

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



743

FROM: Department of Public Health

SUBMITTAL DATE:

March 19, 2015

SUBJECT: Ratify and File the Agreements #201433 between the California Department of Public Health Maternal, Child and Adolescent Health Division and the County of Riverside Department of Public Health. Districts: All [\$1,094,680 – State Funds].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and File the Maternal, Child and Adolescent Health County Allocation Agreement #201433 between the California Department of Public Health and County of Riverside Department of Public Health, Maternal, Child and Adolescent Health, in the amount of \$265,684 for the period of July 1, 2014 through June 30, 2015;
2. Ratify and File the California Black Infant Health Agreement #201433 between the California Department of Public Health and County of Riverside Department of Public Health, Maternal, Child and Adolescent Health, in the amount of \$828,996 for the period of July 1, 2014 through June 30, 2015;

(continued on next page)

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	\$ 1,094,680	\$ 0	\$ 1,094,680	\$ 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:** Yes
For Fiscal Year: 14/15

C.E.O. RECOMMENDATION: APPROVE
BY: *Debra Courmoyer*
Debra Courmoyer
County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
Nays: None
Absent: None
Date: April 28, 2015
xc: Public Health, Auditor

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

Prev. Agn. Ref.: | District: All | Agenda Number: **3-24**

FORM APPROVED COUNTY COUNSEL
DATE: 4/15/15
BY: GREGORY P. PRIAMOS
Departmental Conference

FISCAL PROCEDURES APPROVED
PAUL ANGULO, CPA, AUDITOR-CONTROLLER
BY: Esteban Hernandez 4/16/15

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 Agreements #201433 between the California Department of Public Health Maternal, Child and Adolescent Health Division and the County of Riverside Department of Public Health.
Districts: All [\$1,094,680 – State Funds].
DATE: March 19, 2015
PAGE: 2 of 4

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

3. Approve and Direct the Auditor-Controller to adjust the budget as specified in Schedule A and Schedule A-1.

BACKGROUND:

Summary

The Maternal, Child and Adolescent Health (MCAH) Program works to ensure all women of reproductive age, infants, children, adolescents and their families have access to quality maternal and child health services. Addressing disparities in this target population through education aimed at prevention and promoting positive behavior changes, improving the health of this population and reducing infant mortality rates.

The Black Infant Health (BIH) Program aims to improve health among black mothers and babies, reduce infant mortality and address health disparities. The Program uses weekly group-based approach case management services to help women develop their own individual Life Plan, strategies for reducing stress, build social support and ensures that clients are connected with the appropriate community services.

The attached approval letters constitutes a binding agreement and no additional signatures are required.

Impact on Citizens and Businesses

The MCAH and BIH programs target at-risk populations to address disparities, to reduce infant mortality and to improve the health of women, infants, children and adolescents.

SUPPLEMENTAL:

Additional Fiscal Information

The MCAH Program agreement amount of \$265,684 is 100 percent funded by the State, and of this amount \$189,551 is in the FY2014/2015 County budget. In this Form 11, DOPH is requesting the Auditor-Controller to adjust the budget for the additional amount of \$76,331 (Schedule A).

The BIH Program agreement is 100 percent funded by the State and in this Form 11, DOPH is requesting the Auditor-Controller to adjust the budget in the amount of \$828,996 (Schedule A-1).

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

FORM 11: Ratify and File the Agreements #201433 between the California Department of Public Health Maternal, Child and Adolescent Health Division and the County of Riverside Department of Public Health.

Districts: All [\$1,094,680 – State Funds].

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MCAH Program

SCHEDULE A

INCREASE IN APPROPRIATIONS:

10000-4200100000-510040	Regular Salaries	\$	19,177
10000-4200100000-518100	Budgeted Benefits	\$	12,234
10000-4200100000-523600	Audiovisual Expense	\$	1,500
10000-4200100000-523620	Books/Publications	\$	2,500
10000-4200100000-523640	Computer Equip-Non Fixed Assets	\$	2,000
10000-4200100000-523700	Office Supplies	\$	500
10000-4200100000-523800	Printing/Binding	\$	3,540
10000-4200100000-524500	Administrative Support-Direct	\$	27,956
10000-4200100000-526700	Rent-Lease Bldgs	\$	1,924
10000-4200100000-527780	Special Program Expense	\$	5,000
	Total Increase in Appropriations:	\$	76,331

INCREASE IN ESTIMATED REVENUE:

10000-4200100000-751680	CA-State Grant Revenue	\$	76,331
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SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

FORM 11: Ratify and File the Agreements #201433 between the California Department of Public Health Maternal, Child and Adolescent Health Division and the County of Riverside Department of Public Health. Districts: All [\$1,094,680 – State Funds].

DATE: March 19, 2015

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BIH Program

SCHEDULE A-1

INCREASE IN APPROPRIATIONS:

10000-4200100000-510040	Regular Salaries	\$	335,725
10000-4200100000-518100	Budgeted Benefits	\$	151,076
10000-4200100000-520230	Cellular Phone	\$	2,892
10000-4200100000-520260	Computer Lines	\$	5,159
10000-4200100000-520320	Telephone Services	\$	5,159
10000-4200100000-520350	IT Core Services	\$	12,064
10000-4200100000-521380	Maint.-Copier Machines	\$	1,220
10000-4200100000-521540	Maint.-Office Equipment	\$	1,160
10000-4200100000-521640	Maint-Software	\$	7,961
10000-4200100000-522310	Maint.-Building and Improvement	\$	6,003
10000-4200100000-522860	Medical-Dental Supplies	\$	2,000
10000-4200100000-523600	Audiovisula Expense	\$	1,076
10000-4200100000-523620	Books/Publications	\$	1,068
10000-4200100000-523640	Computer Equip-Non Fixed Assets	\$	4,200
10000-4200100000-523680	Office Equip-Non Fixed Assets	\$	8,250
10000-4200100000-523700	Office Supplies	\$	6,809
10000-4200100000-523760	Postage-Mailing	\$	500
10000-4200100000-523800	Printing/Binding	\$	5,792
10000-4200100000-524500	Administrative Support-Direct	\$	116,443
10000-4200100000-525440	Professional Services	\$	87,327
10000-4200100000-526700	Rent-Lease Bldgs	\$	32,016
10000-4200100000-527780	Special Program Expense	\$	17,730
10000-4200100000-528140	Conference/Registration Fees	\$	1,680
10000-4200100000-528900	Air Transportation	\$	2,075
10000-4200100000-528920	Car Pool Expense	\$	5,000
10000-4200100000-528960	Lodging	\$	1,434
10000-4200100000-528980	Meals	\$	650
10000-4200100000-529040	Private Mileage Reimbursement	\$	5,218
10000-4200100000-529060	Public Service Transportation	\$	250
10000-4200100000-529540	Utilities	\$	1,059
	Total Increase in Appropriations:	\$	828,996

INCREASE IN ESTIMATED REVENUE

10000-4200100000-751680	CA-State Grant Revenue	\$	828,996
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State of California—Health and Human Services Agency
California Department of Public Health



RON CHAPMAN, MD, MPH
Director & State Health Officer

EDMUND G. BROWN JR.
Governor

01/05/15

Hermia Parks
MCAH DIRECTOR
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 #201433 – FISCAL YEAR 2014-15

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division approves your Agency's AFA, including the enclosed Scope(s) of Work (SOW) and Budget(s) 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, 2014 through June 30, 2015, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

Black Infant Health\$828,996

The availability of Title V funds and State General funds (BIH only) are based upon funds appropriated in the FY 2014-15 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 manuals 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

FORM APPROVED COUNTY COUNSEL
BY: *Neal R. Kipnis*
DATE

Ms. Parks
01/05/15
Page 2

related, unmatched, non-enhanced or enhanced. You also agree to use either:

1. the web-posted CDPH/MCAH, BIH, and/or AFLP Base Medi-Cal Factor (MCF),
2. 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
3. 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, Kristy Lieu, at (916) 650-0326 or by e-mail at Kristy.Lieu@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Addie Aguirre
Acting Division Chief

Enclosure(s)

cc: John Tavaglione
Chair Board of Supervisors
Riverside County
4080 Lemon Street, 5th Floor
Riverside, CA 92501

Kristy Lieu
Contract Manager

Niambi Lewis
Program Consultant

Central File

California Department of Public Health (CDPH)
Maternal, Child and Adolescent Health (MCAH) Program
Scope of Work (SOW)

BACKGROUND:

In an effort to increase efficiency, simplify and allow for local flexibility, MCAH has consolidated four Title V programs into one scope of work (SOW). All Local Health Jurisdictions (LHJs) will be accountable for Part I, the Local MCAH SOW. Only those LHJs with the Fetal Infant Mortality Review (FIMR) Program funding are accountable for Objectives 3.5-3.7 and 3.8 within Part I of the Local MCAH SOW.

LHJs that receive funding for the Adolescent Family Life Program (AFLP) and/or the Black Infant Health (BIH) Program must adhere to their respective SOWs.

The BIH SOW has two parts:

- Part I.** Local MCAH, which includes Title V and State required activities, the Comprehensive Perinatal Services Program (CPSP), the Sudden Infant Death Syndrome (SIDS) Program, and FIMR for those LHJs with FIMR funding.
- Part II.** BIH

It is the responsibility of the LHJ to meet the goals and objectives of this SOW. The LHJ 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 SOW incorporate local problems identified by LHJs 5-Year Needs Assessments and reflect the Title V priorities of the MCAH Division.

The development of this SOW was guided by several public health frameworks including the Ten 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 Social-Ecological Model, and the Social Determinants of Health. Please consider integrating these approaches when conceptualizing and organizing local program, policy, and evaluation efforts.

- o The Ten Essential Services of Public Health: <http://www.cdc.gov/nphsp/essentialServices.html>; <http://www.publichealth.lacounty.gov/qi/corefns.htm>
- o The Spectrum of Prevention: <http://www.preventioninstitute.org/component/taxonomy/term/list/94/127.html>
- o Life Course Perspective: <http://mchb.hrsa.gov/lifecourseresources.htm>
- o The Social-Ecological Model: <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>
- o Social Determinants of Health: <http://www.cdc.gov/socialdeterminants/>
- o Strengthening Families: <http://www.cssp.org/reform/strengthening-families>

¹ 2001-2015 Title V State Priorities
² Title V Requirement
³ State Requirement

BUDGET:

All Title V programs must comply with the MCAH Fiscal Policies and Procedures Manual which is found on the CDPH/MCAH website at:
<http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalDocuments.aspx>

ACTION REQUIRED:

Part I. Local MCAH

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 and 2. LHJs are required to develop 2 objectives for Goal 3, a SIDS objective to promote infant safe sleep and risk reduction community health education and an objective to improve infant health outcomes. If resources allow, LHJs should also develop additional objectives, which they may place under any of the Goals 1-6. All activities in this SOW must take place within the fiscal year. Please see the MCAH Policies and Procedures Manual for further instructions on completing the SOW.
<http://www.cdph.ca.gov/services/funding/mcah/Pages/LocalMCAHProgramDocuments.aspx>

For LHJs that receive FIMR funding, perform the activities in the shaded area in Goal 3, Objectives 3.5-3.7 and 3.8. In the second shaded column, Intervention Activities to Meet Objectives, insert the number and percent of cases you will review for the fiscal year.

CDPH/MCAH Division expects each LHJ to make progress towards Title V State Performance Measures and Healthy People 2020 goals. These goals involve complex issues and are difficult to achieve, particularly in the short term. As such, in addition to the required activities to address Title V State Priorities, and Title V and State requirements, the MCAH SOW provides LHJs with the opportunity to develop locally determined objectives and activities that can be realistically achieved given the scope and resources of local MCAH programs.

Please review your data with key health department leadership at least annually.

LHJs are 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.

FIMR LHJs are required to comply with requirements as stated in the FIMR Policies and Procedures Manual:
<http://www.cdph.ca.gov/services/funding/mcah/Pages/FIMRDocuments.aspx>

¹ 2001-2015 Title V State Priorities
² Title V Requirement
³ State Requirement

Part I. Local MCAH

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 ¹
- 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

The shaded area represents required activities. 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>1.1-1.6 All women, infants and children will have access to:</p> <ul style="list-style-type: none"> • Medical, mental, dental care and available social support services • Early and comprehensive perinatal care and maternal medical, dental, and mental health care • An environment that maximizes their health 	<p>1.1 Assessment</p> <p>Identify and monitor trends, geographic areas and/or population groups, including disparities, social determinants and barriers to the provision of:</p> <ol style="list-style-type: none"> 1. Health and human services to the MCAH population 2. Early and comprehensive perinatal care 3. Maternal medical, dental and mental health care 4. Fetal and infant health care <p>Annually, share your data with your key health department leadership</p>	<p>1.1 Assessment</p> <p>List and briefly describe trends, geographic areas and/or population groups, including disparities, social determinants and barriers to the provision of:</p> <ol style="list-style-type: none"> 1. Health and human services to the MCAH population 2. Early and comprehensive perinatal care 3. Maternal medical, dental and mental health care 4. Fetal and infant health care. <p>Date data shared with the key health department leadership. Briefly describe their response, if significant.</p>	<p>1.1 Assessment</p> <p>Submit Long Term Outcome Objectives Data Table.</p>
	<p>1.2</p> <p>Participate in collaboratives, coalitions, community organizations, etc., to review data and develop policies and products to address social determinants of</p>	<p>1.2</p> <p>Report the total number of collaboratives with MCAH staff participation. Submit up to three Collaborative</p>	<p>1.2</p> <p>List policies or products developed to improve infrastructure and address MCAH priorities.</p>

