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

FUNDING AGREEMENT PERIOD
FY 2016-2017 (LHJs)/2012-13 to 2016-17 (CBOs)

ANNUAL PERSONNEL UPDATE FORM

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

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

AGENCY IDENTIFICATION INFORMATION

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

Please check the applicable "Program" boxes below:

☒ MCAH ☐ AFLP ☐ BIH ☐ FIMR ☐ CHVP

Fiscal Year: 2016-17 Update Effective: _____ (only required when submitting updates)

Agreement/Contract Number:	**201645**	
Federal Employer ID#:	946000535	
Complete Official Agency Name:	Shasta County Health and Human Services Agency	
Business Office Address:	2650 Breslauer Way, Redding, CA 96001	
Agency Phone:	(530) 225-5591	Agency Fax: (530) 225-3743
Agency Website Address:	shastahhsa.net	

1 AGENCY DIRECTOR

Name:	Donnell Ewert, MPH				
Title:	Health and Human Services Agency Director				
Mailing Address:	2650 Breslauer Way				
City:	Redding			Zip:	CA
Phone:	(530) 225-5591	Ext.		FAX:	(530) 225-3743
E-Mail Address:	dewert@co.shasta.ca.us				

2	BOARD INFORMATION				
	Clerk of the Board ☐			Chair Board of Supervisors ☒	
Title:	David A. Kehoe, Chairperson, Shasta County Board of Supervisors				
Mailing Address:	1405 Court St., Suite 308B				
City:	Redding			Zip:	96001
Phone:	(530) 225-5557	Ext.		FAX:	(530) 225-5189
E-Mail Address:	For notifications: kahughes@co.shasta.ca.us				

3	OFFICIAL AUTHORIZED TO COMMIT AGENCY				
Name:	David A. Kehoe				
Title:	Chairperson, Shasta County Board of Supervisors				
Mailing Address:	1450 Court St., Suite 308B				
City:	Redding			Zip:	96001
Phone:	(530) 225-5557	Ext.		FAX:	(530) 225-5189
E-Mail Address:	For notifications: kahughes@co.shasta.ca.us				

4	FISCAL OFFICER				
Name:	Wade Lee				
Title:	Fiscal Manager				
Mailing Address:	1810 Market St.				
City:	Redding			Zip:	96001
Phone:	(530) 229-8231	Ext.		FAX:	(530) 225-5505
E-Mail Address:	wlee@co.shasta.ca.us				

5	MCAH DIRECTOR (Please check box if MCAH and AFLP Director are the same) ☐				
Name:	Andrew Deckert, MD, MPH				
Title:	Health Officer/MCAH Director				
Mailing Address:	2650 Breslauer Way				
City:	Redding			Zip:	96001
Phone:	(530) 225-5595	Ext.		FAX:	(530) 225-3743
E-Mail Address:	adeckert@co.shasta.ca.us				

6	MCAH COORDINATOR (Only complete if different from #5)					
Name:	Nicole Bonkrude, MPH					
Title:	MCAH Coordinator					
Mailing Address:	2660 Breslauer Way					
City:	Redding			Zip:	96001	
Phone:	(530) 225-5177	Ext.		FAX:	(530) 225-5852	
E-Mail Address:	nbonkrude@co.shasta.ca.us					

7	MCAH BUDGET CONTACT					
Name:	Robin Harris					
Title:	Account Auditor I					
Mailing Address:	1810 Market St.					
City:	Redding			Zip:	96001	
Phone:	(530) 225-5918	Ext.		FAX:	(530) 225-5555	
E-Mail Address:	rharris@co.shasta.ca.us					

8	MCAH INVOICE CONTACT (Only complete if different from #7)					
Name:	same as #7					
Title:						
Mailing Address:						
City:				Zip:		
Phone:		Ext.		FAX:		
E-Mail Address:						

9	PERINATAL SERVICES COORDINATOR (PSC)					
Name:	Kristen Shearer, RN					
Title:	Registered Nurse					
Mailing Address:	2650 Breslauer Way					
City:	Redding			Zip:	96001	
Phone:	(530)225-5851	Ext.		FAX:	(530) 225-5852	
E-Mail Address:	kshearer@co.shasta.ca.us					

