ext.		FAX:	
E-Mail Address:	District2@rcbos.org				

3 OFFICIAL AUTHORIZED TO COMMIT AGENCY					
Name:	Susan Harrington				
Title:	Director of Public Health				
Mailing Address:	P.O. Box 7600				
City:	Riverside	Zip:	92513-7600		
Phone:	951-358-7036	Ext.		FAX:	
E-Mail Address:	sharring@rivcocha.org				

4 FISCAL OFFICER					
Name:	Carley Linn				
Title:	Deputy Director, Finance and Business Operations				
Mailing Address:	P.O. Box 7600				
City:	Riverside	Zip:	92513-7600		
Phone:	951-358-7509	Ext.		FAX:	
E-Mail Address:	clinn@rivcocha.org				

5 MCAH DIRECTOR (Please check box if MCAH and AFLP Director are the same) <input type="checkbox"/>					
Name:	Hermia Parks				
Title:	Director of Public Health Nursing and MCAH				
Mailing Address:	P.O. Box 7600 (4065 County Circlce Drive, Room 208)				
City:	Riverside	Zip:	92513-7600		
Phone:	951-358-5516	Ext.		FAX:	951-358-4762
E-Mail Address:	hparks@rivcocha.org				

6 MCAH COORDINATOR (Only complete if different from #5)					
Name:	Judy Atchison				
Title:	Assistant Director, Public Health Nursing and MCAH				
Mailing Address:	P.O. Box 7600 (4065 County Circle Drive, Room 208)				
City:	Riverside	Zip:	92513-7600		
Phone:	951-358-5202	Ext.		FAX:	
E-Mail Address:	jatchison@rivcocha.org				

7 MCAH BUDGET CONTACT					
Name:	Hermia Parks				
Title:	Director of Public Health Nursing and MCAH				
Mailing Address:	P.O. Box 7600 (4065 County Circle Drive, Room 208)				
City:	Riverside	Zip:	92513-7600		
Phone:	951-358-5516	Ext.		FAX:	951-358-4762
E-Mail Address:	hparks@rivcocha.org				

8 MCAH INVOICE CONTACT (Only complete if different from #7)					
Name:	Sheila Thue-Billeb				
Title:	Accountant				
Mailing Address:	P.O. Box 7600				
City:	Riverside	Zip:	92513-7600		
Phone:	951-358-5487	Ext.		FAX:	
E-Mail Address:	stbilleb@rivcocha.org				

9 PERINATAL SERVICES COORDINATOR (PSC)					
Name:	Deja Castro				
Title:	Registered Nurse V				
Mailing Address:	308 E. San Jacinto Avenue				
City:	Perris	Zip:	92570		
Phone:	951-210-1153	Ext.		FAX:	951-219-1348
E-Mail Address:	dcastr@rivcocha.org				

10 AFLP DIRECTOR (Only complete if different from MCAH Director)						
Name:						
Title:						
Mailing Address:						
City:				Zip:		
Phone:			Ext.			
E-Mail Address:						

11 AFLP COORDINATOR (Only complete if different from #10)						
Name:						
Title:						
Mailing Address:						
City:				Zip:		
Phone:			Ext.			
E-Mail Address:						

12 AFLP BUDGET CONTACT						
Name:						
Title:						
Mailing Address:						
City:				Zip:		
Phone:			Ext.			
E-Mail Address:						

13 AFLP INVOICE CONTACT (Only complete if different from #12)						
Name:						
Title:						
Mailing Address:						
City:				Zip:		
Phone:			Ext.			
E-Mail Address:						

14 BLACK INFANT HEALTH (BIH) COORDINATOR								
Name:								
Title:								
Mailing Address:								
City:				Zip:				
Phone:			Ext.			FAX:		
E-Mail Address:								

15 BIH BUDGET CONTACT								
Name:								
Title:								
Mailing Address:								
City:				Zip:				
Phone:			Ext.			FAX:		
E-Mail Address:								

16 BIH INVOICE CONTACT (Only complete if different from #15)								
Name:								
Title:								
Mailing Address:								
City:				Zip:				
Phone:			Ext.			FAX:		
E-Mail Address:								

17 FETAL INFANT MORTALITY REVIEW (FIMR) COORDINATOR								
Name:								
Title:								
Mailing Address:								
City:				Zip:				
Phone:			Ext.			FAX:		
E-Mail Address:								

18 SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR / CONTACT					
Name:	Deja Castro				
Title:	Registered Nurse V				
Mailing Address:	308 E. San Jacinto Avenue				
City:	Perris			Zip:	92570
Phone:	951-210-1153	Ext.		FAX:	951-210-1348
E-Mail Address:	dcastro@rivcocha.org				

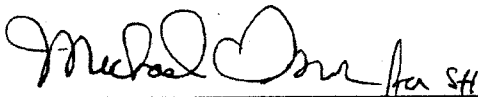
19 CALIFORNIA HOME VISITING PROGRAM (CHVP) COORDINATOR/ NURSING SUPERVISOR					
Name:					
Title:					
Mailing Address:					
City:				Zip:	
Phone:		Ext.		FAX:	
E-Mail Address:					

