

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

815



FROM: Riverside University Health System – Public Health

SUBMITTAL DATE:

February 9, 2016

SUBJECT: Ratify and File the Agreements #201533 between the California Department of Public Health Maternal, Child and Adolescent Health Division and the County of Riverside Department of Public Health. Districts: All [\$1,339,746 – State Funds].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and File the Agreement #201533 with the California Department of Public Health for Maternal, Child and Adolescent Health (MCAH) and Black Infant Health (BIH) in the amount of \$1,339,746 (MCAH - \$398,817 and BIH - \$940,929) for the period of performance of July 1, 2015 through June 30, 2016.

BACKGROUND:

SUMMARY

(continued on next page)

HP:rc

Sarah S. Mack

Sarah S. Mack, M.P.H.
Interim Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 1,339,746	\$ 0	\$ 1,339,746	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS: 100 percent funded by State.

Budget Adjustment: No

For Fiscal Year: 15/16

C.E.O. RECOMMENDATION:

APPROVE

Christopher M. Hans
BY: _____
Christopher M. Hans

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Jeffries, seconded by Supervisor Washington 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: March 8, 2016
xc: RUHS

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

Prev. Agn. Ref.: 04-28-15, 3-24

District: All

Agenda Number:

3-16

FORM APPROVED COUNTY COUNSEL
BY: GREGORY P. PRIAMOS
DATE: 2/17/16
Departmental Concurrence

A-30 Positions Added
4/5 Vote Change Order

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

FORM 11: Ratify and File the Agreements #201533 between the California Department of Public Health Maternal, Child and Adolescent Health Division and the County of Riverside Department of Public Health.

Districts: All [\$1,339,746 – State Funds].

DATE: February 9, 2016

PAGE: Page 2 of 2

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 letter 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 and BIH Agreements are 100 percent funded by the State and are in the FY 2015/16 County budget.



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



KAREN L. SMITH, MD, MPH
Director and State Health Officer

EDMUND G. BROWN JR.
Governor

November 6, 2015

Hermia Parks
MCAH Director
County of Riverside, Department of Public Health
P.O. Box 7600
Riverside, CA 92513-7600

Dear Ms. Parks:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR
AGREEMENT #201533 – FISCAL YEAR 2015-16

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.

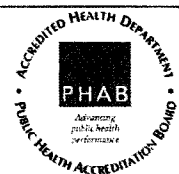
To carry out the program(s) outlined in the enclosed SOW(s) and Budget(s), during the period of July 1, 2015 through June 30, 2016, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

Maternal Child and Adolescent Health.....	\$398,817
Black Infant Health	\$940,929

The availability of Title V funds and State General funds (BIH only) are based upon funds appropriated in the FY 2015-16 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 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),



Ms. Parks
November 6, 2015
Page 2

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) 650-0340 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
Assistant Division Chief

Enclosure(s)

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

Kristy Lieu
Contract Manager

Paula Curran (MCAH)
Program Consultant

Robin Qualls (BIH)
Program Consultant

Central File

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

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 Efforts to Outcomes (ETO) data system and engage community partner agencies.

All BIH Sites are required to comply with BIH Policy and Procedures (P&P) 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 "E" Source Key refers to information that is based on client-level program data included and maintained in ETO. The "N" Source Key refers to narrative information provided in quarterly reports or site surveys.

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/nphpsp/essentialServices.html>; <http://www.publichealth.lacounty.gov/qi/corefncs.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>

Agency: County of Riverside
Agreement Number: 201533

Fiscal Year: 2015-16

- 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>

For each fiscal year of the contract period, the Local Health Jurisdiction shall submit the deliverables identified below. All deliverables shall be submitted to the MCAH Division to your designated Program Consultant in accordance with the BIH Policies and Procedures Manual and postmarked or emailed no later than the due date.

Deliverables for each FY

Due Date for each FY

Annual Progress Report

Aug. 15

Coordinator Quarterly Report:

Reporting Period	From	To	Due Date
1) First Report	July 1, 2015	September 30, 2015	October 31, 2015
2) Second Report	October 1, 2015	December 31, 2015	January 31, 2016
3) Third Report	January 1, 2016	March 31, 2016	April 30, 2016
4) Fourth Report (WAIVED) <i><u>Information during this reporting period will be included in the Annual Progress Report</u></i>	April 1, 2016	June 30, 2016	July 31, 2016

See the following pages for a detailed description of the services to be performed.