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
		Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
	health and disparities.	<p>Process Description and Measures</p> <p>Surveys that document participation, objectives, activities and accomplishments of MCAH – related collaboratives.</p>	
		<p>1.3 Policy Development</p> <p>Describe efforts to develop policy and systems changes that facilitate access to Medi-Cal, Covered CA, CHDP, WIC, Family PACT, and other relevant programs.</p>	<p>1.3 Policy Development</p> <p>Describe the impact of policy and systems changes that facilitate access to Medi-Cal, Covered CA, CHDP, WIC, Family PACT, and other relevant programs.</p>
	<p>1.3 Policy Development</p> <p>Review, revise and enact policies that facilitate access to Medi-Cal, Covered CA, Child Health and Disability Prevention Program (CHDP), Women, Infants, and Children (WIC), Family Planning, Access, Care, and Treatment (Family PACT), and other relevant programs.</p>	<p>1.3 Policy Development</p> <p>List formal and informal agreements, including Memoranda of Understanding with Medi-Cal Managed Care (MCMC) plans or other organizations that address the needs of mothers and infants.</p>	
			<p>1.4 Assurance</p> <p>Describe outcomes of workforce development trainings in MCAH and public health competencies, including but not limited to, knowledge or skills gained, practice changes or partnerships developed.</p>
	<p>1.4 Assurance</p> <p>Participate in and/or deliver trainings in MCAH and public health competencies and workforce development as resources allow.</p>	<p>1.4 Assurance</p> <p>List trainings attended or provided and numbers attending.</p>	
	<p>1.5</p>	<p>1.5</p>	<p>1.5</p>

¹ 2001-2015 Title V State Priorities
² Title V Requirement
³ State 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)	Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>1.6 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 to facilitate linkage of MCAH population to services.</p>	<p>1.6 Describe the methods of communication, including the, cultural and linguistic challenges and solutions to linking the MCAH population to services.</p>	<p>1.6 Report the number of referrals to: 1. Number of calls to the toll-free or "no-cost to the calling party" telephone information service 2. The number of web hits to the appropriate local MCAH Program webpage</p>	
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.				
<p>1.7 At least one specific short and/or intermediate SMART outcome objective(s) to address access to health and human services is required here.</p> <p><i>-By June 30, 2015, MCAH will bring an additional 10 % of Riverside County CPSP clinics to participate in the Loving Support</i></p>	<p>1.7 List activities to address health disparities, social determinants and barriers to increased access to health and human services here.</p> <p><u>Assessment</u> –</p> <ul style="list-style-type: none"> Monitor CPSP clinics use of breastfeeding education and referral to Loving Support to increase breastfeeding rates. 	<p>1.7 Develop process measures for applicable intervention activities here.</p> <ul style="list-style-type: none"> Describe maintenance process for existing collaboration with Loving Support. Describe process for promoting Loving Support breastfeeding education, trainings, services, and referral. 	<p>1.7 Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> <ul style="list-style-type: none"> Report number of CPSP clinic providers attending Loving Support trainings. Report number of follow up office visits to monitor and evaluate use of Loving Support services and 	

¹ 2001-2015 Title V State Priorities
² Title V Requirement
³ State Requirement

Short and/or Intermediate Objective(s) <i>Breastfeeding Program.</i> <i>-By June 30, 2015, CPSP clinics will refer an additional 10% of their postpartum mothers to the Loving Support Breastfeeding Program.</i>	Intervention Activities to Meet Objectives (Describe the steps of the intervention) <u>Policy Development</u> – <ul style="list-style-type: none"> • Inform, educate, and empower CPSP clinics about Loving Support. <u>Assurance</u> – <ul style="list-style-type: none"> • Maintain collaboration with Loving Support to provide up to date breastfeeding education, trainings, services, and referral for CPSP clinics. • Evaluate CPSP clinics use of breastfeeding education and referral to Loving Support. • Evaluate CPSP providers attending breastfeeding training. 	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
		Process Description and Measures <ul style="list-style-type: none"> • Describe process for evaluating CPSP clinic participation in the Loving Support Program. • Describe outcome of the CQI process. • Describe technical assistance provided. 	<ul style="list-style-type: none"> • Report percentage of CPSP clinics referring clients to Loving Support services. • Report percentage of referred CPSP postpartum moms to Loving Support program.

¹ 2001-2015 Title V State Priorities
² Title V Requirement
³ State Requirement

Goal 2: Improve Maternal and Women's Health

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

The shaded area represents required activities. 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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
2.1-2.3 All women will have access to quality maternal and early perinatal care, including CPSP services for Medi-Cal eligible women.	2.1 Assurance Develop MCAH staff knowledge of the system of maternal and perinatal care and CPSP. Recruit and assist Medi-Cal providers to become CPSP providers and implement CPSP according to MCAH Policies and Procedures.	2.1 Assurance Report the following: 1. Number of current and newly enrolled CPSP providers 2. Number of Medi-Cal Obstetric (OB) providers 3. Barriers and opportunities for successful recruitment and retention of CPSP providers 4. Barriers and opportunities to improve access to quality maternal and perinatal care	2.1 Assurance Describe the impact on access to and quality of maternal and perinatal care and CPSP services.
		2.2 Provide technical assistance to CPSP providers and MCMC Plans related to the provision of CPSP services.	2.2 Describe outcomes of technical assistance provided to CPSP providers and MCMC plans.
	2.3 At a minimum, conduct annual quality improvement quality assurance (QI/QA) activities, reviewing CPSP prenatal and postpartum services, for CPSP providers. Conduct QI/QA in collaboration with MCMC plan staff, if applicable.	2.3 List CPSP provider QI/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.	2.3 Describe the results of QI/QA activities that were conducted.

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
		Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
		<p>Process Description and Measures</p> <p>Report the percentage of CPSP providers receiving a QI/QA site visit.</p>	
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
<p>2.4</p> <p>At least one specific short and/or intermediate SMART outcome objective(s) to address maternal and women's health is required here.</p> <ul style="list-style-type: none"> By June 30, 2015, all MCAH home visitors will assess teenage clients for sexual exploitation and human trafficking risk factors and be able to assist teens to recognize danger signs. By June 30, 2015, all teens participating in case management MCAH programs, including Cal Learn and NFP, will express knowledge of the methods employed by predators to engage them in human trafficking and prostitution. 	<p>2.4</p> <p>List activities to improve access to early, adequate and high quality perinatal care and maternal health here. Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance. http://www.publichealth.lacounty.gov/qi/corefncs.htm</p> <p><u>Assessment</u></p> <ul style="list-style-type: none"> Monitor teen clients for risk status regarding trafficking and sexual exploitation. Schedule and provide training to staff regarding sexual exploitation and human trafficking during at least one quarterly staff meeting Develop and incorporate educational materials regarding human trafficking 	<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 CSEC 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. 	<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/PHN home visiting staff Number of teens case managed by MCAH/PHN 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 strategy to assist teens to prevent sexual exploitation

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
		Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
	<ul style="list-style-type: none"> Work in partnership with CSEC (Commercial Sexual Exploitation of Children) Prevention and Training Subcommittee to develop method of identifying and educating at-risk teens. <p><u>Assurance</u></p> <ul style="list-style-type: none"> Develop process to measure knowledge change for teens. Contact FHOP for assistance if needed. 	<ul style="list-style-type: none"> Report number of teens who received updated materials and information regarding the exploitation and human trafficking Report number of teens identified at risk. 	<p>and human trafficking</p>

¹ 2001-2015 Title V State Priorities
² Title V Requirement
³ State Requirement

Goal 3: Improve Infant Health

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

The shaded area represents required activities. Nothing is entered in the shaded areas, except for FIMR LHJs.

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)
3.1-3.2 All infants are provided a safe sleep environment.	3.1 Assurance Establish contact with parents/caregivers of infants with presumed SIDS death to provide grief and bereavement support services ³ .	3.1 Assurance (Insert number) of parents/caregivers who experience a presumed SIDS death and the number who are contacted for grief and bereavement support services.	3.2 Describe results of staff trainings related to infant health.
		3.2 Attend the SIDS Annual Conference/ SIDS training(s) and other conferences/trainings related to infant health ³ .	
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
3.3 At least one specific objective(s) addressing infant safe sleep practices and SIDS risk reduction community health education is required here. -By June 30, 2015, 100% of active CPSP clinics will receive updated safe sleep and SIDS educational materials. -By June 30, 2015, 100% of nursing students will receive safe sleep and	3.3 List activities to promote infant safe sleep and SIDS risk reduction education activities to the community here. <u>Assessment:</u> <ul style="list-style-type: none"> • Monitor CPSP clinics use safe sleep and SIDS educational materials. • Monitor nursing students' use of safe sleep and SIDS 	3.3 Develop process measures for applicable intervention activities here. <ul style="list-style-type: none"> • Describe process to educate CPSP providers on SIDS and safe sleep education and materials. • Describe collaborative process to provide education to nursing school students at 	3.3 Develop short and/or intermediate outcome related performance measures for the objectives and activities here. <ul style="list-style-type: none"> • Report number of CPSP providers demonstrating increased knowledge of safe sleep and SIDS risk reduction activities. • Report number of nursing

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
		Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
<p>SIDS prevention education in Riverside County nursing clinical orientations.</p> <p>-By June 30, 2015, 100% of ROP Childcare program students at Chaparral and March Mountain School will receive current safe sleep and SIDS risk reduction practices.</p> <p>-By June 30, 2015, 100% of CHDP (Child, Health, and Disability Prevention Program) all Western County childcare providers will receive current safe sleep recommendations and education.</p> <p>-By June 30, 2015, CPSP coordinator will develop a CPSP program implementation video with safe sleep and SIDS risk reduction education components.</p> <p>-By June 30, 2015, 1% of CPSP clinics will pilot CPSP program implementation video with safe sleep and SIDS risk reduction education components.</p>	<p>prevention education during clinical home visits.</p> <ul style="list-style-type: none"> Identify all CHDP Clinics in Riverside County to provide safe sleep and SIDS educational materials. Identify all Western County childcare providers to provide safe sleep and SIDS educational materials. <p><u>Policy Development-</u></p> <ul style="list-style-type: none"> Inform, educate, and empower CPSP clinics, Nursing students, ROP Childcare program students, CHDP clinics and Western County Childcare providers about safe sleep and SIDS risk reduction. Develop CPSP program and SIDS education video to support and promote continued use of the CPSP program and safe sleep and SIDS risk reduction education. <p><u>Assurance-</u></p> <ul style="list-style-type: none"> Evaluate CPSP clinics use safe sleep and SIDS educational 	<p>orientation.</p> <ul style="list-style-type: none"> Describe the CQI process for nursing student chart audit. Describe collaborative process to provide education to ROP childcare students at Chaparral and March Mountain School. Describe process to measure knowledge change and intent to educate clients and parents of nursing students and ROP childcare students. Describe any TA provided. Describe process of identifying CHDP healthcare providers and mailing updated safe sleep and SIDS education for healthcare providers. Describe process of identifying Western County childcare providers and mailing updated safe sleep and SIDS education for childcare providers. Describe the development of the CPSP program implementation video with safe sleep and SIDS 	<p>school orientation students receiving education of safe sleep and SIDS risk reduction.</p> <ul style="list-style-type: none"> Report knowledge gained as a result of the nursing school student orientation and completed evaluation of safe sleep and SIDS risk reduction activities. Report the outcomes and results of CQI process for nursing student chart audit. Report number of Chaparral and March Mountain ROP childcare students receiving education of safe sleep and SIDS risk reduction. Report knowledge gained as a result of the Chaparral and March Mountain ROP childcare student training and completed evaluation. Report number of educational material mailings to CHDP providers. Report number of educational material mailings to Western Riverside County city childcare providers. Report video completion and

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² Title V Requirement
³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures		
		Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)	
<p>3.4 At least one specific short and/or intermediate SMART outcome objective(s) to address infant health is required here.</p> <p><i>-By June 30, 2015, 100% of all PHNs, MSWs, HSA's, HE's implementing PHN/MCAH Home Visitation Programs(NFP, SafeCare, Cal-Learn) for Pregnant, Postpartum and Parenting women will receive training on Birth Spacing to educate their clients.</i></p>	<ul style="list-style-type: none"> materials. Evaluate nursing students' level of knowledge and use of safe sleep and SIDS risk reduction education during clinical home visits. Evaluate ROP Childcare program students' knowledge of safe sleep and SIDS risk reduction education. Evaluate effectiveness of CPSP program and SIDS education video. 	<p>3.4 List activities to improve infant health here.</p> <p><u>Assessment-</u></p> <ul style="list-style-type: none"> Monitor PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn)use of birth spacing educational materials. Monitor PHNs, MSWs, HSA's, HE's use of birth spacing education during home visits. <p><u>Policy Development-</u></p> <ul style="list-style-type: none"> Inform, educate, and empower PHNs, MSWs, HSA's, 	<p>3.4 Develop process measures for applicable intervention activities here.</p> <ul style="list-style-type: none"> Describe process to educate PHNs, MSWs, HSA's, HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn) on birth spacing education and materials. Describe collaborative process to provide birth spacing education to PHNs, MSWs, HSA's, HE's in PHN/MCAH Home Visitation Programs 	<p>3.4 Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> <ul style="list-style-type: none"> Report number of PHNs, MSWs, HSA's, HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn) attending Birth Spacing training. Report percentage of clients receiving Birth Spacing training from PHNs, MSWs, HSA's, HE's in PHN/MCAH

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² Title V Requirement
³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
		Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
	<p>HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn) about birth spacing.</p> <ul style="list-style-type: none"> Develop educational pamphlet to facilitate education about birth spacing during home visits. <p><u>Assurance-</u></p> <ul style="list-style-type: none"> Evaluate PHNs, MSWs, HSA's, HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn) use birth spacing materials. Evaluate PHNs, MSWs, HSA's, HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn) level of knowledge after birth spacing training. 	<p>(NFP, Safe Care, Cal-Learn).</p> <ul style="list-style-type: none"> Describe the CQI process for PHNs, MSWs, HSA's; HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn) chart audit to monitor use of birth spacing education and materials. Describe process to measure knowledge change and intent to educate clients of PHNs, MSWs, HSA's, HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn). Describe any TA provided. 	<p>Home Visitation Programs (NFP, Safe Care, Cal-Learn).</p>

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² Title V Requirement
³ State Requirement

Part II. Black Infant Health Program

The Agency agrees to provide to the Department of Public Health the services in this Scope of Work (SOW). The California Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Division places a high priority on the poor outcomes that disproportionately impact the African American community in California. Central to the efforts in reducing these disparities is the Black Infant Health (BIH) Program. The four goals of the BIH Program are to:

1. Improve African American infant and maternal health.
2. Increase the ability of African American women to manage chronic stress.
3. Decrease Black-White health disparities and social inequities for women and infants.
4. Engage the community to support African American families' health and well-being with education and outreach efforts.