20 OTHER					
Name:	Deanna Hackthorne and Renee Cummings				
Title:	Secretary and Administrative Services Assistant				
Mailing Address:	P.O. Box 7600				
City:	Riverside			Zip:	92513-7600
Phone:	951-358-5516 / 951-357-6473	Ext.		FAX:	
E-Mail Address:	dhacktho@rivcocha.org / recummings@rivcocha.org				

AGREEMENT FUNDING APPLICATION POLICY COMPLIANCE AND CERTIFICATION

The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

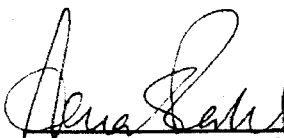
I certify that this Maternal, Child and Adolescent Health (MCAH) related program will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that this MCAH related program will comply with the MCAH Policies and Procedures Manual, including but not limited to, Administration, Federal Financial Participation (FFP) Section. I further certify that this MCAH related program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Service Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. section 701 et seq.). I further agree that this MCAH related program may be subject to all sanctions or other remedies applicable if this MCAH related program violates any of the above laws, regulations and policies with which it has certified it will comply.


Original Signature of Official authorized to
commit the Agency to an MCAH Agreement

Director of Public Health
Title

Susan Harrington, M.S.R.D.
Name (Type or Print)

08-30-13
Date


Original Signature of MCAH/AFLP Director

Director, Public Health Nursing/MCAH
Title

Hermia Parks, RN, PHN, MA
Name (Type or Print)

08-30-13
Date


I HEREBY APPROVED COUNTY COUNSEL
BY:  DATE

Exhibit K

**Attestation of Compliance with the
Sexual Health Education Accountability Act of 2007**

Agency Name: RivCo DOPH
Agreement/Grant Number: 2013-33
Compliance Attestation for Fiscal Year: 2013-33

The Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003) requires sexual health education programs (programs) that are funded or administered, directly or indirectly, by the State, to be comprehensive and not abstinence-only. Specifically, these statutes require programs to provide information that is medically accurate, current, and objective, in a manner that is age, culturally, and linguistically appropriate for targeted audiences. Programs cannot promote or teach religious doctrine, nor promote or reflect bias (as defined in Section 422.56 of the Penal Code), and may be required to explain the effectiveness of one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and sexually transmitted diseases. Programs directed at minors are additionally required to specify that abstinence is the only certain way to prevent pregnancy and sexually transmitted diseases.

In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation as a condition of funding. The Attestation of Compliance must be submitted to CDPH/MCAH annually as a required component of the Agreement Funding Application (AFA) Package. By signing this letter the MCAH Director or Adolescent Family Life Program (AFLP) Director (CBOs only) is attesting or "is a witness to the fact that the programs comply with the requirements of the statute". The signatory is responsible for ensuring compliance with the statute. Please note that based on program policies that define them, the Sexual Health Education Act inherently applies to the Black Infant Health Program, AFLP, and the California Home Visiting Program, and may apply to Local MCAH based on local activities.

The undersigned hereby attests that all local MCAH agencies and AFLP CBOs will comply with all applicable provisions of Health and Safety Code, Sections 151000 – 151003 (HS 151000–151003). The undersigned further acknowledges that this Agency is subject to monitoring of compliance with the provisions of HS 151000–151003 and may be subject to contract termination or other appropriate action if it violates any condition of funding, including those enumerated in HS 151000–151003.

Signed

RivCo DOPH
Agency Name



Signature of MCAH Director
Signature of AFLP Director (CBOs only)

2013-33
Agreement/Grant Number

08-30-13
Date

Hermia Parks
Printed Name of MCAH Director
Printed Name of AFLP Director (CBOs only)

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 151000-151003

151000. This division shall be known, and may be cited, as the Sexual Health Education Accountability Act.

151001. For purposes of this division, the following definitions shall apply:

- (a) "Age appropriate" means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.
- (b) A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or sexually transmitted diseases, including HIV, that is conducted, operated, or administered by any state agency, is funded directly or indirectly by the state, or receives any financial assistance from state funds or funds administered by a state agency, but does not include any program offered by a school district, a county superintendent of schools, or a community college district.
- (c) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including, but not limited to, the federal Centers for Disease Control and Prevention, the American Public Health Association, the Society for Adolescent Medicine, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

151002. (a) Every sexual health education program shall satisfy all of the following requirements:

- (1) All information shall be medically accurate, current, and objective.
- (2) Individuals providing instruction or information shall know and use the most current scientific data on human sexuality, human development, pregnancy, and sexually transmitted diseases.
- (3) The program content shall be age appropriate for its targeted population.
- (4) The program shall be culturally and linguistically appropriate for its targeted populations.
- (5) The program shall not teach or promote religious doctrine.
- (6) The program shall not reflect or promote bias against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation, as defined in Section 422.56 of the Penal Code.
- (7) The program shall provide information about the effectiveness and safety of at least one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and for reducing the risk of contracting sexually transmitted diseases.