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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
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, Data Collection Manual, Efforts to Outcome (ETO) Data Book, Group Curriculum, and MCAH Fiscal Policies and Procedures.	1.1 <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. Submit BIH Quarterly Reports as directed by MCAH. 	1.1 <ul style="list-style-type: none"> Describe MCAH Director and BIH Coordinator responsibilities as they relate to BIH. Provide organization chart that designates the delineation of responsibilities of MCAH Director and BIH Coordinator from MCAH to the BIH Program. 	1.1
1.2 Each LHJ must have in place qualified personnel as outlined in the P&P.	1.2 <ul style="list-style-type: none"> At a minimum, the following key staffing roles are required: <ul style="list-style-type: none"> .05 FTE BIH Coordinator 2 FTE FHA/Group Facilitators. 1 FTE Community Outreach Liaison 0.5 FTE Data Entry 0.5 FTE Mental Health Professional Utilization of a staff hiring plan. 	1.2 <ul style="list-style-type: none"> Describe process of hiring staff at each site that are filled by personnel meeting 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. 	1.2 Percent of key staffing roles at site filled by personnel who meet qualifications in the P&P. (N)

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)	
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TRAINING 1.3 All BIH staff will maintain and increase staff competency.	1.3 <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, 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 activities. 	1.3 <ul style="list-style-type: none"> Describe training activities in which staff participated. (N) Describe improved staff performance and confidence in implementing the program model as a result of participating in staff development activities and/or trainings. (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 topic suggestions for statewide meetings. (N) Maintain records of staff participation in staff development activities and staff attendance at trainings. (N) Completion of group session information form. 	1.3 <ul style="list-style-type: none"> ETO Utilization Reports for all staff at BIH Sites. (E)

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DATA ENTRY 1.4 All BIH participant information and outcome data will be collected timely and accurately using BIH required forms at required intervals.	1.4 <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 ETO as determined by MCAH. Ensure accuracy and completeness of data input into ETO system. Ensure that all staff receives updates about changes in ETO and data book forms. Ensure that a selected staff member with advanced knowledge of the BIH Program, data collection, and ETO is selected as the BIH Site's Data Entry lead and participates in all Data and Evaluation calls. 	1.4 <ul style="list-style-type: none"> Review data systems reports and discuss during calls with BIH State Team. Enter all data into ETO within 7 working days of collection. 	1.4 <ul style="list-style-type: none"> Number and percent of enrolled cases with no information/action entered into the ETO within two weeks of enrollment. (E)
PARTICIPANT RECRUITMENT/OUTREACH 1.5 All BIH LHJs will recruit, outreach and enroll African American women 18 years of age, less than 26 weeks pregnant.	1.5 <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 guidelines in CDPH/MCAH BIH P&P. Recruitment plan is reviewed annually and updated as needed. 	1.5 <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 performed in order to reach target population. Report number and percent of participants included in outreach but do not enroll.(E) 	<ul style="list-style-type: none"> Describe deviations in outreach activities, noting changes from local recruitment plan. (N) Number and percent of participants with completed recruitment forms. (E)Number and percent of participants included in outreach but do not enroll.(E)

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)
ENROLLMENT 1.6 <ul style="list-style-type: none"> 100% of participants enrolled in BIH will be African American. 100% 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"> 100% 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.(E) Number and percent of participants enrolled at or before 26 weeks of pregnancy. (E)
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"> All women will participate in group within 30 days of first successful contact. 	1.7.1 Schedule participants in a prenatal group within 30 days of first successful contact.	1.7.1 Describe barriers, challenges and successes of enrolling participants in prenatal group within 30 days of first successful contact. (N)	1.7.1 Number and percent of enrolled participants who attend a prenatal group session within 30 days of first successful contact. (E)
1.7.2 <ul style="list-style-type: none"> All BIH participants will receive case management support as defined in the P&P. All participants will complete all prenatal and postpartum assessments within the recommended time intervals. 	1.7.2 <ul style="list-style-type: none"> Conduct case management services that align with Life Plan activities (goal setting). 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 a Life 	1.7.2 <ul style="list-style-type: none"> Report number of prenatal and postpartum participants served. (E/N) Report number and percent of enrolled participants for whom the following actions are completed (E): <ul style="list-style-type: none"> Intake procedures, including completion of an 	1.7.2 <ul style="list-style-type: none"> Number and percent of participants with completed prenatal and postpartum assessments, including Birth Plans at appropriate time intervals. (E) Number and percent of new participants with completed initial case conferencing. (E) Number and percent of