To achieve these goals, the BIH Program is a client-centered, strength-based group intervention with complementary case management that embraces the lifecycle perspective and promotes skill building, stress reduction and life goal setting. Each BIH Site shall also assure program fidelity and collect and enter participant and program data into the electronic MCAH-BIH-MIS and engage community partner agencies.

All BIH Sites are required to comply with the BIH Policy and Procedure (P&P) Manual and the MCAH Fiscal Policies and Procedures Manual in their entirety. In addition, all BIH Sites shall work toward meeting the BIH Program Standards and to maximize fidelity in implementing Program services, fulfilling all deliverables associated with benchmarks, attending required meetings and trainings and completing other MCAH-BIH reports as required. All activities in this SOW shall take place within the fiscal year.

The Black Infant Health program is a specialized CDPH MCAH program under the local MCAH system and helps to address MCAH SOW Goal 2 – Improve Maternal and Women's Health.

Contained within the BIH SOW, under the Measures (Process and Outcome) cells, there are Source Keys that are designed to provide a reference for reporting purposes. The "M" Source Key refers to information that is based on client-level program data maintained in the MCAH BIH Management Information System (MIS) included in the MCAH-BIH-MIS. The "N" Source Key refers to narrative information provided in quarterly reports or site surveys.

Part II: Black Infant Health Program

Goal 1: BIH will maintain program fidelity and fiscal management to administer the program as required by the BIH Program Policies and Procedures and Scope of Work and will assure program implementation, staff competency, and data management

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 LHJ Maternal, Child and Adolescent Health (MCAH) Director and/or designee (BIH Coordinator) will provide oversight, maintain program fidelity, fiscal management and demonstrate that it is conducting BIH activities as required in the BIH Policies and Procedures, SOW, Client Data Book, Group Curriculum, and MCAH Fiscal Policies and Procedures.</p>	<p>1.1</p> <ul style="list-style-type: none"> Annually review and revise internal policies and procedures for delivering services to eligible BIH participants. Submit Agreement Funding Application timely. Submit BIH Annual report by August 15, 2015. Submit BIH Quarterly Reports as directed by MCAH. 	<p>1.1</p> <ul style="list-style-type: none"> Briefly describe MCAH Director and/or BIH Coordinator responsibilities as they relate to BIH. Provide organizational chart that outlines delineation of responsibilities from MCAH to the BIH Program. 	<p>1.1</p>
<p>1.2 Each LHJ must have in place qualified personnel as outlined in the P&P.</p>	<p>1.2</p> <ul style="list-style-type: none"> At a minimum, the following key staffing roles are required: <ul style="list-style-type: none"> 1 FTE BIH Coordinator 3 FTE FHA/Group Facilitators .50 FTE PHN 1 FTE Community Outreach Liaison 1 FTE Data Entry Staff 1 FTE Mental Health Clinician Utilization of a staff hiring plan. 	<p>1.2</p> <ul style="list-style-type: none"> Describe process of hiring staff at each site that are filled by personnel who meet recommended qualifications in the P&P. Include duty statements of all staff with submission of AFPA Packet. Submission of all staff changes per guidelines outlined in BIH P&P guidelines. 	<p>1.2 Percent of key staffing roles at site filled by personnel who meet recommended qualifications in the P&P. (N)</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)
		Process Description and Measures		
<p>TRAINING</p> <p>1.3 All BIH staff will maintain and increase staff competency.</p>	<p>1.3</p> <ul style="list-style-type: none"> Develop a plan to assess staff's ability to effectively perform their assigned tasks, including regular observations of group facilitators. Identify staff training needs and ensure those needs are met, and notifying MCAH of any training needs. Ensure that all key BIH staff participates in training or educational opportunities designed to enhance cultural sensitivity. Require that all key BIH staff (i.e. MCAH Director, BIH Coordinator, and ALL direct service staff) attend mandatory MCAH Division-sponsored trainings, meetings and/or conferences as scheduled by MCAH Division. Ensure that the BIH Coordinator and all direct service staff attend mandatory MCAH Division-sponsored training(s) prior to implementing the BIH Program. Ensure that the BIH Coordinator and/or MCAH Director perform regular observations of group facilitators and assessments of FHAs' case management 	<p>1.3</p> <ul style="list-style-type: none"> Describe training activities in which staff participated. (N) Maintain records of staff participation in development activities and staff attendance at trainings. (N) Describe how staff has improved their performance and confidence in implementing the program model. (N) List gaps in staff development and training. (N) Describe plan to ensure that staff development needs are met. (N) Describe how cultural sensitivity training has enhanced LHJ staff knowledge and how that knowledge is being applied. (N) Recommend training topics that could be addressed at statewide meetings. (N) Completion of group observation form. 	<p>1.3</p> <ul style="list-style-type: none"> MCAH-BI H-MIS Utilization Reports for all staff at BIH Sites. (M) 	

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)
	activities.		
DATA ENTRY			
1.4 All BIH participant information and outcome data will be collected timely and accurately using BIH required forms at required intervals.	<p>1.4</p> <ul style="list-style-type: none"> Ensure that all direct service staff participate in data collection, data entry, data quality improvement, and use of data collection software determined by MCAH. Ensure that all subcontractor agencies providing direct service enter data in the MCAH-BIH-MIS as determined by MCAH. Ensure accuracy and completeness of data input into MCAH-BIH-MIS system. Ensure that all staff receives updates about changes in the MCAH-BIH-MIS and data book forms. Ensure that a selected staff member with advanced knowledge of the BIH Program, data collection, and the MCAH- BIH-MIS is selected as the BIH Site MIS lead and participates in all Data and Evaluation Committee calls. 	<p>1.4</p> <ul style="list-style-type: none"> Review data systems reports and discuss during calls with BIH State Team. Enter All data into the MCAH-BIH-MIS within 7 working days of collection 	<p>1.4</p> <ul style="list-style-type: none"> Number and percent of enrolled cases that have not had any information/action entered into the MIS within two weeks of enrollment. (M) Number and percent of participants with completed client recruitment forms. (M) Number and percent of open cases more than 9 months after delivery date. (M)
PARTICIPANT RECRUTMENT/OUTREACH			
1.5 All BIH LHJs will recruit, outreach and enroll African American women 18 years of age early in pregnancy.	<p>1.5</p> <ul style="list-style-type: none"> Implement the program activities as designed. Develop a Participant Recruitment Plan (standardized intake process) according to the target population and eligibility 	<p>1.5</p> <ul style="list-style-type: none"> Submit participant triage algorithm with submission of AFA packet. Participant Recruitment Plan will be reviewed annually and updated as needed. Describe outreach activities 	<p>1.5</p> <ul style="list-style-type: none"> Describe deviations in outreach activities, noting changes from local recruitment plan. (N) Describe any program improvements resulting from client satisfaction survey

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)
	<ul style="list-style-type: none"> guidelines in CDPH/MCAH BIH P&P. Recruitment plan is reviewed annually and updated as needed. 	<p>performed in order to reach target population.</p>	<p>findings: (N)</p>
ENROLLMENT			
1.6 <ul style="list-style-type: none"> 100% of participants enrolled in BIH will be African American. 95% of participants will be 18 years or older when enrolled in BIH. 100% of participants will be enrolled during pregnancy. <ul style="list-style-type: none"> 80% of participants will be enrolled at or before 26 weeks of pregnancy. 100% of women will participate in group intervention. 	1.6 <ul style="list-style-type: none"> Enroll participants that are African American. Enroll participants during pregnancy. Enroll participants at or before 26 weeks of pregnancy. Enroll women that will participate in group intervention. Provide referrals to other MCAH programs for women who cannot participate in group intervention sessions. 	1.6 Not Applicable	1.6 <ul style="list-style-type: none"> Number and percent of participants who are 18 years of age and older (M) Number and percent of participants enrolled at or before 26 weeks of pregnancy. (M)
PROGRAM PARTICIPATION			
1.7.1 <ul style="list-style-type: none"> 100% of women will participate in prenatal group. <ul style="list-style-type: none"> 80% of women will participate in group within 30 days of signing consent. 	1.7.1 Schedule participants in a prenatal group within 30 days of signing consent form.	1.7.1 Describe barriers, challenges and successes of enrolling participants in prenatal group within 30 days of signing consent form. (N)	1.7.1 Number and percent of enrolled participants who attend a prenatal group session within 30 days of signing consent form. (M)
1.7.2 <ul style="list-style-type: none"> All BIH participants will receive complementary case management support 	1.7.2 <ul style="list-style-type: none"> Conduct complementary case management services that align with the Individualized 	1.7.2 <ul style="list-style-type: none"> Report number of prenatal and postpartum participants served. (M/N) 	1.7.2 <ul style="list-style-type: none"> Number and percent of participants with completed prenatal and postpartum

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)
<ul style="list-style-type: none"> as defined in the P&P. At least 65% of all participants will complete all prenatal and postpartum assessments within the recommended time intervals. 100% of BIH participants will receive referrals to services outside of BIH based on her ICP. 	<ul style="list-style-type: none"> Client Plan. Collect completed self-administered scaled questions as described in P&P. Collect the required number of assessments per timeframe outlined in P&P. Develop and implement an ICP for each BIH participant; complete all prenatal and postpartum assessments; provide ongoing identification of her specific concerns/needs, and referral to services outside of BIH as needed based on her ICP Conduct case closure activities. Regularly conducting client satisfaction surveys. Submit complete and accurate reports in the time specified by MCAH. 	<ul style="list-style-type: none"> Report number and percent of participants included in outreach but do not enroll. (M) Report number and percent of enrolled participants for whom the following actions are completed (M): <ul style="list-style-type: none"> Intake procedures, including completion of an initial assessment and date of initial prenatal group. Initial case conferencing ICP/Life Plan 4 of 6 assessments (prenatal clients) Case closure, including Life Plan, ICP, and Assessments. 	<ul style="list-style-type: none"> assessments, including Birth Plans at appropriate time intervals. (M) Number and percent of new participants with completed initial case conferencing. (M) Number and percent of participants with documented disposition of referral services. (M)
<p>1.7.3 All BIH participants will participate in Group Intervention Sessions.</p>	<p>1.7.3</p> <ul style="list-style-type: none"> Schedule group sessions with guidance from State BIH Team. Conduct and adhere to the 20-group intervention model as specified in the P&P. 	<p>1.7.3</p> <ul style="list-style-type: none"> Percentage of enrolled participants who participated in group intervention. (M) Submit FY 2014-15 Group Session Calendar to MCAH-BIH Program upon request. Number and percent of enrolled clients for whom the following actions are completed (M): <ul style="list-style-type: none"> 7 of 10 Prenatal Group Sessions. 	<p>1.7.3</p> <ul style="list-style-type: none"> Number and Percent of participants who complete both the prenatal and postpartum group intervention. (M)

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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>1.8 All participant and program data will be entered in the MCAH-BIH- MIS timely and accurately.</p>	<p>1.8</p> <ul style="list-style-type: none"> Accurately and completely collect required participant information, with timely data input into the appropriate data system(s). Work with MCAH to ensure proper and continuous operation of the MCAH-BIH-MIS. Store Client Data Book forms on paper per guidelines in P&P. Define a data entry schedule for staff. 	<p>1.8</p> <ul style="list-style-type: none"> Number and percent of participant records entered into the MCAH- BIH-MIS within 7 working days of collection on paper forms. (M) Generate Standard Reports at least quarterly as a management tool to assess data accuracy and completeness. (M) BIH Coordinator and/or FHA/Data Entry Staff shall conduct periodic audits of participant records and report results and number reviewed (minimum 10%). 	<p>1.8</p> <ul style="list-style-type: none"> Number and percent of enrolled participants that have information/action entered into the MIS within two weeks of collection. (M) Number and percent of cases with completed recruitment forms. (M) Number and percent of participating women with cases closed 9 months after delivery date. (M)

Goal 2: Engage the community to support African American families' health and well-being with education and outreach efforts

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 BIH Coordinator and/or MCAH Director will elevate community awareness of African American birth outcomes and the impact on society.</p>	<p>2.1</p> <ul style="list-style-type: none"> Educate the community about the BIH Program by delivering standardized messages about poorer birth outcomes among African American women and about how the BIH Program addresses these issues. Create partnerships with community and referral agencies that support the broad goal of the BIH Program, through formal and informal agreements. Develop community awareness plan that outlines how community engagement will be conducted. 	<p>2.1</p> <ul style="list-style-type: none"> Describe the local plan for community linkages, including an effective referral process that will be reviewed on an annual basis and updated as needed. (N) Briefly describe successes and barriers to community education activities or events. (N) List and describe formal and informal partnerships with community and referral agencies. (N) Briefly describe community efforts such as advisory board involvement, community collaboration to address maternal and infant health disparities, or other similar formal or informal partnerships. (N) 	<p>2.1</p> <ul style="list-style-type: none"> Describe community outreach activities conducted by BIH Coordinator and/or MCAH Director with submission of BIH Quarterly Reports. (N)
<p>2.2 BIH Outreach Liaison will increase information sharing with other local social services agencies in the community and establish a clear point of contact.</p>	<p>2.2</p> <ul style="list-style-type: none"> Develop collaborative relationships with local service agencies in the community to establish strong resource linkages for recruitment of potential participants and for referrals of active participants. Develop a clear point of contact (person/s) with collaborating community agencies on a regular basis as it relates to outreach, enrollment, referrals, care coordination, etc. 	<p>2.2</p> <ul style="list-style-type: none"> List the types of outreach performed along with materials used to educate community partners about BIH. (N) List and describe barriers, challenges and/or successes related to establishing community partnerships and points of contact. (N) 	<p>2.2</p> <ul style="list-style-type: none"> Number of agencies where the Outreach Liaison has a clear point of contact and with whom information is regularly exchanged. (M) Describe community outreach activities conducted by Outreach Liaison with submission of BIH Quarterly Reports. (N)