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

- (b) A sexual health education program that is directed at minors shall comply with all of the criteria in subdivision (a) and shall also comply with both the following requirements:
- (1) It shall include information that the only certain way to prevent pregnancy is to abstain from sexual intercourse, and that the only certain way to prevent sexually transmitted diseases is to abstain from activities that have been proven to transmit sexually transmitted diseases.
 - (2) If the program is directed toward minors under the age of 12 years, it may, but is not required to, include information otherwise required pursuant to paragraph (7) of subdivision (a).
- (c) A sexual health education program conducted by an outside agency at a publicly funded school shall comply with the requirements of Section 51934 of the Education Code if the program addresses HIV/AIDS and shall comply with Section 51933 of the Education Code if the program addresses pregnancy prevention and sexually transmitted diseases other than HIV/AIDS.
- (d) An applicant for funds to administer a sexual health education program shall attest in writing that its program complies with all conditions of funding, including those enumerated in this section. A publicly funded school receiving only general funds to provide comprehensive sexual health instruction or HIV/AIDS prevention instruction shall not be deemed an applicant for the purposes of this subdivision.
- (e) If the program is conducted by an outside agency at a publicly funded school, the applicant shall indicate in writing how the program fits in with the school's plan to comply fully with the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, Chapter 5.6 (commencing with Section 51930) of the Education Code. Notwithstanding Section 47610 of the Education Code, "publicly funded school" includes a charter school for the purposes of this subdivision.
- (f) Monitoring of compliance with this division shall be integrated into the grant monitoring and compliance procedures. If the agency knows that a grantee is not in compliance with this section, the agency shall terminate the contract or take other appropriate action.
- (g) This section shall not be construed to limit the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (Chapter 5.6 (commencing with Section 51930) of Part 28 of the Education Code).
- (h) This section shall not apply to one-on-one interactions between a health practitioner and his or her patient in a clinical setting.

151003. This division shall apply only to grants that are funded pursuant to contracts entered into or amended on or after January 1, 2008.

BUDGET SUMMARY

FISCAL YEAR
2013-14

BUDGET STATUS
ACTIVE

BALANCE

Version 3.24-25 Quarterly (MCAH BILFELD CHVP)

Program:	Maternal, Child and Adolescent Health	ENHANCED
Agency:	201333 Riverside	UNMATCHED FUNDING
SubK:		AGENCY FUNDS
	TITLE V	%
	129,261	9.55%
	TOTAL FUNDING	%
	129,261	48.97%

ALLOCATION(S)

EXPENSE CATEGORY	2013-14	2012-13	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	%
(I) PERSONNEL	200,062	92,484		21,411		26,383		59,785	
(II) OPERATING EXPENSES	34,698	14,993		2,925		15,506		1,275	
(III) CAPITAL EXPENDITURES	13,858	7,926		883		6,525			
(IV) OTHER COSTS	15,334								
(V) INDIRECT COSTS	263,952	129,261	48.97%	25,219	9.55%	48,413	18.34%	61,060	23.13%
BUDGET TOTALS*									
BALANCE(S)									

TOTAL TITLE V: 129,261
 TOTAL TITLE XIX: 70,002
 TOTAL AGENCY FUNDS: 64,691

50%: 24,207 (75%)
 50%: 24,207 (25%)

\$ 199,264 Maximum Amount Payable from State and Federal resources

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

[Signature] 11/5/13 DATE
 MCAH PROJECT DIRECTOR'S SIGNATURE

[Signature] 11/5/13 DATE
 AGENCY FISCAL AGENT'S SIGNATURE

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	AGENCY ELIMINS	MCAH City-N	MCAH City-E
(I) PERSONNEL	92,484	53,107		53,118	53,117
(II) OPERATING EXPENSES	14,993			13,192	44,839
(III) CAPITAL EXPENSES	13,858			7,753	956
(IV) OTHER COSTS	7,926				
(V) INDIRECT COSTS	199,264	129,261		3,263	
Totals for PCA Codes				24,208	45,795

Arkansas Department of Public Health
 Program: Maternal, Child and Adolescent Health Division
 Agency: 201333 Riverside
 SubK:

UNMATCHED FUNDING		NON-FUNDING MATCHING FUNDS		TOTAL MATCHING FUNDS		TOTAL FUNDING	
Agency Funds	%	Agency Funds	%	Agency Funds	%	Agency Funds	%
2,925	60.00%	2,460	25.00%	5,385	60.00%	2,460	25.00%
1,991	60.00%	600	25.00%	2,591	60.00%	600	25.00%
3,730	42.55%	3,344	42.55%	7,074	42.55%	3,344	42.55%
237	42.55%	213	42.55%	450	42.55%	213	42.55%
70	42.55%	63	42.55%	133	42.55%	63	42.55%
3,416	42.55%	3,064	42.55%	6,480	42.55%	3,064	42.55%
1,708	42.55%	1,532	42.55%	3,240	42.55%	1,532	42.55%
2,373	42.55%	2,128	42.55%	4,501	42.55%	2,128	42.55%
380	42.55%	340	42.55%	720	42.55%	340	42.55%
380	42.55%	340	42.55%	720	42.55%	340	42.55%
1,091	42.55%	979	42.55%	2,070	42.55%	979	42.55%
493	42.55%	443	42.55%	936	42.55%	443	42.55%
350	100.00%			350	100.00%		

TOTAL OPERATING EXPENSES		TOTAL CAPITAL EXPENDITURES		TOTAL OTHER COSTS		TOTAL FUNDING		PERSONNEL MATCH	
Agency Funds	%	Agency Funds	%	Agency Funds	%	Agency Funds	%	Agency Funds	%
4,100	15.00%			13,858	100.00%	18,958	60.00%	2,460	25.00%
1,000	15.00%					1,025	25.00%	1,025	25.00%
7,860	47.45%					3,344	42.55%	3,344	42.55%
500	47.45%					213	42.55%	213	42.55%
148	47.45%					63	42.55%	63	42.55%
7,200	47.45%					3,064	42.55%	3,064	42.55%
3,600	47.45%					1,532	42.55%	1,532	42.55%
5,000	47.45%					2,128	42.55%	2,128	42.55%
800	47.45%					340	42.55%	340	42.55%
800	47.45%					340	42.55%	340	42.55%
2,300	47.45%					979	42.55%	979	42.55%
1,040	47.45%					443	42.55%	443	42.55%
350	100.00%								

** 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.

TOTAL CAPITAL EXPENDITURES	
Agency Funds	%
0	0.00%

TOTAL OTHER COSTS		TOTAL FUNDING		PERSONNEL MATCH	
Agency Funds	%	Agency Funds	%	Agency Funds	%
13,858	100.00%	18,958	60.00%	2,460	25.00%

SUBCONTRACTS	
Agency Funds	%
0	0.00%

OTHER CHARGES	
Agency Funds	%
13,858	100.00%

State Department of Public Health
 2011 Maternal, Child and Adolescent Health Division
 Program: Maternal, Child and Adolescent Health
 Agency: 201333 Riverside
 SubK:

TOTAL FUNDING	%	TITLE V	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*
15,334		7,876		883		6,525		
13,797	57.45%	7,926			42.55%	5,871		
1,537			57.45%	883		654		

(V) INDIRECT COSTS DETAIL

AGENCY TOTAL INDIRECT COSTS	% OF TOTAL WAGES (10% MAX.)	10.00%	AGENCY'S OTHER INDIRECT COSTS
15,334			
13,797	10.00%		
1,537			

Match Available

8.55%

(U) PERSONNEL DETAIL

TOTAL PERSONNEL COSTS		BENEFITS		TOTAL WAGES		TOTAL WAGES		TOTAL WAGES	
INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES	% FTE	ANNUAL SALARY	TOTAL WAGES	% FTE	ANNUAL SALARY
1	HP MCAH Director	25.00%	107,761	26,940	35.90%	128,701	26,940	35.90%	128,701
2	JA MCAH Coordinator	25.00%	105,271	26,318	35.90%	131,589	26,318	35.90%	131,589
3	DC CPSP	80.00%	84,716	67,773	40.90%	152,546	67,773	40.90%	152,546
4	DC SIDS Coordinator	20.00%	84,716	16,943	100.00%	101,489	16,943	100.00%	101,489
5									
6									
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8									
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23									
24									
25									

Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	%	Combined Fed/Agency*
6,845		26,363		18,554		18,554		
14,766		18,195		41,231		41,231		

TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES	% FTE	ANNUAL SALARY	TOTAL WAGES	% FTE	ANNUAL SALARY	TOTAL WAGES	Per Staff	Staff Travelling (X)
HP MCAH Director	25.00%	107,761	26,940	35.90%	128,701	26,940	35.90%	128,701	49.1%	x	
JA MCAH Coordinator	25.00%	105,271	26,318	35.90%	131,589	26,318	35.90%	131,589	49.1%	x	
DC CPSP	80.00%	84,716	67,773	40.90%	152,546	67,773	40.90%	152,546	49.1%	x	
DC SIDS Coordinator	20.00%	84,716	16,943	100.00%	101,489	16,943	100.00%	101,489	49.1%	x	

ORIGINAL
Maternal, Child and Adolescent Health
201333 Riverside

Budget:
 Program:
 Agency:
 SubK:

PERSONNEL DETAIL										BASE MEDICAL FACTOR %		49.1%	
POSITION CLASS	POSITION NO.	ANNUAL SALARY	TOTAL WAGES	EMERITUS RATE	BENEFITS	PROGRAM	MCF %	EMERITUS (MCF %)	MAXIMUM CHARACTERISTICS				
1	HP	107,761	26,940	45.00%	12,123.00	MCAH	49.1%	Base	MCAH Director is responsible for programs that improve the health outcomes for the MCAH population, assist with the development of agency and community infrastructure that promotes community partnership and family centers that provides culturally competent services; implement and coordinate local MCAH programs; develop policies/procedures and evaluate methods to measure results that relates to meeting State and MCAH priorities. Responsible for the overall program accountability and supervision of MCAH Coordinator.				
2	JA	105,271	26,318	45.00%	11,843.10	MCAH	49.1%	Base	Under direction of the MCAH Director, the MCAH Coordinator is responsible to provide overall accountability and supervision of CPSP staff, SIDS Coordinator and Office Assistant. Directly support and supervise staff by taking sick/late calls, verifying and signing time sheets, conducting performance evaluations, handling disciplinary issues, expediting HR paperwork, coordinating time off requests. Responsible for ensuring MCAH policies, procedures and scope of work are reviewed, implemented, and carried out. Complete annual report. Monitors MCAH budget, program and QA process.				
3	DC	84,716	67,773	45.00%	30,497.85	CPSP	49.1%	Variable	Under direction of MCAH Coordinator, one registered nurse is responsible for ensuring that CPSP and SIDS services are provided. As CPSP Coordinator her duties includes, but not limited to: recruiting and training providers and their staff on the application process to become a CPSP provider, responsible for training the various sites on the implementation of the program. In the role as a SIDS Coordinator the responsibilities includes, but not limited to: attendance of all required SIDS training and meetings with local coroner, Sothern Region Reps and other SIDS professionals, educating providers, local community, students, etc., and refer families who have experienced SIDS death to Public Health Nurses for follow up.				
4	DC	84,716	16,943	45.00%	7,624.35	SIDS	49.1%	Base	Under direction of the MCAH Coordinator, one registered nurse is responsible for ensuring that CPSP and SIDS services are provided. In the role as a SIDS Coordinator the responsibilities includes, but not limited to: attendance of all required SIDS training and meetings with local coroner, Sothern Region Reps and other SIDS professionals, educating providers, local community, students, etc., and refer families who have experienced SIDS death to Public Health Nurses for follow up.				
5													
6													
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10													
11													
12													

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health
Agency:	201333 Riverside
SubK:	

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		34,698	
	TRAVEL	4,100	Travel costs related to meeting program objectives, as required by State training.
	TRAINING	1,000	Costs associated with any program trainings that become available and are relevant and beneficial for program objectives.
1	Communication - Computer Lines	7,860	The following costs are based on 1.5 FTEs x \$370 x 12 months, landlines, Cornet charges, network, Internet security, etc. Cell phone costs at 1.0 FTEs x \$480 and smartphone costs at 1.0 FTE x \$720.
2	Office Expense - Postage	500	Office supplies such as, but not limited to pens, paper, printer/copier toner, software, computer supplies, desktop items, folders, binders, files and mail service charges.
3	Printing	148	Printing services for forms, business cards, etc.
4	Rent - Utilities - Maintenance	7,200	The square footage where staff are located, such as, 1.5 FTEs x 200 sq. ft. x \$2.00 per sq. ft. x 12 = \$9,600. Other costs associated to utilities, janitorial, maintenance, etc.
5	Computer Licensing Software	3,600	Costs with Microsoft Office Software licensing fees estimated at 1.5 FTEs x \$100 x 12 months.
6	Staff Mileage	5,000	Employee personal car mileage reimbursement at the current State rate when using their own private vehicle to conduct program activities; County Fleet motor pool expense when using a County vehicle.
7	Client Support Materials	800	Purchase of materials for clients, such as, but not limited to DVDs, booklets, posters, brochures, displays, etc.
8	Meeting Supplies - Materials	800	For provider meetings, trainings, and/or conferences.
9	Computer Equipment	2,300	Cost of desktop computers for MCAH Director and CPSP/SIDS Coordinator at an estimated cost at \$1,000 x 2.0 FTE = \$2,000 and monitor with an estimated cost at \$300 x 1.0 FTE. New computers will replace old/outdated desktops at the recommendation of Agency's IT department.
10	Bilingual Pay	1,040	CPSP/SIDS Coordinator's bilingual pay at the rate of 1.0 FTE x \$0.50 x 2080 hours to provide Spanish translation to Spanish speaking clients/providers.
11	Toll Free Line	350	Bilingual phone line dedicated to potential clients to call into the MCAH program without incurring any expense to the calling party.
12			
13			
14			
15			

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	
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(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	13,858
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SUBCONTRACTS

1			
2			
3			
4			
5			
6			
7			
8			

Budget: ORIGINAL
Program: Maternal, Child and Adolescent Health
Agency: 201333 Riverside
SubK:

OTHER CHARGES

1	SIDS Expense	13,858	Travel to SIDS training, outreaches, and education. Purchase of educational materials, incentives to reduce SIDS. DC's SIDS time.
2			
3			
4			
5			
6			
7			
8			

(V) INDIRECT COSTS JUSTIFICATION			
TOTAL INDIRECT COSTS		15,334	
% OF TOTAL WAGES (10% MAX.)	10.00%	13,797	
AGENCY'S OTHER INDIRECT COSTS		1,537	

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 goals in this MCAH SOW incorporate local problems identified by LHJs 5-Year Needs Assessments and reflect the Title V priorities of the MCAH Division. The local Title V 5-Year Needs Assessment identifies problems that LHJs may address in their 5-Year Action Plan. The LHJ 5-Year Action Plan will then inform the development of the annual MCAH SOW.

All LHJs must perform the activities in the shaded areas in Goals 1-3 and monitor and report on the corresponding evaluation/performance measures. In addition, each LHJ is required to develop objectives to address one problem in each of Goals 1, 2, and 3. If resources allow, LHJs should also develop additional objectives, which they may place under any of the Goals 1-6. Please see the MCAH SOW instructions for more information.

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>; <http://www.publichealth.lacounty.gov/qi/corefncns.htm>
- o The Spectrum of Prevention http://www.preventioninstitute.org/index.php?option=com_jitlibrary&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/>
- o Strengthening Families: <http://www.cssp.org/reform/strengthening-families>

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 objectives and 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, conducting a Needs Assessment every five years, submitting Agreement Funding Applications and completing Annual Reports. <http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAMCMI-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-MCAHEI-AdminFiscalPolicyProcedures-2010-11.doc> 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 ___ 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/MCMC 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 19-44, 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.

¹ 2011-2015 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)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)
<p>1.1-1.8 All women and children will have access to needed medical, mental, dental, care and available social support 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. to review data and develop policies and products that address unmet needs and promote increased local access to health and human services</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 List products and policies developed to improve infrastructure and access to health and human services and describe outcomes of dissemination</p>

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>Policy Development</p> <p>1.4 Review, revise and enact policies that facilitate access to Medi-Cal Covered CA Access for Infants and Mothers (AIM), Child Health and Disability Prevention Program (CHDP), Women, Infants and Children (WIC), Family Planning, Access, Care, and Treatment (Family PACT), and health and developmental disability programs</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 Medi-Cal, Covered CA, AIM, CHDP, WIC, Family PACT and health and developmental disability programs</p> <p>List formal and informal agreements including Memoranda of Understanding (MOUs), with MCMC plans, or other organizations that address the needs of mothers and infants</p>	<p>Policy Development</p> <p>1.4 Describe the impact of policy changes and corresponding systems changes that facilitate access to Medi-Cal, Covered CA, AIM, CHDP, WIC, Family PACT and health and developmental disability 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>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>1.5 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)	Process Description and Measures (Report on these measures in the Annual Report)	Evaluation/Performance Measures (Report on these measures in the Annual Report)
	<p>Assurance</p> <p>1.6 Promote MCAH and public health competencies, participation in trainings, and workforce development as resources allow</p>	<p>Assurance</p> <p>1.6 List trainings and educational events that promoted MCAH and public health competencies and workforce development</p>	<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 Conduct activities that promote referrals to Covered CA, Medi-Cal, AIM, and other health insurance programs for health care coverage and local MCAH programs, EPSDT/CHDP, WIC, and health, developmental disability and family planning programs²</p>	<p>1.7 Describe activities that promote referrals to Covered CA, Medi-Cal, AIM, or other no/low cost health insurance programs for health care coverage and local MCAH programs, EPSDT/CHDP, WIC, and health, developmental disability and family planning programs</p> <ul style="list-style-type: none"> • Provide the number of referrals to Covered CA, Medi-Cal, AIM, EPSDT/CHDP, WIC, FamilyPACT, or other no/low cost health insurance programs 	<p>1.7 Describe outcomes of activities that promote referrals to Covered CA, Medi-Cal, AIM, or other no/low cost health insurance programs for health care coverage and local MCAH programs, EPSDT/CHDP, WIC, and health, developmental disability and family planning programs</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 community². The requirements</p>	<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 	<p>1.8 Describe outcomes of community information services</p>