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)	
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<ul style="list-style-type: none"> All BIH participants will receive referrals to services outside of BIH based on her Life Planning Meetings. 	<p>Plan based on goal setting during Life Planning meetings 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 Life Planning meetings.</p> <ul style="list-style-type: none"> Conduct participant dismissal activities. Conduct participant satisfaction surveys. Submit complete and accurate reports in the timeframe specified by MCAH. 	<p>initial assessment and date of initial prenatal group.</p> <ul style="list-style-type: none"> Initial case conferencing Life Planning Meetings Prenatal and Postpartum assessments Participant dismissal. 	<p>participants with documented disposition of referral services. (E)</p> <ul style="list-style-type: none"> Number and percent of cases open more than 2 months after completion of the last postpartum group.(E) Describe program improvements resulting from participant satisfaction survey findings. (N)
<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. <p>All participants will have the opportunity to enroll in a group series within 30 days of the first successful contact.</p> <ul style="list-style-type: none"> Conduct and adhere to the 20-group intervention model as specified in the P&P. 	<p>1.7.3</p> <p>Percentage of enrolled participants who participated in group intervention. (E)</p> <ul style="list-style-type: none"> Submit FY 2015-16 Group Session Calendar to MCAH-BIH Program by December 31st and upon request. Number and percent of enrolled participants for whom the following actions are completed (E): <ul style="list-style-type: none"> 7 of 10 Prenatal Group Sessions. 7 of 10 Postpartum Group Sessions. 	<p>1.7.3</p> <p>Number and Percent of participants who complete both the prenatal and postpartum group intervention. (E)</p>
<p>1.8 All participant and program data will be entered in the</p>	<p>1.8</p> <ul style="list-style-type: none"> Accurately and completely collect required participant 	<p>1.8</p> <ul style="list-style-type: none"> Number and percent of participant records entered into 	<p>1.8</p> <ul style="list-style-type: none"> Number and percent of enrolled participants that have

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)	
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MCAH-BIH- ETO timely and accurately.	<p>information, with timely data input into the appropriate data system(s).</p> <ul style="list-style-type: none"> • Work with MCAH to ensure proper and continuous operation of the MCAH-BIH-ETO. • Store Participant level Data forms on paper per guidelines in P&P. • Define a data entry schedule for staff. 	<p>the ETO within 7 working days of collection on paper forms. (E)</p> <ul style="list-style-type: none"> • Generate Standard Reports at least quarterly as a management tool to assess data accuracy and completeness. (E) • BIH Coordinator and/or FHA/Data Entry Lead shall conduct periodic audits of participant records and report results and number reviewed (minimum 10%). 	<p>information/action entered into the ETO within two weeks of collection. (E)</p> <ul style="list-style-type: none"> • Number and percent of cases with completed recruitment forms. (E) • Number and percent of participating women with cases closed 2 months after last postpartum group.(E)