Goal 3: Increase the ability of African American women to manage chronic stress

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)
3.1 All BIH participants will report increased social support and decreased social isolation after attending prenatal and/or postpartum group intervention and completing ICP/Life Plan.	3.1 <ul style="list-style-type: none"> Implement the prenatal and postpartum group intervention with fidelity to the P&P. Encourage participants to attend and participate in group sessions. Support clients in fostering healthy interpersonal and familial relationships. Report results from group facilitator feedback form, including description of participant engagement in group activities, for each group session. 	3.1 <ul style="list-style-type: none"> Provide FY 2014- 2015 group intervention schedules upon request. (N) Number and percent of enrolled participants who participate in group intervention. (M) 	3.1 <ul style="list-style-type: none"> Number and percent of participants who report an increase in social support as measured through the Social Provisions Scale – Short (SPS-S) (M) Number and percent of completed group facilitator forms. (M)
3.2 All BIH participants will report increased self-esteem, mastery, coping and resiliency after attending prenatal and/or postpartum group intervention and completing ICP/Life Plan.	3.2 <ul style="list-style-type: none"> All activities are delivered with an understanding of African American culture and history. Assist participants in identifying and utilizing their personal strengths. Develop and implement an Individual Client Plan (ICP)/Life Plan with each client. Teach and provide support to participants as they develop goal- setting skills and create their Life Plans. Teach participants about the importance of stress reduction and guide them in applying 	3.2 <ul style="list-style-type: none"> Number and percent of participants who complete a Life Plan. (M) Number and percent of participants who complete an ICP. (M) Describe challenges/barriers why participants did not report an increase in self-esteem, mastery, coping and resiliency after attending prenatal and/or postpartum group intervention and completing ICP/Life Plan. (N) 	3.2 <ul style="list-style-type: none"> Number and percent of women who clearly articulate at least one short and long term goal as part of their ICP. (M) Number and percent of women who report progress toward stated short term goals identified in their ICP. (M) Number and percent of participants who maintain or increase self-esteem based on responses to the Rosenberg Self-Esteem Scale. (M) Number and percent of participants who maintain or

Short and/or Intermediate Objectives(s)	Intervention Activities to Meet Objectives (Describe the steps of the Intervention) <ul style="list-style-type: none"> • stress reduction techniques. • Support participants as they become empowered to take actions toward meeting their needs. • Teach participants how to express their feelings in constructive ways. • Help participants to understand societal influences and their impact on African American health and wellness. 	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s) <ul style="list-style-type: none"> • Increase mastery based on responses to the Pearlin Mastery Scale. (M) • Number and percent of participants who maintain or increase coping and resiliency based on responses to the Brief Resilience Scale. (M)

Goal 4: Improve the health of pregnant and parenting women, thus also promoting the health of their infants

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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>4.1 All BIH participants will be linked to services that support health and wellness while enrolled in the BIH Program.</p>	<p>4.1</p> <ul style="list-style-type: none"> • Assist participants in understanding behaviors that contribute to overall good health, including: <ul style="list-style-type: none"> ○ Stress management ○ Sexual health ○ Nutrition ○ Physical activity • Ensure that participants are receiving prenatal care. • Ensure that healthy nutritious snacks are available during group sessions. • Provide participants with health information that supports a healthy pregnancy. • Ensure that participants have access to health insurance. • Identify participants' health and social needs and provide referrals and follow-up as needed to health and community services. • Provide information and health counseling to participants who report drug, alcohol and/or tobacco use. • Assist participants with completion of their birth plan. 	<p>4.1</p> <ul style="list-style-type: none"> • List and describe additional activities (e.g., Champions for Change cooking demonstrations) conducted that promote health and wellness of BIH participants. (N) • Number and percent of participants reporting drug, alcohol and/or tobacco use who are provided information and health counseling. (M) • Number and percent of prenatal participants who complete a birth plan. (M) • Number and percent of participants receiving prenatal care by trimester of program initiation. (M) • Number and percent of participants enrolled in WIC. (M) • Number and percent of previously uninsured participants who obtained needed health insurance while enrolled in BIH. (M) • Number and percent of prenatal participants who complete a birth plan. (M) 	<p>4.1</p> <ul style="list-style-type: none"> • Number and percent of participants whose health status improves over the course of their participation in BIH. (M) • Number and percent of participants and infants who obtained needed health and community services while enrolled in BIH. (M) • Number and percent of participants whose healthy eating behaviors improve over the course of their participation in BIH. (M) • Number and percent of participants whose physical activity increased over the course of their participation in BIH. (M)

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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
4.2 All BIH participants will report an increase in knowledge and understanding of reproductive life planning and family planning services.	4.2 <ul style="list-style-type: none"> Promote and support family planning by providing information and counseling. Promote and support interconception health. Help participants understand and value the concept of reproductive life planning as they complete their Life Plans. Help participants understand the characteristics of healthy relationships and provide resources that can help participants deal with abuse, reproductive coercion or birth control sabotage. Provide referrals and promote linkages to family planning providers including FPACT. 	4.2 Number and percent of participants who complete a Life Plan. (M)	4.2 <ul style="list-style-type: none"> Number and percent of participants who attend a 4-6 week postpartum checkup with a medical provider. (M) Number and percent of participants who use any method of birth control to prevent pregnancy after their babies are born. (M)
4.3 All BIH participants will be screened for Perinatal Mood and Anxiety Disorders (PMAD) and those with positive screens will be given a referral to mental health services.	4.3 <ul style="list-style-type: none"> Help participants understand how mental health contributes to overall health and wellness. Help participants recognize the connection between stress and mental health and practice stress reduction techniques. Help participants understand the connection between physical activity and mental health. Administer the EPDS to every client 6-8 weeks after she gives birth. Help participants understand the 	4.3 <ul style="list-style-type: none"> Describe successes and challenges in addressing mental health issues, including mental health referrals. (N) Number and percent of participants who completed the Edinburgh Postpartum Depression Screen (EPDS) 6-8 weeks postpartum. (M) 	4.3 <ul style="list-style-type: none"> Number and percent of participants with "positive" EPDS screens who are successfully referred to a community mental health provider. (M)

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>4.4 All BIH participants will report an increase in parenting skills and bonding with their infants and other family members.</p>	<p>4.4</p> <ul style="list-style-type: none"> Assist participants in understanding and applying effective parenting techniques. Assist participants with completing home safety checklist. Assist participants with increasing knowledge of infant safe sleep practices/sudden infant death syndrome (SIDS), sudden unexplained infant death (SUID) risk reduction. Assist participants with completing birth plan. Assist participants with identifying and using bonding strategies, including breastfeeding, with their newborns. 	<p>4.4</p> <ul style="list-style-type: none"> List and describe additional activities that enhance parenting and bonding. (N) Number and percent of participants who complete the safety checklist. (M) List and describe additional activities on infant safe sleep practices/SIDS/SUID risk reduction. (N) Number and percent of postpartum participants who initiate breastfeeding. (N) Number and percent of prenatal participants who complete a birth plan. (M) 	<p>4.4</p> <ul style="list-style-type: none"> Provide anecdotes/client success stories about improved parenting/bonding with submission of BIH Quarterly Reports. Provide anecdotes/client success stories about infant safe sleep practices and SIDS/SUID risk reduction with submission of BIH Quarterly Reports. Provide anecdotes/client success stories about breastfeeding practices with submission of BIH Quarterly Reports.

BUDGET SUMMARY

FISCAL YEAR
2014-15

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BALANCE
0

Version 4.3A-40 Quarterly

Program:	Black Infant Health														
Agency:	201433 Riverside														
SubK:															
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
TOTAL FUNDING	%														
ALLOCATION(S)	→														
			279,876												

EXPENSE CATEGORY	UNMATCHED FUNDING			NON-ENHANCED MATCHING (50%)			ENHANCED MATCHING (75%)								
	BIH-TV	BIH-SGF	AGENCY FUNDS	BIH-N	BIH Crty-N	Combined Fed/State	BIH-E	BIH Crty-E	Combined Fed/Agency						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	486,801		101,336						245,690						
(II) OPERATING EXPENSES	118,551		35,877						82,674						
(III) CAPITAL EXPENDITURES	107,201		49,509						721						
(IV) OTHER COSTS	116,443		93,154						23,289						
(V) INDIRECT COSTS															
BUDGET TOTALS*	828,996	33.76%	279,876	6.87%	56,971	42.51%			352,374				139,775	16.88%	
BALANCE(S)	→														
			279,876						176,187						
TOTAL TITLE V			279,876						176,187						
TOTAL SGF			268,102						176,187						
TOTAL -			281,018						176,187						
TOTAL TITLE XIX															
TOTAL AGENCY FUNDS															

TOTAL TITLE V	279,876	→	279,876
TOTAL SGF	268,102	→	56,971
TOTAL -		→	
TOTAL TITLE XIX		→	
TOTAL AGENCY FUNDS		→	

\$ 828,996 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] 1/20/15 DATE

[Signature] 01/21/15 DATE

MCAH PROJECT DIRECTOR'S SIGNATURE AGENCY FISCAL AGENT'S SIGNATURE

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	BIH-TV	BIH-SGF	AGENCY FUNDS	BIH-N	BIH Crty-N	BIH-E	BIH Crty-E
(I) PERSONNEL		53113	53127		53124	53100	53125	53102
(II) OPERATING EXPENSES		101,336			245,690		139,775	
(III) CAPITAL EXPENSES		35,877			82,674			
(IV) OTHER COSTS		49,509	56,971		721			
(V) INDIRECT COSTS		93,154			23,289			
Totals for PCA Codes	828,996	279,876	56,971		352,374		139,775	

Program: Black Infant Health
Agency: 201433 Riverside
Subk:

	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
	BIH-TV	BIH-SGF	AGENCY FUNDS	BIH-N	BIH-City-N	BIH-E	BIH-City-E	BIH-TV	BIH-SGF	AGENCY FUNDS	BIH-N	BIH-City-N	BIH-E	BIH-City-E
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
TOTAL FUNDING	%	TITLE V	%	SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency	%	Combined Fed/State	%	Combined Fed/Agency

(II) OPERATING EXPENSES DETAIL														
TOTAL OPERATING EXPENSES														
TRAVEL	14,927	15.90%	2,326											
TRAINING	1,680	15.90%	267											
1 Communication/Telephone Services	25,274	32.90%	8,315											
2 Office Equipment Maintenance	2,380	32.90%	783											
3 Computer Software Licensing	7,961	32.90%	2,619											
4 Building Maintenance	6,003	32.90%	1,975											
5 Medical Supplies	2,000	32.90%	658											
6 Office Equipment	8,250	32.90%	2,714											
7 Office Supplies	6,809	32.90%	2,240											
8 Printing and Postage	6,292	32.00%	2,013											
9 Rent/Lease	32,016	32.00%	10,245											
10 Utilities	1,059	32.00%	339											
11 Computer Equipment	4,200	32.90%	1,382											
12														
13														
14														
15														
TOTAL	118,551		35,877											

** 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.

(III) CAPITAL EXPENDITURE DETAIL														
TOTAL CAPITAL EXPENDITURES														
1														
2														
3														
4														
5														
6														
7														
8														
TOTAL	107,201		49,509											

(IV) OTHER COSTS DETAIL														
TOTAL OTHER COSTS														
1														
2														
3														
4														
5														
6														
7														
8														
TOTAL	107,201		49,509											

(V) SUBCONTRACTS														
1														
2														
3														
4														
5														
6														
7														
8														
TOTAL	1,161		1,161											

Program: Agency: Subj:	UNMATCHED FUNDING										NON-ENHANCED WATCHING (5050)				ENHANCED WATCHING (7525)			
	BIH-TV	BIH-SGF	AGENCY FUNDS		BIH-N		BIH-Chy-N		BIH-Chy-E		BIH-N	BIH-Chy-N	BIH-Chy-E	BIH-Chy-E				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)				
TOTAL FUNDING	%	TITLE V	%	SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency	%	Combined Fed/State	%	Combined Fed/Agency				
116,443		93,154						23,288										
24% of Total Wages + Fringe Benefits	80.00%	93,154					20.00%	23,288										

(IV) INDIRECT COSTS DETAIL

TOTAL INDIRECT COSTS	116,443
24% of Total Wages + Fringe Benefits	23,288

(I) PERSONNEL DETAIL

INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE	TOTAL PERSONNEL COSTS	BIH-TV	BIH-SGF	AGENCY FUNDS	BIH-N	BIH-Chy-N	BIH-Chy-E
1	HP MCAH Director	5.00%	124,238	6,212	45.00%	486,801						
2	JA MCAH Coordinator	5.00%	108,112	5,406		151,076						
3	SB BIH Coordinator	100.00%	87,787	87,787		335,725						
4	DS RN/PHN I-V	100.00%	72,596	72,596								
5	VAC Medical Social Worker II	100.00%	42,679	42,679								
6	DH Secretary I	2.00%	50,785	1,016								
7	VAC Health Education Assistant II	100.00%	31,885	31,885								
8	VAC Health Education Assistant II	100.00%	31,885	31,885								
9	RC Administrative Services Assistant	5.00%	44,082	2,204								
10	IV Office Assistant III	100.00%	33,638	33,638								
11	IC Health Services Assistant	50.00%	40,834	20,417								
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14												
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Budget: ORIGINAL
Program: Black Infant Health
Agency: 201433 Riverside
SubK:

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 Use the following link to access the current AFA webpage and the current base MCF%, for your agency:
<http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalDocuments.aspx>