¹ 2011-2015 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), activities, Evaluation/Performance Measures in the appropriate column below</p>		<p>Program webpage</p>	
<p>1.9 Short and/or Intermediate SMART Outcome Objective(s) to increase access to health and human services.</p> <p>By June 30, 2014, there will be a 5% increase of eligible postpartum moms referred for further services through the PHD Loving Support Program</p>	<p>1.9</p> <ul style="list-style-type: none"> Establish partnership between MCAH and Loving Support Program/WIC to facilitate referrals Conduct 1 training in East and 1 in West Riverside County in partnership with Loving Support to educate providers on available services and updated breast feeding services Develop a process to measure knowledge change and intent to change behavior 	<p>1.9:</p> <ul style="list-style-type: none"> Describe process for establishing partnership Describe process for developing and scheduling trainings Describe process developed to measure knowledge change and intent to change behavior Describe technical assistance provided Report number of providers attended training Report number of follow up office 	<p>1.9</p> <ul style="list-style-type: none"> Report % of increase of eligible postpartum moms referred Describe knowledge change and intent to change behavior, i.e., refer women, facilitate BF Describe referral system and submit referral form Describe any policies or protocols developed Describe the outcome of the CQI process including methods of measurements and results

¹ 2011-2015 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)
	<ul style="list-style-type: none"> • CPSP Coordinator will conduct follow up visits to providers in order to promote referrals and answer questions • Develop and implement a CQI process to monitor implementation of policies/processes, a regular feedback mechanism to continually improve the process and a plan to evaluate the impact 	<p>visits</p> <ul style="list-style-type: none"> • Describe rationale for policies and referral systems developed • Briefly describe the CQI process developed 	

Goal 2: Improve Maternal and Women's 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 per 10,000 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

Data Source

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.

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>2.1-2.5 All women will have access to early, adequate and comprehensive perinatal care and maternal medical and mental health care and social support services</p>	<p>Assessment</p> <p>2.1 Identify and monitor trends in disparities and barriers in access to early, adequate and quality perinatal care and maternal medical and mental health care and social support services</p>	<p>Assessment</p> <p>2.1 List and briefly describe trends in disparities and barriers in access to early, adequate and quality perinatal care and maternal medical and mental health care and social support services</p>	
	<p>2.2 Identify and monitor local geographic areas and/or population groups that have insufficient access to early, adequate and quality perinatal care and poor maternal health</p>	<p>2.2 Briefly describe geographic areas and/or population groups that have insufficient access to early, adequate and quality perinatal care and poor maternal health</p>	
	<p>2.3 Conduct the following activities:</p> <p>a. Collaborate with providers and other third party payers to improve maternal medical and mental health care and extend comprehensive perinatal care to all pregnant women</p> <p>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 medical and mental health care and address access to early, adequate and quality perinatal care.</p>	<p>2.3 b List products developed to improve access to early, adequate and quality perinatal care and maternal medical and mental health care and describe outcomes of dissemination</p>

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>Policy Development</p> <p>2.4 Review, revise and enact policies that facilitate access to early adequate and quality perinatal care and support services and improve maternal medical and mental health care</p>	<p>Policy Development</p> <p>2.4 Describe participation in the review and development of policy changes and corresponding systems changes that facilitate access to early adequate and quality perinatal care and support services and improve maternal medical and mental health care</p>	<p>Policy Development</p> <p>2.4 Describe the impact of policy changes and corresponding systems changes that facilitate access to early adequate and quality perinatal care and support services and improve maternal medical and mental health care</p>
	<p>2.5 Work with community organizations to influence policy and address disparities regarding access to early adequate and quality perinatal care and support services and maternal medical and mental health care</p>	<p>2.5 Describe efforts to work with community organizations to influence policy and address disparities regarding access to early adequate and quality perinatal care and support services and maternal medical and mental health care</p>	<p>2.5 Describe results of work with community organizations to influence policy and address disparities regarding access to early adequate and quality perinatal care and support services and maternal medical and mental health care</p>
<p>2.6-2.8 All Medi-Cal eligible women will have access to quality CPSP services</p>	<p>Assurance</p> <p>2.6 Develop MCAH staff knowledge of CPSP. Recruit and assist Medi-Cal providers to complete applications to become CPSP providers</p> <p>2.7 Provide consultation and technical assistance to CPSP providers and Medi-Cal Managed Care Plans related</p>	<p>Assurance</p> <p>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 and CPSP providers</p> <p>2.7 List consultation and/or technical assistance provided to CPSP providers and MCMC plans</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 and</p>

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)	Evaluation/Performance Measures (Short and/or Intermediate Outcome Measure(s))
	to the provision of CPSP services		MCMC plans
2.8	At a minimum, conduct annual continuous quality improvement (CQI) and quality assurance (QA) activities 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. Conduct QA in collaboration with MCMC plan staff, if applicable	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 and MCMC providers and plans	2.8 Describe the results of CQI/QA activities that were conducted
2.9	Work with MCAH and CPSP providers to maximize the quality of postpartum care, including revising the Postpartum Assessment forms and provider protocols to incorporate the Preconception Health Council of California (PHCC) Interconception Guidelines; improve screening for perinatal depression, reproductive coercion and birth control sabotage; and improving support for breastfeeding. http://www.evergy.com/california.oto/content_display.cfm?categoriesID=97	2.9 Describe the process to maximize the quality of CPSP postpartum care	2.9 Number of CPSP providers revising postpartum assessment forms and protocols/number of CPSP providers in the LHJ
2.9	All CPSP providers will improve the quality and utilization of CPSP postpartum care		