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

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

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

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

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

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

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

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

18	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR / CONTACT					
Name:	Terrie Davis, RN, PHN					
Title:	Public Health Nurse II					
Mailing Address:	2660 Breslauer Way					
City:	Redding			Zip:	96001	
Phone:	(530) 225-5129	Ext.		FAX:	(530) 225-5852	
E-Mail Address:	tdavis@co.shasta.ca.us					

19	CALIFORNIA HOME VISITING PROGRAM (CHVP) COORDINATOR/ NURSING SUPERVISOR					
Name:	Denise Hobbs, RN, PHN					
Title:	Supervising Public Health Nurse					
Mailing Address:	1670 Market St., Suite 300					
City:	Redding			Zip:	96001	
Phone:	(530) 225-5847	Ext.		FAX:	(530) 225-5494	
E-Mail Address:	dhobbs@co.shasta.ca.us					

20	OTHER					
Name:	N/A					
Title:						
Mailing Address:						
City:				Zip:		
Phone:		Ext.		FAX:		
E-Mail Address:						

AGREEMENT FUNDING APPLICATION
POLICY COMPLIANCE AND CERTIFICATION

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

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

Original Signature of Official authorized to commit the Agency to an MCAH Agreement	Chair, Shasta Co. Board of Supervisors Title
David A. Kehoe Name (Type or Print)	Date

Original Signature of MCAH/AFLP Director	Health Officer/MCAH Director Title
Andrew Deckert, MD, MPH Name (Type or Print)	Date

APPROVED AS TO FORM
SHASTA COUNTY COUNSEL
Alan B. Cox 1/17/17
Alan B. Cox
Deputy County Counsel

RISK MANAGEMENT APPROVAL
BY: 01/17/17
James Johnson
Risk Management Analyst

Exhibit K

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

Agency Name: Shasta County Health and Human Services Agency
Agreement/Grant Number:201645
Compliance Attestation for Fiscal Year:2016-17

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

Shasta County HHSA
Agency Name

201645
Agreement/Grant Number

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

_____
Date

Andrew Deckert, MD, MPH, MCAH Director
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.

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.

California Department of Public Health — Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BALANCE
2016-17	ORIGINAL	ACTIVE	

Version 4.5-50 Quarterly

Program: Maternal, Child and Adolescent Health
Agency: 201645 Shasta
SubK:

	(1)	UNMATCHED FUNDING (2)	MCAH-TV (3)	(4)	SIDS (5)	AGENCY FUNDS (6)	(7)	NON-ENHANCED MATCHING (50/50) (10)	MCAH Cnty-N (11)	ENHANCED MATCHING (75/25) (14)	MCAH Cnty-E (15)	(16)	(17)
	TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		
ALLOCATION(S) →			128,444		3,000								
(I) PERSONNEL	687,210		68,822		2,764		98,144		278,495		238,985		
(II) OPERATING EXPENSES	53,364		15,504		36				37,824				
(III) CAPITAL EXPENDITURES													
(IV) OTHER COSTS	6,450		1,683		200				4,567				
(V) INDIRECT COSTS	171,802		42,435						129,367				
BUDGET TOTALS*	918,826	13.98%	128,444	0.33%	3,000	10.68%	98,144	49.00%	450,253	26.01%	238,985		
BALANCE(S) →													

TOTAL TITLE V	128,444	→	128,444								
TOTAL SIDS	3,000	→			3,000						
TOTAL TITLE XIX	404,365	→						[50%]	225,127	[75%]	179,239
TOTAL AGENCY FUNDS	383,017	→					98,144	[50%]	225,127	[25%]	59,746