		TOTALS				BASE MEDICAL FACTOR %				MCF % Justification			
		6.67	668,521	335,725	151,076.25	85.14%	PROGRAM	MCF %	MCF Type	Requirements	Maximum characters = 1024		
INITIALS	TITLE OR CLASS	% FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements			
1	HP MCAH Director	5.00%	124,238	6,212	45.00%	2,795.40	BIH	85.1%	Base				
2	JA MCAH Coordinator	5.00%	108,112	5,406	45.00%	2,432.70	BIH	85.1%	Base				
3	SB BIH Coordinator	100.00%	87,787	87,787	45.00%	39,504.15	BIH	85.1%	Base				
4	DS RN/PHN I-V	100.00%	72,596	72,596	45.00%	32,668.20	BIH	85.1%	Base				
5	VAC Medical Social Worker II	100.00%	42,679	42,679	45.00%	19,205.55	BIH	85.1%	Base				
6	DH Secretary I	2.00%	50,785	1,016	45.00%	457.20	BIH	85.1%	Base				
7	VAC Health Education Assistant II	100.00%	31,885	31,885	45.00%	14,348.25	BIH	85.1%	Base				
8	VAC Health Education Assistant II	100.00%	31,885	31,885	45.00%	14,348.25	BIH	85.1%	Base				
9	RC Administrative Services Assistant	5.00%	44,082	2,204	45.00%	991.80	BIH	85.1%	Base				
10	IV Office Assistant III	100.00%	33,638	33,638	45.00%	15,137.10	BIH	85.1%	Base				
11	IC Health Services Assistant	50.00%	40,834	20,417	45.00%	9,187.65	BIH	85.1%	Base				
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Budget:	ORIGINAL
Program:	Black Infant Health
Agency:	201433 Riverside
SubK:	

Version 4.3A-40 Quarterly

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		118,551	
	TRAVEL	14,627	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. Related travel costs associated with required BIH trainings, such as, airfare, lodging, shuttle services, baggage check, meals, etc.
	TRAINING	1,680	Cost related to required and/or recommended trainings for BIH employees, ongoing staff development and/or educational trainings needed to maintain professional skills.
1	Communication/Telephone Services	25,274	The following costs are based on 6.67 FTEs x \$279.63 x 12 months = \$22,382, landlines, unlimited wifi, Cornet charges, network, Internet security, dedicated fax lines, etc. Cell phones costs for 5.60 FTEs at \$241 x 12 months = \$2,892.
2	Office Equipment Maintenance	2,380	Maintenance agreement fees for multi-function copiers and/or fax machines at an estimated cost of \$198 x 12 months.
3	Computer Software Licensing	7,961	Cost associated with Microsoft software licensing fees estimated at 6.67 FTEs x \$99.46 x 12 months.
4	Building Maintenance	6,003	Costs associated to maintaining buildings at staff locations. Estimated costs at 6.67 FTEs x \$75.00 x 12 months.
5	Medical Supplies	2,000	Purchase of medical supplies such as, but not limited to, baby scales and liners, antibacterial wipes, etc.
6	Office Equipment	8,250	Projected costs of fax machine 1 x \$925; multifunction copier 1 x \$5,125; and two projectors 2 x \$1,100 = \$2,200 (one projector per team).
7	Office Supplies	6,809	Includes but not limited to, general office supplies, toner/ink cartridges for desktop printers and/or copiers, writing supplies, copy paper, storage totes for supplies, etc.
8	Printing and Postage	6,292	Printing of client materials, program forms, handouts, etc., and mailing services to support the program.
9	Rent/Lease	32,016	Costs based on the estimated square footage where staff are located at a rate of 6.67 FTEs x 200 sq. ft. x \$2.00 per sq. ft. x 12 months.
10	Utilities	1,059	Includes various utilities but not limited to, gas, electricity, water, etc.
11	Computer Equipment	4,200	Laptops to use at groups 2 x \$1,800 = \$3,600; two jetpack wifi modems to access online resources 2 x \$50 = \$100; and two speakers \$50 x 2 = \$100; computer monitor 1 x \$280; laptop travel bags 2 x \$60 = \$120. Note: One laptop, wifi modem, speaker, and travel bag per team.
12			
13			
14			
15			

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES			

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS		107,201	

SUBCONTRACTS

1			
2			
3			
4			

Budget:	ORIGINAL
Program:	Black Infant Health
Agency:	201433 Riverside
SubK:	

5		
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8		

OTHER CHARGES

1	Client Outreach Materials	3,075	Materials such as, but not limited to educational DVDs, brochures/pamphlets, etc.
2	Educational and Support Materials	10,778	Outreach items such as, but not limited to promotional items to distribute at community events/group sessions; activity items for children to use during group sessions, such as, toys, crayons, coloring books, puzzles; snacks to serve BIH clients attending group sessions, etc.
3	Client Transportation	6,021	Client transportation costs associated with the purchase of bus passes, cab fair and/or County Fleet motor pool for clients to attend group sessions.
4	UNALLOCATED - Title V	33,790	Remaining funds due to late start-up of program.
5	UNALLOCATED - SGF	53,537	Remaining funds due to late start-up of program.
6			
7			
8			

(V) INDIRECT COSTS JUSTIFICATION		
TOTAL INDIRECT COSTS	116,443	Per CDPH approved ICR



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 6, 2015

Hermia Parks
MCAH Director
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 #201433 – FISCAL YEAR 2014-15

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division approves your Agency's AFA, including the enclosed Scope(s) of Work (SOW) and Budget(s) 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, 2014 through June 30, 2015, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

Maternal Child and Adolescent Health.....\$265,684

The availability of Title V funds and State General funds (BIH only) are based upon funds appropriated in the FY 2014-15 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 manuals 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

FORM APPROVED COUNTY COUNSEL
BY: *[Signature]*
NEAL R. KIPNIS
DATE: 1/15/15


Ms. Parks
January 6, 2015
Page 2

related, unmatched, non-enhanced or enhanced. You also agree to use either:

1. the web-posted CDPH/MCAH, BIH, and/or AFLP Base Medi-Cal Factor (MCF),
2. 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
3. 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, Kristy Lieu, at (916) 650-0326 or by e-mail at Kristy.Lieu@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Addie Aguirre
Acting Division Chief

Enclosure(s)

cc: John Tavaglione
Chair Board of Supervisors
Riverside County
4080 Lemon Street, 5th Floor
Riverside, CA 92501

Kristy Lieu
Contract Manager

Paula Curran
Program Consultant

Central File

California Department of Public Health (CDPH)
Maternal, Child and Adolescent Health (MCAH) Program
Scope of Work (SOW)

BACKGROUND:

In an effort to increase efficiency, simplify and allow for local flexibility, MCAH has consolidated four Title V programs into one scope of work (SOW). All Local Health Jurisdictions (LHJs) will be accountable for Part I, the Local MCAH SOW. Only those LHJs with the Fetal Infant Mortality Review (FIMR) Program funding are accountable for Objectives 3.5-3.7 and 3.8 within Part I of the Local MCAH SOW.

LHJs that receive funding for the Adolescent Family Life Program (AFLP) and/or the Black Infant Health (BIH) Program must adhere to their respective SOWs.

The BIH SOW has two parts:

- Part I.** Local MCAH, which includes Title V and State required activities, the Comprehensive Perinatal Services Program (CPSP), the Sudden Infant Death Syndrome (SIDS) Program, and FIMR for those LHJs with FIMR funding.
- Part II.** BIH

It is the responsibility of the LHJ to meet the goals and objectives of this SOW. The LHJ 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 SOW incorporate local problems identified by LHJs 5-Year Needs Assessments and reflect the Title V priorities of the MCAH Division.

The development of this SOW was guided by several public health frameworks including the Ten 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 Social-Ecological Model, and the Social Determinants of Health. Please consider integrating these approaches when conceptualizing and organizing local program, policy, and evaluation efforts.

- The Ten Essential Services of Public Health: <http://www.cdc.gov/nphpsp/essentialServices.html>; <http://www.publichealth.lacounty.gov/qi/corefcons.htm>
- The Spectrum of Prevention: <http://www.preventioninstitute.org/component/taxonomy/term/list/94/127.html>
- Life Course Perspective: <http://mchb.hrsa.gov/lifecourseresources.htm>
- The Social-Ecological Model: <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>
- Social Determinants of Health: <http://www.cdc.gov/socialdeterminants/>
- Strengthening Families: <http://www.cssp.org/reform/strengthening-families>

¹ 2001-2015 Title V State Priorities
² Title V Requirement
³ State Requirement

BUDGET:

All Title V programs must comply with the MCAH Fiscal Policies and Procedures Manual which is found on the CDPH/MCAH website at: <http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalDocuments.aspx>

ACTION REQUIRED:

Part I. Local MCAH

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 and 2. LHJs are required to develop 2 objectives for Goal 3, a SIDS objective to promote infant safe sleep and risk reduction community health education and an objective to improve infant health outcomes. If resources allow, LHJs should also develop additional objectives, which they may place under any of the Goals 1-6. All activities in this SOW must take place within the fiscal year. Please see the MCAH Policies and Procedures Manual for further instructions on completing the SOW. <http://www.cdph.ca.gov/services/funding/mcah/Pages/LocalMCAHProgramDocuments.aspx>

For LHJs that receive FIMR funding, perform the activities in the shaded area in Goal 3, Objectives 3.5-3.7 and 3.8. In the second shaded column, Intervention Activities to Meet Objectives, insert the number and percent of cases you will review for the fiscal year.

CDPH/MCAH Division expects each LHJ to make progress towards Title V State Performance Measures and Healthy People 2020 goals. These goals involve complex issues and are difficult to achieve, particularly in the short term. As such, in addition to the required activities to address Title V State Priorities, and Title V and State requirements, the MCAH SOW provides LHJs with the opportunity to develop locally determined objectives and activities that can be realistically achieved given the scope and resources of local MCAH programs.

Please review your data with key health department leadership at least annually.

LHJs are 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.

FIMR LHJs are required to comply with requirements as stated in the FIMR Policies and Procedures Manual: <http://www.cdph.ca.gov/services/funding/mcah/Pages/FIMRDocuments.aspx>

¹ 2001-2015 Title V State Priorities
² Title V Requirement
³ State Requirement

Part I. Local MCAH

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 programs¹
- 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

The shaded area represents required activities. 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	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)
<p>1.1-1.6 All women, infants and children will have access to:</p> <ul style="list-style-type: none"> • Medical, mental, dental care and available social support services • Early and comprehensive perinatal care and maternal medical, dental, and mental health care • An environment that maximizes their health 	<p>1.1 Identify and monitor trends, geographic areas and/or population groups, including disparities, social determinants and barriers to the provision of:</p> <ol style="list-style-type: none"> 1. Health and human services to the MCAH population 2. Early and comprehensive perinatal care 3. Maternal medical, dental and mental health care 4. Fetal and infant health care <p>Annually, share your data with your key health department leadership</p> <p>1.2 Participate in collaboratives, coalitions, community organizations, etc., to review data and develop policies and products to address social determinants of</p>	<p>1.1 List and briefly describe trends, geographic areas and/or population groups, including disparities, social determinants and barriers to the provision of:</p> <ol style="list-style-type: none"> 1. Health and human services to the MCAH population 2. Early and comprehensive perinatal care 3. Maternal medical, dental and mental health care 4. Fetal and infant health care. <p>Date data shared with the key health department leadership. Briefly describe their response, if significant.</p> <p>1.2 Report the total number of collaboratives with MCAH staff participation. Submit up to three Collaborative</p>	<p>1.1 Submit Long Term Outcome Objectives Data Table.</p> <p>1.2 List policies or products developed to improve infrastructure and address MCAH priorities.</p>

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State 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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	health and disparities.	<p>Surveys that document participation, objectives, activities and accomplishments of MCAH – related collaboratives.</p> <p>Policy Development</p> <p>1.3 Describe efforts to develop policy and systems changes that facilitate access to Medi-Cal, Covered CA, CHDP, WIC, Family PACT, and other relevant programs.</p> <p>List formal and informal agreements, including Memoranda of Understanding with Medi-Cal Managed Care (MCMC) plans or other organizations that address the needs of mothers and infants.</p>	<p>Policy Development</p> <p>1.3 Describe the impact of policy and systems changes that facilitate access to Medi-Cal, Covered CA, CHDP, WIC, Family PACT, and other relevant programs.</p>
	<p>Policy Development</p> <p>1.3 Review, revise and enact policies that facilitate access to Medi-Cal, Covered CA, Child Health and Disability Prevention Program (CHDP), Women, Infants, and Children (WIC), Family Planning, Access, Care, and Treatment (Family PACT), and other relevant programs.</p>	<p>Assurance</p> <p>1.4 List trainings attended or provided and numbers attending.</p>	<p>Assurance</p> <p>1.4 Describe outcomes of workforce development trainings in MCAH and public health competencies, including but not limited to, knowledge or skills gained, practice changes or partnerships developed.</p>
	<p>Assurance</p> <p>1.4 Participate in and/or deliver trainings in MCAH and public health competencies and workforce development as resources allow.</p>	<p>Assurance</p> <p>1.5</p>	<p>Assurance</p> <p>1.5</p>

¹ 2001-2015 Title V State Priorities
² Title V Requirement
³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
	<p>Conduct activities to facilitate referrals to Covered CA, Medi-Cal, and other low cost/no-cost health insurance programs for health care coverage and local MCAH programs, CHDP, WIC, and other relevant programs², such as Text4baby.</p>	<p>Describe activities to facilitate referrals to health insurance and programs.</p>	<p>Report the number of referrals to Medi-Cal, CHDP, WIC, FamilyPACT, Text4Baby, or other low/no-cost health insurance or programs.</p>
	<p>1.6 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 to facilitate linkage of MCAH population to services.</p>	<p>1.6 Describe the methods of communication, including the, cultural and linguistic challenges and solutions to linking the MCAH population to services.</p>	<p>1.6 Report the following: 1. Number of calls to the toll-free or "no-cost to the calling party" telephone information service 2. The number of web hits to the appropriate local MCAH Program webpage</p>
<p>Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.</p>			
<p>1.7 At least one specific short and/or intermediate SMART outcome objective(s) to address access to health and human services is required here. -By June 30, 2015, MCAH will bring an additional 10 % of Riverside County CPSP clinics to participate in the Loving Support</p>	<p>1.7 List activities to address health disparities, social determinants and barriers to increased access to health and human services here. <u>Assessment</u>—</p> <ul style="list-style-type: none"> • Monitor CPSP clinics use of breastfeeding education and referral to Loving Support to increase breastfeeding rates. 	<p>1.7 Develop process measures for applicable intervention activities here.</p> <ul style="list-style-type: none"> • Describe maintenance process for existing collaboration with Loving Support. • Describe process for promoting Loving Support breastfeeding education, trainings, services, and referral. 	<p>1.7 Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> <ul style="list-style-type: none"> • Report number of CPSP clinic providers attending Loving Support trainings. • Report number of follow up office visits to monitor and evaluate use of Loving Support services and