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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
2.1 BIH Coordinator and/or MCAH Director will elevate community awareness of African American birth outcomes.	2.1 <ul style="list-style-type: none"> Inform the community about poorer birth outcomes among African American women by delivering standardized messages describing how the BIH Program addresses these issues. Create partnerships with community and referral agencies that support the broad goals of the BIH Program, through formal and informal agreements. Develop a community awareness plan that outlines how community engagement activities will be conducted. 	2.1 <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 and community collaborations to address maternal and infant health disparities, or other similar formal or informal partnerships. (N) 	2.1 <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)
2.2 BIH Community Outreach Liaison (COL) will increase information sharing with other local agencies providing services to African-American women and children in the community and establish a clear point of contact.	2.2 <ul style="list-style-type: none"> Develop collaborative relationships with local agencies in the community that provide services to African-American women and children, 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. 	2.2 <ul style="list-style-type: none"> List the types of outreach performed and materials used to inform community partners about BIH. (N) List and describe barriers, challenges and/or successes related to establishing community partnerships and points of contact. (N) 	2.2 <ul style="list-style-type: none"> Number of agencies where the COL has a clear point of contact and with whom information is regularly exchanged. (E) Describe community outreach activities conducted by COL 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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>3.1 All BIH participants will report increased social support and decreased social isolation after attending the prenatal and/or postpartum group intervention and completing Life Planning activities.</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 session information 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 2015- 2016 group intervention schedules upon request. (N) • Percent of adherence indicators with 'high' fidelity ratings. (E) • Percent of participants who meet expected prenatal life planning session attendance (prenatal dose). (E) • Percent of participants who meet expected prenatal group session attendance (prenatal dose). (E) 	<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). (E) • Number and percent of completed group session information forms. (E)
<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 Life Planning activities.</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 a 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 stress reduction techniques. • Support participants as they become empowered to take 	<p>3.2</p> <ul style="list-style-type: none"> • Number and percent of participants who complete Life Planning activities as evidenced by setting short and long-term goals. (E) • 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 Life Planning activities. (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 Life Planning activities as evidenced by documentation on the "About Me" and "Short Term Goal" forms. (E) • Number and percent of women who report progress toward stated short term goals as evidenced by documentation on the Short-Term Goal Update from Life Plan. (E) • Number and percent of participants who maintain or increase self-esteem based

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	<p>actions toward meeting their needs.</p> <ul style="list-style-type: none"> • 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>on responses to the Rosenberg Self-Esteem Scale. (E)</p> <ul style="list-style-type: none"> • Number and percent of participants who maintain or increase mastery based on responses to the Pearlin Mastery Scale. (E) • Number and percent of participants who maintain or increase coping and resiliency based on responses to the Brief Resilience Scale. (E)

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)
	symptoms of postpartum depression. <ul style="list-style-type: none"> Provide referrals and follow-up to mental health services when appropriate. 		
4.4 All BIH participants will report an increase in parenting skills and bonding with their infants and other family members.	4.4 <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. 	4.4 <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. (E) 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. (E) 	4.4 <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.

Program: Maternal, Child and Adolescent Health		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency: 201533 Riverside		MCAH-TV		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E			
Subk:		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(17)
TOTAL FUNDING		%	TITLE V	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		

(V) INDIRECT COSTS DETAIL											
TOTAL INDIRECT COSTS		78,756	42,001								
25.00% of Total Wages + Fringe Benefits		78,756	42,001				46.67%				

(I) PERSONNEL DETAIL												
TOTAL PERSONNEL COSTS		315,026	154,464								81,351	
FRINGE BENEFIT RATE		45.00%	47,937								25,247	
TOTAL WAGES		217,259	106,527								56,104	
INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES								J-Pers MCF
1	HP MCAH Director	25.00%	135,394	33,849	50.10%	16,958	15,198	5.00%	1,692	50.9%	49.90%	
2	JA MCAH Coordinator	25.00%	120,989	30,247	64.95%	19,645	3,025	25.05%	7,577	50.9%	35.05%	
3	DC CPSP	80.00%	97,410	77,928	29.60%	23,067	8,027	60.10%	46,835	95.0%	70.40%	
4	DC SIDS Coordinator	20.00%	97,410	19,482	100.00%	19,482				50.9%		
5	VAC HEA II/GF/FHA	100.00%	55,753	55,753	49.10%	27,375	28,378			50.9%	50.90%	
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Budget: ORIGINAL
Program: Maternal, Child and Adolescent Health
Agency: 201533 Riverside
Subk:

Version 4.4A-50 Quarterly

(I) PERSONNEL DETAIL		BASE MEDI-CAL FACTOR %					50.90%						
INITIALS	TITLE OR CLASS.	TOTALS	2.50	506,957	217,259	97,766.55	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification
1	HP MCAH Director		25.00%	135,394	33,849		45.00%	15,232.05	MCAH	50.9%			
2	JA MCAH Coordinator		25.00%	120,989	30,247		45.00%	13,611.15	MCAH	50.9%			
3	DC CPSP		80.00%	97,410	77,928		45.00%	35,067.60	MCAH	95.0%			
4	DC SIDS Coordinator		20.00%	97,410	19,482		45.00%	8,766.90	MCAH	50.9%		YES	CPSP is a Medi-cal Program.
5	VAC HEA III/GF/FHA		100.00%	55,753	55,753		45.00%	25,088.85	MCAH	50.9%			
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Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health
Agency:	201533 Riverside
SubK:	

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		61,490	
	TRAVEL	16,487	Travel costs related to meeting program objectives, as required by State training. 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.
	TRAINING	4,441	Costs associated with any program trainings that become available and are relevant and beneficial to meet program objectives, memberships, etc.
1	Communication/Telephone Services	9,570	The following costs are based on 2.50 FTEs x \$279 x 12 months = \$8,370, landlines, unlimited wi-fi, Cornet charges, network, Internet security, dedicated fax lines, etc. Additional costs for cell phone/smart phone services in the amount of \$1,200 for 2.5 FTEs.
2	Office Equipment Maintenance	1,188	Maintenance agreement fees for multi-function copiers and fax machines at an estimated cost of \$99 x 12 months.
3	Computer Software Licensing	2,984	Costs associated with Microsoft Office software licensing fees estimated at 2.50 FTEs x \$99.46 x 12 months.
4	Computer Equipment	2,300	Desktop computer 1 x \$2,000; one computer monitor 1 x \$300.
5	Office Supplies	4,150	Includes but not limited to, general office supplies, computer supplies, toner/ink cartridges for desktop printers and copiers, writing supplies, copy paper, etc.
6	Printing and Postage	2,650	Printing of client materials, program forms, business cards, etc., and mailing services to support the program.
7	Document Shredding	1,000	Costs associated with document shredding of confidential client/program documents and/or materials.
8	Rent/Lease	12,000	The square footage where staff are located, such as 2.50 FTEs x 200 sq. ft. x \$2.00 per sq. ft x 12 months.
9	Utilities	3,300	Includes, but not limited to various utilities, such as gas, electricity, water, etc.
10	Bilingual Pay	1,040	CPSP/SIDS Coordinator's bilingual pay at the rate of 1.00 FTE x \$0.50 x 2080 hours to provide Spanish translation to Spanish speaking clients/providers.
11	Toll Free Line	380	Bilingual phone line dedicated to potential clients to call into the MCAH program without incurring any expense to the calling party.
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(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES			
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(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS		36,022	
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SUBCONTRACTS

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Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health
Agency:	201533 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	Medi-cal client outreach materials, such as audiovisual DVD/CDs, books, tote bags, pens, etc.
3	Educational and Support Materials	4,742	Non Medi-Cal materials such as, educational/promotional items to distribute at community events, community-based meetings/trainings, daycare providers, etc.
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(V) INDIRECT COSTS JUSTIFICATION		
TOTAL INDIRECT COSTS	78,756	Per CDPH approved ICR

BUDGET SUMMARY

FISCAL YEAR
2015-16

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BALANCE
0

Program: Agency: Subk:	UNMATCHED FUNDING		NON-ENHANCED MATCHING (60/60)		ENHANCED MATCHING (75/75)																			
	TITLE V (2)	% (2)	BIH - SGF (3)	% (3)	BIH - N (8)	% (8)	BIH - E (12)	% (12)	BIH Cnty - E (15)	% (15)	BIH Cnty - N (11)	% (11)	Combined Fed/Agency* (10)	% (10)	Combined Fed/Agency* (9)	% (9)	Combined Fed/State (13)	% (13)	Combined Fed/State (14)	% (14)	Combined Fed/Agency* (16)	% (16)	Combined Fed/Agency* (17)	% (17)
TOTAL FUNDING	308,785	32.82%	191,135	61.6%	4,564	1.5%	295,794	95.8%	399,232	129.6%	512,982	166.1%	256,491	83.1%	256,491	83.1%	26,620	8.6%	79,859	25.9%	106,479	34.5%	106,479	34.5%
ALLOCATION(S)	308,785		191,135		4,564		295,794		399,232		512,982		256,491		256,491		26,620		79,859		106,479		106,479	