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)
Insert Short and or Intermediate Outcome Objective(s), activities, Evaluation/Performance Measures in the appropriate column below			
<p>2.10</p> <ul style="list-style-type: none"> By June 30, 2014, 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, 2014, one PHN will begin to work with the Sheriff's Department to develop a method to identify and profile teens at risk of sexual exploitation. By June 30, 2014, all teens in case management public health programs, including Cal Learn, will express knowledge of the methods employed by predators to engage them in human trafficking and prostitution. 	<p>2.10</p> <ul style="list-style-type: none"> Continue to 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 additional training regarding sexual exploitation and human trafficking during at least one quarterly staff meeting Develop process to measure knowledge change for and teens. Contact FHOP for assistance to develop an evaluation method, if needed. Develop and 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. Collaborate with Sheriff's Department to develop method of identifying and profiling at-risk teens. 	<p>2.10</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 Report number of teens identified at risk and profiled. 	<p>2.10</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 Brief description of the outcomes of the work with the Sheriff's Department to develop a method to identify and profile teens at risk of sexual exploitation Sexually exploited teens will be identified and law enforcement will intervene before teen is abducted out of the area Number of teens case managed by publichealth programs 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

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)
			strategy to assist teens to prevent sexual exploitation and human trafficking

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/html/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/html/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/html/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/html/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/html/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/html/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/html/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

Data Source

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

Healthy People 2020 Objectives

<http://www.healthypeople.gov/2020/topicobjectives2020/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.

Nothing is entered in the shaded areas.

Short and/or Intermediate Objective(s)	Intervention/ Activities to Meet Objectives (Describe the steps of the intervention)	Assessment	Evaluation/Performance Measures Process: Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
3.1-3.5 All infants will develop in an environment that maximizes their health	<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 collaboratives 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>3.4 Describe the impact of policy changes and corresponding systems changes that improve infant health</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>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>Policy Development</p> <p>3.4 Describe the impact of policy changes and corresponding systems changes that improve infant health</p>

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)
3.6 All parents/caregivers of infants will provide a safe sleep environment for their infant.	<p>3.5 Work with community organizations to influence policy and address disparities in infant health.</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>3.7 Attend the SIDS Annual Conference/SIDS training(s) and other conferences/trainings related to infant health.</p>	<p>3.5 Describe efforts to work with community organizations to influence policy and address disparities regarding infant health.</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> <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>3.5 Describe results of efforts to address disparities in infant health outcomes.</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			
3.8 By June 30, 2014, 30 providers and 30 MCAH/PHN staff will demonstrate increased knowledge of SIDS risk reduction activities and infant safe sleep environment and state intent to educate their clients	<p>3.8 SIDS coordinator will continue to disseminate and provide SIDS reduction education and materials to CPSP providers, nurse, health service assistants, and social worker home visitors.</p> <p>3.8 SIDS coordinator will continue to conduct Co-sleeping/SIDS training in nursing school orientation classes and provide a course</p>	<p>3.8 Describe process to educate CPSP Providers and MCAH /PHN staff on SIDS risk reduction activities</p> <p>3.8 Describe collaborative process to provide education to nursing school orientation students</p> <p>3.8 Briefly describe process to measure knowledge change and intent to educate clients</p> <p>3.8 Describe any TA provided</p>	<p>3.8 Number of nurses, social workers and CPSP providers demonstrating increased knowledge of SIDS risk reduction activities and infant safe sleep environment and state intent to educate their clients / goal number of 60</p> <p>3.8 Number of nursing school orientation students</p>

Comment [PC1]: This is the same as last year. Are you're educating the same staff?

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>demonstrate knowledge of Co-sleeping risk reduction activities</p>	<p>evaluation form.</p> <ul style="list-style-type: none"> Develop a process to measure knowledge change and intent to educate clients. Contact FHOP for assistance in developing an evaluation process if needed <p>Assist providers and staff to develop and implement policies to educate their clients</p> <ul style="list-style-type: none"> Contact State SIDS Coordinator for TA and provide TA as needed to providers and staff Utilize materials located at the State web site http://www.cdph.ca.gov/programs/SIDS/Pages/default.aspx and the California SIDS Foundation web site at: http://www.californiasids.com/Universals/MainPage.cfm?p=10 Develop and implement a CQI process to monitor implementation of policies/processes, a regular feedback mechanism to continually improve the process and a plan to evaluate the impact 	<ul style="list-style-type: none"> Briefly describe the CQI process developed. 	<ul style="list-style-type: none"> demonstrating knowledge of co-sleeping risk/total number of nursing school orientation students/all Describe knowledge gained as a result of the nursing school student orientation and completed evaluation List types of policies developed by providers or public health staff to educate clients on SIDS risk reduction and infant safe sleep Describe the outcomes of the CQI process, including methods of measurements and results