¹ 2001-2015 Tittle V State Priorities
² Tittle V Requirement
³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
<p>Breastfeeding Program.</p> <p>-By June 30, 2015, CPSP clinics will refer an additional 10% of their postpartum mothers to the Loving Support Breastfeeding Program.</p>	<p><u>Policy Development</u> –</p> <ul style="list-style-type: none"> Inform, educate, and empower CPSP clinics about Loving Support. <p><u>Assurance</u> –</p> <ul style="list-style-type: none"> Maintain collaboration with Loving Support to provide up to date breastfeeding education, trainings, services, and referral for CPSP clinics. Evaluate CPSP clinics use of breastfeeding education and referral to Loving Support. Evaluate CPSP providers attending breastfeeding training. Develop a CQI/QA process to ensure that policies are implemented as intended and the impact 	<ul style="list-style-type: none"> Describe process for evaluating CPSP clinic participation in the Loving Support Program. Describe outcome of the CQI process. Describe technical assistance provided. 	<p>education.</p> <ul style="list-style-type: none"> Report percentage of CPSP clinics referring clients to Loving Support services.(goal is a 10% increase) Report percentage of referred CPSP postpartum moms to Loving Support program. (goal is a 10% increase)

¹ 2001-2015 Title V State Priorities
² Title V Requirement
³ State Requirement

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

The shaded area represents required activities. 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 Description and Measures	Short and/or Intermediate Outcome Measure(s)
2.1-2.3 All women will have access to quality maternal and early perinatal care, including CPSP services for Medi-Cal eligible women.	2.1 Assurance Develop MCAH staff knowledge of the system of maternal and perinatal care and CPSP. Recruit and assist Medi-Cal providers to become CPSP providers and implement CPSP according to MCAH Policies and Procedures.	2.1 Assurance Report the following: 1. Number of current and newly enrolled CPSP providers 2. Number of Medi-Cal Obstetric (OB) providers 3. Barriers and opportunities for successful recruitment and retention of CPSP providers 4. Barriers and opportunities to improve access to quality maternal and perinatal care	2.1 Assurance Describe the impact on access to and quality of maternal and perinatal care and CPSP services.
	2.2 Provide technical assistance to CPSP providers and MCMC Plans related to the provision of CPSP services.	2.2 List technical assistance provided to CPSP providers and MCMC plans.	2.2 Describe outcomes of technical assistance provided to CPSP providers and MCMC plans.
	2.3 At a minimum, conduct annual quality improvement quality assurance (QI/QA) activities, reviewing CPSP prenatal and postpartum services, for CPSP providers. Conduct QI/QA in collaboration with MCMC plan staff, if applicable.	2.3 List CPSP provider QI/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.	2.3 Describe the results of QI/QA activities that were conducted.

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State 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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
		Report the percentage of CPSP providers receiving a QI/QA site visit.	
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
2.4 At least one specific short and/or intermediate SMART outcome objective(s) to address maternal and women's health is required here. <ul style="list-style-type: none"> By June 30, 2015, all MCAH home visitors will assess teenage clients for sexual exploitation and human trafficking risk factors and be able to assist teens to recognize danger signs. By June 30, 2015, all teens participating in case management MCAH programs, including Cal Learn and NFP, will express knowledge of the methods employed by predators to engage them in human trafficking and prostitution. 	2.4 List activities to improve access to early, adequate and high quality perinatal care and maternal health here. Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance. http://www.publichealth.lacounty.gov/qi/corefncs.htm	2.10 <ul style="list-style-type: none"> Describe education provided to staff on sexual exploitation and human trafficking Describe results of collaborative process with CSEC 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. 	2.10 <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/PHN home visiting staff Number of teens case managed by MCAH/PHN 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 strategy to assist teens to prevent sexual exploitation
	Assessment <ul style="list-style-type: none"> Monitor teen clients for risk status regarding trafficking and sexual exploitation. Policy Development <ul style="list-style-type: none"> Schedule and provide training to staff regarding sexual exploitation and human trafficking during at least one quarterly staff meeting Develop and incorporate educational materials regarding human trafficking 		

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² Title V Requirement
³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
	<ul style="list-style-type: none"> Work in partnership with CSEC (Commercial Sexual Exploitation of Children) Prevention and Training Subcommittee to develop method of identifying and educating at-risk teens. <p><u>Assurance</u></p> <ul style="list-style-type: none"> Develop process to measure knowledge change for teens. Contact FHOP for assistance if needed. 	<ul style="list-style-type: none"> 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. 	<p>and human trafficking</p>

¹ 2001-2015 Title V State Priorities
² Title V Requirement
³ State Requirement

Goal 3: Improve Infant Health

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

The shaded area represents required activities. Nothing is entered in the shaded areas, except for FIMR LHJs.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
		Process Description and Measures	Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)
3.1-3.2 All infants are provided a safe sleep environment.	3.1 Assurance Establish contact with parents/caregivers of infants with presumed SIDS death to provide grief and bereavement support services ³ .	3.1 Assurance (Insert number) of parents/caregivers who experience a presumed SIDS death and the number who are contacted for grief and bereavement support services.	
	3.2 Attend the SIDS Annual Conference/ SIDS training(s) and other conferences/trainings related to infant health ³ .	3.2 Provide staff member name and date of attendance at SIDS Annual Conference/training(s) and other conferences/trainings related to infant health.	3.2 Describe results of staff trainings related to infant health.
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
3.3 At least one specific objective(s) addressing infant safe sleep practices and SIDS risk reduction community health education is required here. -By June 30, 2015, 100% of active CPSP clinics will receive updated safe sleep and SIDS educational materials, demonstrate understanding and state intent to implement educational	3.3 List activities to promote infant safe sleep and SIDS risk reduction education activities to the community here. <u>Assessment-</u>	3.3 Develop process measures for applicable intervention activities here.	3.3 Develop short and/or intermediate outcome related performance measures for the objectives and activities here.
	<ul style="list-style-type: none"> • Monitor CPSP clinics use safe sleep and SIDS educational materials. • Monitor nursing students' use of safe sleep and SIDS 	<ul style="list-style-type: none"> • Describe process to educate CPSP providers on SIDS and safe sleep education and materials. • Describe collaborative process to provide education to nursing school students at 	<ul style="list-style-type: none"> • Report number of CPSP providers demonstrating increased knowledge of safe sleep and SIDS risk reduction activities. • Report number of nursing

¹ 2001-2015 Title V State Priorities
² Title V Requirement
³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
<p>activities in their practice.</p> <ul style="list-style-type: none"> -By June 30, 2015, 100% of nursing students will receive safe sleep and SIDS prevention education in Riverside County nursing clinical orientations and state intent to implement educational activities in their practice. -By June 30, 2015, 100% of ROP Childcare program students at Chaparral and March Mountain School will receive current safe sleep and SIDS risk reduction practices and state intent to implement educational activities in their practice. -By June 30, 2015, 100% of CHDP (Child, Health, and Disability Prevention Program) all Western County childcare providers will receive current safe sleep recommendations and education and state intent to implement educational activities in their practice. -By June 30, 2015, CPSP coordinator will develop a CPSP program implementation video with safe sleep and SIDS risk reduction education components. -By June 30, 2015, 1% of CPSP clinics will pilot CPSP program implementation video with safe sleep 	<p>prevention education during clinical home visits.</p> <ul style="list-style-type: none"> Identify all CHDP Clinics in Riverside County to provide safe sleep and SIDS educational materials. Identify all Western County childcare providers to provide safe sleep and SIDS educational materials. <p><u>Policy Development-</u></p> <ul style="list-style-type: none"> Inform, educate, and empower CPSP clinics, Nursing students, ROP Childcare program students, CHDP clinics and Western County Childcare providers about safe sleep and SIDS risk reduction. Develop CPSP program and SIDS education video to support and promote continued use of the CPSP program and safe sleep and SIDS risk reduction education. <p><u>Assurance-</u></p> <ul style="list-style-type: none"> Evaluate CPSP clinics use safe sleep and SIDS educational 	<p>orientation.</p> <ul style="list-style-type: none"> Describe the CQI process for nursing student chart audit. Describe collaborative process to provide education to ROP childcare students at Chaparral and March Mountain School. Describe process to measure knowledge change and intent to educate clients and parents of nursing students and ROP childcare students. Describe any TA provided. Describe process of identifying CHDP healthcare providers and mailing updated safe sleep and SIDS education for healthcare providers. Describe process of identifying Western County childcare providers and mailing updated safe sleep and SIDS education for childcare providers. Describe the development of the CPSP program implementation video with safe sleep and SIDS 	<p>school orientation students receiving education of safe sleep and SIDS risk reduction.</p> <ul style="list-style-type: none"> Report knowledge gained as a result of the nursing school student orientation and completed evaluation of safe sleep and SIDS risk reduction activities. Report the outcomes and results of CQI process for nursing student chart audit. Report number of Chaparral and March Mountain ROP childcare students receiving education of safe sleep and SIDS risk reduction. Report knowledge gained as a result of the Chaparral and March Mountain ROP childcare student training and completed evaluation. Report number of educational material mailings to CHDP providers. Report number of educational material mailings to Western Riverside County city childcare providers. Report video completion and

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² Title V Requirement
³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
<p>and SIDS risk reduction education components.</p>	<p>materials.</p> <ul style="list-style-type: none"> Evaluate nursing students' level of knowledge and use of safe sleep and SIDS risk reduction education during clinical home visits. Evaluate ROP Childcare program students' knowledge of safe sleep and SIDS risk reduction education. Evaluate effectiveness of CPSP program and SIDS education video. 	<p>prevention education components.</p> <ul style="list-style-type: none"> Describe pilot process of the CPSP program implementation video with safe sleep and SIDS risk reduction education components. 	<p>number CPSP clinics that piloted and viewed the video and their feedback.</p>
<p>3.4 At least one specific short and/or intermediate SMART outcome objective(s) to address infant health is required here.</p> <p>-By June 30, 2015, 100% of all PHNs, MSWs, HSA's, HE's implementing PHN/MCAH Home Visitation Programs (NFP, SafeCare, Cal-Learn) for Pregnant, Postpartum and Parenting women will demonstrate understanding training on Birth Spacing and state intent to educate their clients.</p>	<p>3.4 List activities to improve infant health here.</p> <p><u>Assessment-</u></p> <ul style="list-style-type: none"> Monitor PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn) use of birth spacing educational materials. Monitor PHNs, MSWs, HSA's, HE's use of birth spacing education during home visits. <p><u>Policy Development-</u></p> <ul style="list-style-type: none"> Inform, educate, and empower PHNs, MSWs, HSA's, 	<p>3.4 Develop process measures for applicable intervention activities here.</p> <ul style="list-style-type: none"> Describe process to educate PHNs, MSWs, HSA's, HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn) on birth spacing education and materials. Describe collaborative process to provide birth spacing education to PHNs, MSWs, HSA's, HE's in PHN/MCAH Home Visitation Programs 	<p>3.4 Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> <ul style="list-style-type: none"> Report number of PHNs, MSWs, HSA's, HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn) attending Birth Spacing training. Number of PHNs, MSWs, HSA's, HE's implementing PHN/MCAH Home Visitation Programs (NFP, SafeCare, Cal-Learn) for Pregnant,

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² Title V Requirement
³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
	<p>HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn) about birth spacing.</p> <ul style="list-style-type: none"> Develop educational pamphlet to facilitate education about birth spacing during home visits. <p><u>Assurance-</u></p> <ul style="list-style-type: none"> Evaluate PHNs, MSWs, HSA's, HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn) use birth spacing materials. Evaluate PHNs, MSWs, HSA's, HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn) level of knowledge after birth spacing training. 	<p>(NFP, Safe Care, Cal-Learn).</p> <ul style="list-style-type: none"> Describe the CQI process for PHNs, MSWs, HSA's; HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn) chart audit to monitor use of birth spacing education and materials. Describe process to measure knowledge change and intent to educate clients of PHNs, MSWs, HSA's, HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn). Describe any TA provided. <p>Postpartum and Parenting women who demonstrated understanding training on Birth Spacing and stated intent to educate their clients/all</p> <ul style="list-style-type: none"> Describe any policies/protocols developed Report percentage of clients receiving Birth Spacing training from PHNs, MSWs, HSA's, HE's in PHN/MCAH Home Visitation Programs (NFP, Safe Care, Cal-Learn).

Part II. Black Infant Health Program

The Agency agrees to provide to the Department of Public Health the services in this Scope of Work (SOW). The California Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Division places a high priority on the poor outcomes that disproportionately impact the African American community in California. Central to the efforts in reducing these disparities is the Black Infant Health (BIH) Program. The four goals of the BIH Program are to:

1. Improve African American infant and maternal health.
2. Increase the ability of African American women to manage chronic stress.
3. Decrease Black-White health disparities and social inequities for women and infants.
4. Engage the community to support African American families' health and well-being with education and outreach efforts.

To achieve these goals, the BIH Program is a client-centered, strength-based group intervention with complementary case management that embraces the lifecourse perspective and promotes skill building, stress reduction and life goal setting. Each BIH Site shall also assure program fidelity and collect and enter participant and program data into the electronic MCAH-BIH-MIS and engage community partner agencies.

All BIH Sites are required to comply with the BIH Policy and Procedure (P&P) Manual and the MCAH Fiscal Policies and Procedures Manual in their entirety. In addition, all BIH Sites shall work toward meeting the BIH Program Standards and to maximize fidelity in implementing Program services, fulfilling all deliverables associated with benchmarks, attending required meetings and trainings and completing other MCAH-BIH reports as required. All activities in this SOW shall take place within the fiscal year.

The Black Infant Health program is a specialized CDPH MCAH program under the local MCAH system and helps to address MCAH SOW Goal 2 – Improve Maternal and Women's Health.

Contained within the BIH SOW, under the Measures (Process and Outcome) cells, there are Source Keys that are designed to provide a reference for reporting purposes. The "M" Source Key refers to information that is based on client-level program data maintained in the MCAH BIH Management Information System (MIS) included in the MCAH-BIH-MIS. The "N" Source Key refers to narrative information provided in quarterly reports or site surveys.