EXPENSE CATEGORY	(I) PERSONNEL	(II) OPERATING EXPENSES	(III) CAPITAL EXPENDITURES	(IV) OTHER COSTS	(V) INDIRECT COSTS	BUDGET TOTALS*
	696,845	117,582	35,911	90,590	940,928	32.82%
	191,135	46,799	22,540	48,311	308,785	1.35%
	4,564	8,119	12,683	0	25,366	0
BALANCE(S)	308,785	295,794	336,350	-	-	-

TOTAL TITLE V
 TOTAL SGF
 TOTAL TITLE XIX
 TOTAL AGENCY FUNDS

308,785
 295,794
 336,350
 -

12,683
 256,491
 256,491

308,785
 295,794
 336,350

\$ 940,929

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

Deva Johns 11/12/15
 MCAH/PROJECT DIRECTOR'S SIGNATURE DATE

Israel Michaelis
 AGENCY FISCAL AGENT'S SIGNATURE

11/12/15
 DATE

Maximum Amount Payable from State and Federal resources

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	TITLE V (3)	BIH - SGF (4)	BIH - N (8)	BIH - E (12)	BIH Cnty - E (15)
(I) PERSONNEL	191,135	4,564	295,794	399,232	512,982
(II) OPERATING EXPENSES	46,799	8,119	512,982	66,219	83,102
(III) CAPITAL EXPENSES	22,540	12,683	256,491	26,620	79,859
(IV) OTHER COSTS	48,311	0	256,491	26,620	79,859
(V) INDIRECT COSTS	940,929	0	512,982	106,479	139,581
Totals for PCA Codes	308,785	12,683	512,982	106,479	139,581

Program: Black Infant Health Agency: 201533 Riverside Subk:	UNMATCHED FUNDING			NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)									
	TITLE V	BIH - SGF	AGENCY FUNDS	BIH - N	BIH Cnty - N	BIH - E	BIH Cnty - E									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
TOTAL FUNDING	%	TITLE V	%	SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	%	

(III) OPERATING EXPENSES DETAIL																	
TOTAL OPERATING EXPENSES																	
TRAVEL	117,582	16,942	28.44%	4,818	4,564	46,799	71.56%	66,219	71.56%	12,124	71.56%	7,209	51.10%	13,772	52.00%	1,236	20.46%
TRAINING		10,074	28.44%	2,865			71.56%										19.56%
1 Communication/Telephone Services		26,951	43.80%	11,805	1,375	11,805	5.10%	13,772	51.10%	1,236	52.00%	4,450	52.00%	1,084	19.56%	19.56%	
2 Office Equipment Maintenance		2,376	43.00%	1,022	119	3,680	5.00%	4,450	52.00%	1,084	52.00%	4,007	52.00%	4,407	19.56%	19.56%	
3 Computer Software Licensing		8,558	43.00%	3,680	428	3,313	5.00%	4,407	52.00%	4,407	52.00%	17,931	52.10%		19.46%		
4 Computer Equipment		2,085	43.00%	887	104	3,636	5.00%										
5 Office Supplies		7,705	43.00%	3,313	385	14,764	5.00%										
6 Printing, Postage, Document Shredding		8,475	42.90%	3,636	432												
7 Rent/Lease		34,416	42.90%	14,764	1,721												
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** 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																	
SUBCONTRACTS																	
1						22,540		8,119		5,252							
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OTHER CHARGES																	
1	Client Outreach Materials	14,160	36.25%	5,133	5,487	22,540	25.00%	3,540									
2	Educational and Support Materials	14,942	100.00%	14,942	2,632		25.15%	1,712									
3	Client Transportation	6,809	36.20%	2,465													
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Budget:	ORIGINAL
Program:	Black Infant Health
Agency:	201533 Riverside
SubK:	

Version 4.4A-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 MEDICAL FACTOR %				BASE MEDICAL FACTOR %				BASE MEDICAL FACTOR %			
TOTALS		7.17	823,601	480,583	216,262.35	85.00%	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	Personnel/MCF % Justification Maximum characters = 1024		
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS							
1	HP MCAH Director	5.00%	135,394	6,770	45.00%	3,046.50		85.00%	Base				
2	JA MCAH Coordinator	5.00%	120,989	6,049	45.00%	2,722.05		85.00%	Base				
3	SB BIH Coordinator	100.00%	120,989	120,989	45.00%	54,445.05		85.00%	Base				
4	DM RN/PHN I-V	100.00%	92,981	92,981	45.00%	41,841.45		85.00%	Base				
5	AWQ Medical Social Worker II	100.00%	69,354	69,354	45.00%	31,209.30		85.00%	Base				
6	DH Secretary I	2.00%	57,041	1,141	45.00%	513.45		85.00%	Base				
7	LP HEA I/IFH/AGF	100.00%	47,489	47,489	45.00%	21,370.05		85.00%	Base				
8	DT HEA I/IFH/AGF	100.00%	41,645	41,645	45.00%	18,740.25		85.00%	Base				
9	RC Administrative Services Asst.	5.00%	45,845	2,292	45.00%	1,031.40		85.00%	Base				
10	IV Data Entry/OA III	100.00%	36,120	36,120	45.00%	16,254.00		85.00%	Base				
11	CP Outreach Liaison/HEA II	100.00%	55,753	55,753	45.00%	25,088.85		85.00%	Base				
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Budget:	ORIGINAL
Program:	Black Infant Health
Agency:	201533 Riverside
SubK:	

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		117,582	
	TRAVEL	16,942	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/conferences, such as, airfare, lodging, shuttle services, baggage check, meals, etc.
	TRAINING	10,074	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	26,951	The following costs are based on 7.17 FTEs x \$279.63 x 12 months = \$24,059.37, landlines, unlimited wifi, Cornet charges, RCIT network, Internet security, dedicated fax lines, etc. Cell phones costs for 6.10 FTEs at \$474.10 x 12 months = \$2,892.
2	Office Equipment Maintenance	2,376	Maintenance fees for multi-function copiers and/or fax machines; and document shredding services at an estimated cost of \$198 x 12 months.
3	Computer Software Licensing	8,558	Cost associated with Microsoft software licensing fees estimated at 7.17 FTEs x \$99.46 x 12 months.
4	Computer Equipment	2,085	Laptop to use at groups 1 x \$2,000 ; one (1) jetpack wifi modems to access online resources 1 x \$85.
5	Office Supplies	7,705	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.
6	Printing, Postage, Document Shredding	8,475	Printing of client materials, program forms, handouts, etc., and mailing services to support the program. Costs associated with document shredding services.
7	Rent/Lease	34,416	Costs based on the estimated square footage where staff are located at a rate of 7.17 FTEs x 200 sq. ft. x \$2.00 per sq. ft. x 12 months.
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(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES		
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(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	35,911	
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SUBCONTRACTS

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Budget:	ORIGINAL
Program:	Black Infant Health
Agency:	201533 Riverside
SubK:	

OTHER CHARGES

1	Client Outreach Materials	14,160	Materials such as, but not limited to educational DVDs, brochures/pamphlets, promotional items to distribute to Medical provider offices, etc. All Client Outreach Materials are for MediCal outreach purposes.
2	Educational and Support Materials	14,942	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	6,809	Client transportation costs associated with the purchase of bus passes, cab fair, etc., for clients to attend group sessions and/or assessments.
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(V) INDIRECT COSTS JUSTIFICATION		
TOTAL INDIRECT COSTS	90,590	Per CDPH approved ICR

Exhibit K

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

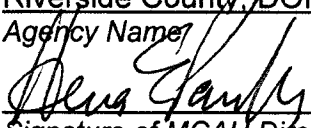
Agency Name: County of Riverside
Agreement/Grant Number: 201533
Compliance Attestation for Fiscal Year: 201533

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

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

201533
Agreement/Grant Number
7/27/15
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.