Part II: Black Infant Health Program

Goal 1: BIH will maintain program fidelity and fiscal management to administer the program as required by the BIH Program Policies and Procedures and Scope of Work and will assure program implementation, staff competency, and data management

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</p> <p>LHJ Maternal, Child and Adolescent Health (MCAH) Director and/or designee (BIH Coordinator) will provide oversight, maintain program fidelity, fiscal management and demonstrate that it is conducting BIH activities as required in the BIH Policies and Procedures, SOW, Client Data Book, Group Curriculum, and MCAH Fiscal Policies and Procedures.</p>	<p>1.1</p> <ul style="list-style-type: none"> • Annually review and revise internal policies and procedures for delivering services to eligible BIH participants. • Submit Agreement Funding Application timely. • Submit BIH Annual report by August 15, 2015. • Submit BIH Quarterly Reports as directed by MCAH. 	<p>1.1</p> <ul style="list-style-type: none"> • Briefly describe MCAH Director and/or BIH Coordinator responsibilities as they relate to BIH. • Provide organizational chart that outlines delineation of responsibilities from MCAH to the BIH Program. 	<p>1.1</p>
<p>1.2</p> <p>Each LHJ must have in place qualified personnel as outlined in the P&P.</p>	<p>1.2</p> <ul style="list-style-type: none"> • At a minimum, the following key staffing roles are required: <ul style="list-style-type: none"> • 1 FTE BIH Coordinator • 3 FTE FHA/Group Facilitators • .50 FTE PHN • 1 FTE Community Outreach Liaison • 1 FTE Data Entry Staff • 1 FTE Mental Health Clinician • Utilization of a staff hiring plan. 	<p>1.2</p> <ul style="list-style-type: none"> • Describe process of hiring staff at each site that are filled by personnel who meet recommended qualifications in the P&P. • Include duty statements of all staff with submission of AFA Packet. • Submission of all staff changes per guidelines outlined in BIH P&P guidelines. 	<p>1.2</p> <p>Percent of key staffing roles at site filled by personnel who meet recommended qualifications in the P&P. (N)</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>1.3 TRAINING</p> <p>All BIH staff will maintain and increase staff competency.</p>	<p>1.3</p> <ul style="list-style-type: none"> • Develop a plan to assess staff's ability to effectively perform their assigned tasks, including regular observations of group facilitators. • Identify staff training needs and ensure those needs are met, and notifying MCAH of any training needs. • Ensure that all key BIH staff participates in training or educational opportunities designed to enhance cultural sensitivity. • Require that all key BIH staff (i.e. MCAH Director, BIH Coordinator, and ALL direct service staff) attend mandatory MCAH Division-sponsored trainings, meetings and/or conferences as scheduled by MCAH Division. • Ensure that the BIH Coordinator and all direct service staff attend mandatory MCAH Division-sponsored training(s) prior to implementing the BIH Program. • Ensure that the BIH Coordinator and/or MCAH Director perform regular observations of group facilitators and assessments of FHAs' case management 	<p>1.3</p> <ul style="list-style-type: none"> • Describe training activities in which staff participated. (N) • Maintain records of staff participation in development activities and staff attendance at trainings. (N) • Describe how staff has improved their performance and confidence in implementing the program model. (N) • List gaps in staff development and training. (N) • Describe plan to ensure that staff development needs are met. (N) • Describe how cultural sensitivity training has enhanced LHJ staff knowledge and how that knowledge is being applied. (N) • Recommend training topics that could be addressed at statewide meetings. (N) • Completion of group observation form. 	<ul style="list-style-type: none"> • MCAH-BI H-MIS Utilization Reports for all staff at BIH Sites. (M)

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>1.4 DATA ENTRY All BIH participant information and outcome data will be collected timely and accurately using BIH required forms at required intervals.</p>	<p>1.4 activities.</p> <ul style="list-style-type: none"> Ensure that all direct service staff participate in data collection, data entry, data quality improvement, and use of data collection software determined by MCAH. Ensure that all subcontractor agencies providing direct service enter data in the MCAH-BIH-MIS as determined by MCAH. Ensure accuracy and completeness of data input into MCAH-BIH-MIS system. Ensure that all staff receives updates about changes in the MCAH-BIH-MIS and data book forms. Ensure that a selected staff member with advanced knowledge of the BIH Program, data collection, and the MCAH- BIH-MIS is selected as the BIH Site MIS lead and participates in all Data and Evaluation Committee calls. 	<p>1.4</p> <ul style="list-style-type: none"> Review data systems reports and discuss during calls with BIH State Team. Enter All data into the MCAH-BIH-MIS within 7 working days of collection 	<p>1.4</p> <ul style="list-style-type: none"> Number and percent of enrolled cases that have not had any information/action entered into the MIS within two weeks of enrollment. (M) Number and percent of participants with completed client recruitment forms. (M) Number and percent of open cases more than 9 months after delivery date. (M)
<p>1.5 PARTICIPANT RECRUITMENT/OUTREACH All BIH LHJs will recruit, outreach and enroll African American women 18 years of age early in pregnancy.</p>	<p>1.5</p> <ul style="list-style-type: none"> Implement the program activities as designed. Develop a Participant Recruitment Plan (standardized intake process) according to the target population and eligibility 	<p>1.5</p> <ul style="list-style-type: none"> Submit participant triage algorithm with submission of AFA packet. Participant Recruitment Plan will be reviewed annually and updated as needed. Describe outreach activities 	<p>1.5</p> <ul style="list-style-type: none"> Describe deviations in outreach activities, noting changes from local recruitment plan. (N) Describe any program improvements resulting from client satisfaction survey

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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>guidelines in CDPH/MCAH BIH P&P.</p> <ul style="list-style-type: none"> Recruitment plan is reviewed annually and updated as needed. 	<p>performed in order to reach target population.</p>	<p>findings. (N)</p>
<p>ENROLLMENT</p> <ul style="list-style-type: none"> 100% of participants enrolled in BIH will be African American. 95% of participants will be 18 years or older when enrolled in BIH. 100% of participants will be enrolled during pregnancy. <ul style="list-style-type: none"> 80% of participants will be enrolled at or before 26 weeks of pregnancy. 100% of women will participate in group intervention. 	<p>1.6</p> <ul style="list-style-type: none"> Enroll participants that are African American. Enroll participants during pregnancy. Enroll participants at or before 26 weeks of pregnancy. Enroll women that will participate in group intervention. Provide referrals to other MCAH programs for women who cannot participate in group intervention sessions. 	<p>1.6</p> <p>Not Applicable</p>	<p>1.6</p> <ul style="list-style-type: none"> Number and percent of participants who are 18 years of age and older.(M) Number and percent of participants enrolled at or before 26 weeks of pregnancy. (M)
<p>PROGRAM PARTICIPATION</p> <ul style="list-style-type: none"> 100% of women will participate in prenatal group. <ul style="list-style-type: none"> 80% of women will participate in group within 30 days of signing consent. 	<p>1.7.1</p> <p>Schedule participants in a prenatal group within 30 days of signing consent form.</p>	<p>1.7.1</p> <p>Describe barriers, challenges and successes of enrolling participants in prenatal group within 30 days of signing consent form. (N)</p>	<p>1.7.1</p> <p>Number and percent of enrolled participants who attend a prenatal group session within 30 days of signing consent form. (M)</p>
<ul style="list-style-type: none"> All BIH participants will receive complementary case management support 	<p>1.7.2</p> <ul style="list-style-type: none"> Conduct complementary case management services that align with the Individualized 	<p>1.7.2</p> <ul style="list-style-type: none"> Report number of prenatal and postpartum participants served. (M/N) 	<p>1.7.2</p> <ul style="list-style-type: none"> Number and percent of participants with completed prenatal and postpartum

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)	
<ul style="list-style-type: none"> as defined in the P&P. At least 65% of all participants will complete all prenatal and postpartum assessments within the recommended time intervals. 100% of BIH participants will receive referrals to services outside of BIH based on her ICP. 	<p>Client Plan.</p> <ul style="list-style-type: none"> Collect completed self-administered scaled questions as described in P&P. Collect the required number of assessments per timeframe outlined in P&P. Develop and implement an ICP for each BIH participant; complete all prenatal and postpartum assessments; provide ongoing identification of her specific concerns/needs, and referral to services outside of BIH as needed based on her ICP Conduct case closure activities. Regularly conducting client satisfaction surveys. Submit complete and accurate reports in the time specified by MCAH. 	<ul style="list-style-type: none"> Report number and percent of participants included in outreach but do not enroll. (M) Report number and percent of enrolled participants for whom the following actions are completed (M): <ul style="list-style-type: none"> Intake procedures, including completion of initial assessment and date of initial prenatal group. Initial case conferencing ICP/Life Plan 4 of 6 assessments (prenatal clients) Case closure, including Life Plan, ICP, and Assessments. 	<p>assessments, including Birth Plans at appropriate time intervals. (M)</p> <ul style="list-style-type: none"> Number and percent of new participants with completed initial case conferencing. (M) Number and percent of participants with documented disposition of referral services. (M)
<p>1.7.3 All BIH participants will participate in Group Intervention Sessions.</p>	<p>1.7.3</p> <ul style="list-style-type: none"> Schedule group sessions with guidance from State BIH Team. Conduct and adhere to the 20-group intervention model as specified in the P&P. 	<p>1.7.3</p> <ul style="list-style-type: none"> Percentage of enrolled participants who participated in group intervention. (M) Submit FY 2014-15 Group Session Calendar to MCAH-BIH Program upon request. Number and percent of enrolled clients for whom the following actions are completed (M): <ul style="list-style-type: none"> 7 of 10 Prenatal Group Sessions. 	<p>1.7.3</p> <ul style="list-style-type: none"> Number and Percent of participants who complete both the prenatal and postpartum group intervention. (M)

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>1.8 All participant and program data will be entered in the MCAH-BIH- MIS timely and accurately.</p>	<p>1.8</p> <ul style="list-style-type: none"> • Accurately and completely collect required participant information, with timely data input into the appropriate data system(s). • Work with MCAH to ensure proper and continuous operation of the MCAH-BIH-MIS. • Store Client Data Book forms on paper per guidelines in P&P. • Define a data entry schedule for staff. 	<p>o 7 of 10 Postpartum Group Sessions.</p> <p>1.8</p> <ul style="list-style-type: none"> • Number and percent of participant records entered into the MCAH- BIH-MIS within 7 working days of collection on paper forms. (M) • Generate Standard Reports at least quarterly as a management tool to assess data accuracy and completeness. (M) • BIH Coordinator and/or FHA/Data Entry Staff shall conduct periodic audits of participant records and report results and number reviewed (minimum 10%). 	<p>1.8</p> <ul style="list-style-type: none"> • Number and percent of enrolled participants that have information/action entered into the MIS within two weeks of collection. (M) • Number and percent of cases with completed recruitment forms. (M) • Number and percent of participating women with cases closed 9 months after delivery date. (M)

Goal 2: Engage the community to support African American families' health and well-being with education and outreach efforts

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 BIH Coordinator and/or MCAH Director will elevate community awareness of African American birth outcomes and the impact on society.</p>	<p>2.1</p> <ul style="list-style-type: none"> Educate the community about the BIH Program by delivering standardized messages about poorer birth outcomes among African American women and about how the BIH Program addresses these issues. Create partnerships with community and referral agencies that support the broad goal of the BIH Program, through formal and informal agreements. Develop community awareness plan that outlines how community engagement will be conducted. 	<p>2.1</p> <ul style="list-style-type: none"> Describe the local plan for community linkages, including an effective referral process that will be reviewed on an annual basis and updated as needed. (N) Briefly describe successes and barriers to community education activities or events. (N) List and describe formal and informal partnerships with community and referral agencies. (N) Briefly describe community efforts such as advisory board involvement, community collaboration to address maternal and infant health disparities, or other similar formal or informal partnerships. (N) 	<p>2.1</p> <ul style="list-style-type: none"> Describe community outreach activities conducted by BIH Coordinator and/or MCAH Director with submission of BIH Quarterly Reports. (N)
<p>2.2 BIH Outreach Liaison will increase information sharing with other local social services agencies in the community and establish a clear point of contact.</p>	<p>2.2</p> <ul style="list-style-type: none"> Develop collaborative relationships with local service agencies in the community to establish strong resource linkages for recruitment of potential participants and for referrals of active participants. Develop a clear point of contact (person/s) with collaborating community agencies on a regular basis as it relates to outreach, enrollment, referrals, care coordination, etc. 	<p>2.2</p> <ul style="list-style-type: none"> List the types of outreach performed along with materials used to educate community partners about BIH. (N) List and describe barriers, challenges and/or successes related to establishing community partnerships and points of contact. (N) 	<p>2.2</p> <ul style="list-style-type: none"> Number of agencies where the Outreach Liaison has a clear point of contact and with whom information is regularly exchanged. (M) Describe community outreach activities conducted by Outreach Liaison with submission of BIH Quarterly Reports. (N)

Goal 3: Increase the ability of African American women to manage chronic stress

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>3.1 All BIH participants will report increased social support and decreased social isolation after attending prenatal and/or postpartum group intervention and completing ICP/Life Plan.</p>	<p>3.1</p> <ul style="list-style-type: none"> Implement the prenatal and postpartum group intervention with fidelity to the P&P. Encourage participants to attend and participate in group sessions. Support clients in fostering healthy interpersonal and familial relationships. Report results from group facilitator feedback form, including description of participant engagement in group activities, for each group session. 	<p>3.1</p> <ul style="list-style-type: none"> Provide FY 2014- 2015 group intervention schedules upon request.(N) Number and percent of enrolled participants who participate in group intervention. (M) 	<p>3.1</p> <ul style="list-style-type: none"> Number and percent of participants who report an increase in social support as measured through the Social Provisions Scale – Short (SPS-S) (M) Number and percent of completed group facilitator forms. (M)
<p>3.2 All BIH participants will report increased self-esteem, mastery, coping and resiliency after attending prenatal and/or postpartum group intervention and completing ICP/Life Plan.</p>	<p>3.2</p> <p>All activities are delivered with an understanding of African American culture and history.</p> <ul style="list-style-type: none"> Assist participants in identifying and utilizing their personal strengths. Develop and implement an Individual Client Plan (ICP)/Life Plan with each client. Teach and provide support to participants as they develop goal- setting skills and create their Life Plans. Teach participants about the importance of stress reduction and guide them in applying 	<p>3.2</p> <ul style="list-style-type: none"> Number and percent of participants who complete a Life Plan.(M) Number and percent of participants who complete an ICP. (M) Describe challenges/barriers why participants did not report an increase in self-esteem, mastery, coping and resiliency after attending prenatal and/or postpartum group intervention and completing ICP/Life Plan. (N) 	<p>3.2</p> <ul style="list-style-type: none"> Number and percent of women who clearly articulate at least one short and long term goal as part of their ICP. (M) Number and percent of women who report progress toward stated short term goals identified in their ICP. (M) Number and percent of participants who maintain or increase self-esteem based on responses to the Rosenberg Self-Esteem Scale. (M) Number and percent of participants who maintain or

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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>stress reduction techniques.</p> <ul style="list-style-type: none"> • Support participants as they become empowered to take actions toward meeting their needs. • Teach participants how to express their feelings in constructive ways. • Help participants to understand societal influences and their impact on African American health and wellness. 		<p>increase mastery based on responses to the Pearlin Mastery Scale. (M)</p> <ul style="list-style-type: none"> • Number and percent of participants who maintain or increase coping and resiliency based on responses to the Brief Resilience Scale. (M)

Goal 4: Improve the health of pregnant and parenting women, thus also promoting the health of their infants

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) Short and/or Intermediate Outcome Measure(s)
<p>4.1 All BIH participants will be linked to services that support health and wellness while enrolled in the BIH Program.</p>	<p>4.1</p> <ul style="list-style-type: none"> • Assist participants in understanding behaviors that contribute to overall good health, including: <ul style="list-style-type: none"> ○ Stress management ○ Sexual health ○ Nutrition ○ Physical activity • Ensure that participants are receiving prenatal care. • Ensure that healthy nutritious snacks are available during group sessions. • Provide participants with health information that supports a healthy pregnancy. • Ensure that participants have access to health insurance. • Identify participants' health and social needs and provide referrals and follow-up as needed to health and community services. • Provide information and health counseling to participants who report drug, alcohol and/or tobacco use. • Assist participants with completion of their birth plan. 	<p>4.1</p> <ul style="list-style-type: none"> • List and describe additional activities (e.g., Champions for Change cooking demonstrations) conducted that promote health and wellness of BIH participants. (N) • Number and percent of participants reporting drug, alcohol and/or tobacco use who are provided information and health counseling. (M) • Number and percent of prenatal participants who complete a birth plan. (M) • Number and percent of participants receiving prenatal care by trimester of program initiation. (M) • Number and percent of participants enrolled in WIC. (M) • Number and percent of previously uninsured participants who obtained needed health insurance while enrolled in BIH. (M) • Number and percent of prenatal participants who complete a birth plan. (M) 	<p>4.1</p> <ul style="list-style-type: none"> • Number and percent of participants whose health status improves over the course of their participation in BIH. (M) • Number and percent of participants and infants who obtained needed health and community services while enrolled in BIH. (M) • Number and percent of participants whose healthy eating behaviors improve over the course of their participation in BIH. (M) • Number and percent of participants whose physical activity increased over the course of their participation in BIH. (M)

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>4.2 All BIH participants will report an increase in knowledge and understanding of reproductive life planning and family planning services.</p>	<p>4.2</p> <ul style="list-style-type: none"> • Promote and support family planning by providing information and counseling. • Promote and support interconception health. • Help participants understand and value the concept of reproductive life planning as they complete their Life Plans. • Help participants understand the characteristics of healthy relationships and provide resources that can help participants deal with abuse, reproductive coercion or birth control sabotage. • Provide referrals and promote linkages to family planning providers including FPACT. 	<p>4.2</p> <p>Number and percent of participants who complete a Life Plan. (M)</p>	<p>4.2</p> <ul style="list-style-type: none"> • Number and percent of participants who attend a 4-6 week postpartum checkup with a medical provider. (M) • Number and percent of participants who use any method of birth control to prevent pregnancy after their babies are born. (M)
<p>4.3 All BIH participants will be screened for Perinatal Mood and Anxiety Disorders (PMAD) and those with positive screens will be given a referral to mental health services.</p>	<p>4.3</p> <ul style="list-style-type: none"> • Help participants understand how mental health contributes to overall health and wellness. • Help participants recognize the connection between stress and mental health and practice stress reduction techniques. • Help participants understand the connection between physical activity and mental health. • Administer the EPDS to every client 6-8 weeks after she gives birth. • Help participants understand the 	<p>4.3</p> <ul style="list-style-type: none"> • Describe successes and challenges in addressing mental health issues, including mental health referrals. (N) • Number and percent of participants who completed the Edinburgh Postpartum Depression Screen (EPDS) 6-8 weeks postpartum. (M) 	<p>4.3</p> <ul style="list-style-type: none"> • Number and percent of participants with "positive" EPDS screens who are successfully referred to a community mental health provider. (M)

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>4.4 All BIH participants will report an increase in parenting skills and bonding with their infants and other family members.</p>	<p>symptoms of postpartum depression.</p> <ul style="list-style-type: none"> Provide referrals and follow-up to mental health services when appropriate. <p>4.4</p> <ul style="list-style-type: none"> Assist participants in understanding and applying effective parenting techniques. Assist participants with completing home safety checklist. Assist participants with increasing knowledge of infant safe sleep practices/sudden infant death syndrome (SIDS), sudden unexplained infant death (SUID) risk reduction. Assist participants with completing birth plan. Assist participants with identifying and using bonding strategies, including breastfeeding, with their newborns. 	<p>4.4</p> <ul style="list-style-type: none"> List and describe additional activities that enhance parenting and bonding. (N) Number and percent of participants who complete the safety checklist. (M) List and describe additional activities on infant safe sleep practices/SIDS/SUID risk reduction. (N) Number and percent of postpartum participants who initiate breastfeeding. (N) Number and percent of prenatal participants who complete a birth plan. (M) 	<p>4.4</p> <ul style="list-style-type: none"> Provide anecdotes/client success stories about improved parenting/bonding with submission of BIH Quarterly Reports. Provide anecdotes/client success stories about infant safe sleep practices and SIDS/SUID risk reduction with submission of BIH Quarterly Reports. Provide anecdotes/client success stories about breastfeeding practices with submission of BIH Quarterly Reports.

BUDGET SUMMARY

FISCAL YEAR
2014-15

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BALANCE

Version 4.3A-40, Quarterly

Program: **Maternal, Child and Adolescent Health**
Agency: **201433 Riverside**
SubK:

	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
MCAH-TV															
TITLE V															
TOTAL FUNDING															
ALLOCATION(S)															

EXPENSE CATEGORY	(I)	(II)	(III)	(IV)	(V)	BALANCE(S)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
PERSONNEL	217,494	92,516						16,297				32,846				75,834
OPERATING EXPENSES	48,288	19,040						3,637				16,446				9,165
CAPITAL EXPENDITURES																
OTHER COSTS	31,280	23,776						1,220				6,284				
INDIRECT COSTS	52,025	28,203						2,601				21,221				
BUDGET TOTALS*	349,087	163,535					8.90%	23,755			22.00%	76,797			24.35%	84,999

TOTAL TITLE V	163,535	163,535														
TOTAL -	-	-														
TOTAL TITLE XIX	102,148															
TOTAL AGENCY FUNDS	83,403							23,755								

\$ 265,684 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.

MCAH PROJECT DIRECTOR'S SIGNATURE: *[Signature]* DATE: *1/20/15*

AGENCY FISCAL AGENT'S SIGNATURE: *[Signature]* DATE: *01/21/15*

* 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 FUNDS	MCAH Cnty-N	MCAH Cnty-E
(I) PERSONNEL	53107	92,516		53118	53117
(II) OPERATING EXPENSES		19,040		16,423	56,876
(III) CAPITAL EXPENSES				8,223	9,874
(IV) OTHER COSTS		23,776		3,142	
(V) INDIRECT COSTS		28,203		10,611	
Totals for PCA Codes	265,684	163,535		38,399	63,750

Program: Maternal, Child and Adolescent Health
 Agency: 201433 Riverside
 Subk:

UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
MCAH-TV		AGENCY FUNDS		MCAH City-N		MCAH City-E		MCAH City-N		MCAH City-E				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
TOTAL FUNDING	%	TITLE V	%	%	%	Agency Funds*	%	%	%	Combined Fed/Agency*	%	%	Combined Fed/Agency*	%

(II) OPERATING EXPENSES DETAIL

	TOTAL OPERATING EXPENSES	48,288	19,040	3,637	16,446	9,165
TRAVEL	16,487	25.00%	4,122	824	4,122	7,419
TRAINING	3,880	25.00%	970	194	970	1,746
1 Communication/Telephone Services	5,802	49.30%	2,860	551	2,309	
2 Office Equipment Maintenance	1,188	49.30%	586	113	489	
3 Computer Software Licensing	1,790	49.30%	882	170	737	
4 Computer Equipment	1,960	49.30%	966	186	808	
5 Office Supplies	2,150	49.30%	1,060	204	886	
6 Printing and Postage	2,650	49.30%	1,306	252	1,092	
7 Rent-Lease	7,200	49.30%	3,550	684	2,966	
8 Utilities	3,780	49.30%	1,864	359	1,557	
9 Bilingual Pay	1,040	49.30%	513	99	428	
10 Toll Free Line	361	100.00%	361			
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.

(III) CAPITAL EXPENDITURE DETAIL

TOTAL CAPITAL EXPENDITURES	

(IV) OTHER COSTS DETAIL

	TOTAL OTHER COSTS	31,280	23,776	1,220	6,284
SUBCONTRACTS					
1					
2					
3					
4					
5					
6					
7					
8					
OTHER CHARGES					
1 SIDS	13,858	100.00%	13,858		
2 Client Outreach Materials	17,422	56.93%	9,918	1,220	6,284
3					
4					
5					
6					
7					
8					

Program:	Maternal, Child and Adolescent Health
Agency:	201433 Riverside
Subk:	

	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
	MCAH-TV		AGENCY FUNDS			MCAH City-N		MCAH City-E			MCAH City-N		MCAH City-E		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
TOTAL FUNDING	%	TITLE V	%	%	%	Agency Funds*	%	%	%	Combined Fed/Agency*	%	%	%	Combined Fed/Agency*	
54.21%	28,203	28,203	5.00%	2,601	2,601	40.79%	21,221	21,221	75,834	23,535	52,300				

(V) INDIRECT COSTS DETAIL

TOTAL INDIRECT COSTS	52,025
24% % of Total Wages + Fringe Benefits	52,025

(I) PERSONNEL DETAIL

INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE	TOTAL PERSONNEL COSTS	24% % of Total Wages + Fringe Benefits	TOTAL WAGES	FRINGE BENEFIT RATE	TOTAL PERSONNEL COSTS
1	HP MCAH Director	25.00%	129,208	32,302	45.00%	217,494	52,025	92,516	45.00%	217,494
2	JA MCAH Coordinator	25.00%	112,436	28,109	45.00%	149,996	52,025	28,712	45.00%	149,996
3	DC CPSP	80.00%	89,585	71,668	45.00%	149,996	52,025	63,804	45.00%	149,996
4	DC SIDS Coordinator	20.00%	89,585	17,917	45.00%	149,996	52,025	16,297	45.00%	149,996
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Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health
Agency:	201433 Riverside
SubK:	

Version 4.3A-40 Quarterly
 Use the following link to access the current AFA webpage and the current base MCF% for your agency:
<http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalDocuments.aspx>

(I) PERSONNEL DETAIL		BASE MEDI-CAL FACTOR %				50.20%						
INITIALS	TITLE OR CLASS.	TOTALS	1.50	420,814	149,996	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification
							67,498.20					Maximum characters = 1024
1	HP MCAH Director		25.00%	129,208	32,302	45.00%	14,535.90	MCAH	50.2%	Base		
2	JA MCAH Coordinator		25.00%	112,436	28,109	45.00%	12,649.05	MCAH	50.2%	Base		
3	DC CPSP		80.00%	89,585	71,868	45.00%	32,250.60	MCAH	95.0%	Variable	YES	CPSP is a Medi-cal Program.
4	DC SIDS Coordinator		20.00%	89,585	17,917	45.00%	8,062.65	MCAH	50.2%	Base		
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Budget:	ORIGINAL
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SubK:	

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		48,288
	TRAVEL	16,487
	TRAINING	3,880
1	Communication/Telephone Services	5,802
2	Office Equipment Maintenance	1,188
3	Computer Software Licensing	1,790
4	Computer Equipment	1,960
5	Office Supplies	2,150
6	Printing and Postage	2,650
7	Rent-Lease	7,200
8	Utilities	3,780
9	Bilingual Pay	1,040
10	Toll Free Line	361
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(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	31,280
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SUBCONTRACTS

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Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health
Agency:	201433 Riverside
SubK:	

OTHER CHARGES

1	SIDS	13,858	Travel to SIDS trainings, outreaches, and education, etc. Purchase of SIDS educational materials, incentives to reduce SIDS. DC's SIDS time, and mileage reimbursement related to SIDS.
2	Client Outreach Materials	17,422	Client outreach materials, such as audiovisual DVD/CDs, books, tote bags, pens, etc.
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(V) INDIRECT COSTS JUSTIFICATION		
TOTAL INDIRECT COSTS	52,025	Per CDPH approved ICR

Exhibit K

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

Agency Name: Riverside County
Agreement/Grant Number: 201433
Compliance Attestation for Fiscal Year: 2014/2015

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.

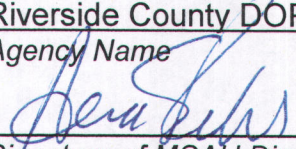
In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation 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

Riverside County DOPH
Agency Name

201433
Agreement/Grant Number



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

1/20/15
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.