$ 535,811 — **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 DATE

AGENCY FISCAL AGENT'S SIGNATURE DATE

* 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		MCAH-TV	SIDS	AGENCY FUNDS	MCAH Cnty-N	MCAH Cnty-E
PCA Codes		53107	53112		53118	53117
(I) PERSONNEL		68,822	2,764		139,248	179,239
(II) OPERATING EXPENSES		15,504	36		18,912	
(III) CAPITAL EXPENSES						
(IV) OTHER COSTS		1,683	200		2,284	
(V) INDIRECT COSTS		42,435			64,684	
Totals for PCA Codes	535,811	128,444	3,000		225,128	179,239

California Department of Public Health | CDPH | Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health
Agency:	201645 Shasta
SubK:	

		UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
		MCAH-TV		SIDS		AGENCY FUNDS			MCAH Cnty-N		MCAH Cnty-E			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)		(10)	(11)	(14)	(15)	(16)	(17)
	TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*		%	Combined Fed/Agency*	%	Combined Fed/Agency*		

(II) OPERATING EXPENSES DETAIL

													% PERSONNEL MATCH
													73.07%
	TOTAL OPERATING EXPENSES	53,364		15,504		36				37,824			Match Available
	TRAVEL	4,700	26.93%	1,266					73.07%	3,434			
	TRAINING	2,600	26.93%	700					73.07%	1,900			
1	I.T. Services & Equipment	27,789	26.93%	7,484					73.07%	20,305			
2	Communications	650	26.93%	175					73.07%	475			
3	General Mileage/Vehicle Maintenance	4,100	26.93%	1,104					73.07%	2,996			
4	Misc. Insurances	1,566	26.93%	422					73.07%	1,144			
5	General Office Supplies	6,150	26.93%	1,656					73.07%	4,494			
6	SIDS Travel/Trainings	500	92.80%	464	7.20%	36							73.07%
7	Facilities Management Services	2,754	26.93%	742					73.07%	2,012			
8	MCAH Action Membership	1,100	100.00%	1,100									73.07%
9	Utilities	1,455	26.93%	392					73.07%	1,063			
10													
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

												% PERSONNEL MATCH
												73.07%
	TOTAL OTHER COSTS	6,450		1,683		200				4,567		
	SUBCONTRACTS											
1												
2												
3												
4												
5												
	OTHER CHARGES											Match Available
1	Client support/educational materials	6,250	26.93%	1,683					73.07%	4,567		
2	SIDS Educational Materials	200			100.00%	200						73.07%
3												
4												
5												

California Department of Public Health — CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:	201645 Shasta	MCAH-TV		SIDS		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E			
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
		TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		
(V) INDIRECT COSTS DETAIL														
	TOTAL INDIRECT COSTS	**171,802**		**42,435**						**129,367**				
25.00%	**of Total Wages + Fringe Benefits**	171,802	24.70%	42,435					75.30%	129,367				
(I) PERSONNEL DETAIL														
	TOTAL PERSONNEL COSTS	**687,210**		**68,822**		**2,764**		**98,144**		**278,495**		**238,985**		
	FRINGE BENEFIT RATE 54.40%	242,126		24,248		974		34,579		98,123		84,202		
	TOTAL WAGES	445,084		44,574		1,790		63,565		180,372		154,783		

	INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES										J-Pers MCF Per Staff	Total Match
1	RS	MCAH Coordinator	85.00%	79,076	67,215	16.30%	10,956			10.00%	6,722	58.28%	39,173	15.42%	10,365	73.7%	73.70%
2	BB	PHN - Perinatal Services Coord.	75.00%	77,559	58,169	8.00%	4,654			2.00%	1,163	41.51%	24,146	48.49%	28,206	90.0%	90.00%
3	TD	PHN - SIDS Coordinator	2.50%	71,585	1,790			100.00%	1,790							57.1%	
4	BB	PHN - Perinatal Care Guid. Coord.	25.00%	77,559	19,390	8.00%	1,551			2.00%	388	13.08%	2,536	76.92%	14,915	90.0%	90.00%
5	AS	Public Health Assistant	100.00%	38,271	38,271	12.00%	4,593			5.00%	1,914	83.00%	31,765			83.0%	83.00%
6	SB	Office Assistant II	100.00%	27,466	27,466	24.44%	6,713			18.46%	5,070	7.10%	1,950	50.00%	13,733	57.1%	57.10%
7	TD	PHN - Healthy Babies Program	97.50%	71,585	69,795	4.50%	3,141			12.50%	8,724	19.86%	13,861	63.14%	44,069	83.0%	83.00%
8	TO	PHN - Substance Use Program	100.00%	67,068	67,068					17.00%	11,402	19.86%	13,320	63.14%	42,347	83.0%	83.00%
9	JS	Community Education Specialist	10.00%	62,957	6,296	24.40%	1,536			18.50%	1,165	57.10%	3,595			57.1%	57.10%
10	RA	Community Education Specialist	100.00%	58,146	58,146	6.45%	3,750			36.45%	21,194	57.10%	33,201			57.1%	57.10%
11	TT	Community Education Specialist	50.00%	62,957	31,478	24.40%	7,681			18.50%	5,823	53.45%	16,825	3.65%	1,149	57.1%	57.10%
12	AD	MCAH Director (in-kind)	5.00%													57.1%	
13																	
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California Department of Public Health | CDPH | Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:	201645 Shasta			MCAH-TV		SIDS		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E			
SubK:			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
			TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		
40															
41															
42															
43															
44															
45															
46															
47															
48															
49															
50															

California Department of Public Health — Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:	201645 Shasta		MCAH-TV		SIDS		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E			
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
		TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health**
Agency:	**201645 Shasta**
SubK:	

Version 4.5-50 Quarterly

(II) OPERATING EXPENSES JUSTIFICATION

		TOTAL OPERATING EXPENSES	53,364	
	TRAVEL		4,700	Travel expenses include: lodging costs, per diem, rental car and fuel or mileage directly related to trainings specified below.
	TRAINING		2,600	Mandated MCAH Coordinator and PSC meetings and program-specific trainings, conferences and seminars that enhance staff's knowledge and education.
1	I.T. Services & Equipment		27,789	Expenses include: I.T. Services. This cost is based on a rate per FTE for Information Systems (support of local area network, hardware, etc.) and a separate rate per FTE for telecommunications (maintenance of phones and voicemail), as well as costs associated with the purchase and maintenance of new hardware and software, and rents and leases of copier/fax/scanner equipment.
2	Communications		650	Expenses include: Communications. This includes the purchase and ongoing costs associated with program cell phones and website hosting.
3	General Mileage/Vehicle Maintenance		4,100	Expenses include: Peronal vehicle mileage for in-county MCAH travel, and Vehicle Maintenance. The increase in cost over last year reflects the fact that additional staff have been hired who will be using county vehicles and/or claiming mileage for use of their personal vehicles.
4	Misc. Insurances		1,566	Expenses include: Liability Insurance Exposure.
5	General Office Supplies		6,150	Expenses include: photocopy costs, postage, Opportunity Center mail services, and general office supplies/needs. The increase in costs over last year reflect the fact that additional staff have been added and a new program is being started that will serve clients, necessitating more printing/photocopying of forms, mailing of letters, etc.
6	SIDS Travel/Trainings		500	Travel expenses for SIDS Coorldnator and possibly others (to serve as backup to SIDS Coordinator) to attend SIDS trainings and annual conference
7	Facilities Management Services		2,754	Expenses include: Facilities Management Household Expenses and Maintenance of Structures
8	MCAH Action Membership		1,100	Expenses include: MCAH Action membership
9	Utilities		1,455	Expenses include: Utilities
10				
11				
12				
13				
14				
15				

(III) CAPITAL EXPENDITURE JUSTIFICATION

	TOTAL CAPITAL EXPENDITURES		

(IV) OTHER COSTS JUSTIFICATION

	TOTAL OTHER COSTS	6,450	

SUBCONTRACTS

1			
2			
3			
4			
5			

OTHER CHARGES

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health**
Agency:	**201645 Shasta**
SubK:	

1	Client support/educational materials	6,250	Health education materials, transportation support (e.g., bus passes), items to encourage bonding and attachment (e.g., board books) and to encourage participation in services/programs and healthy behaviors related to SOW - only those materials related to Medi-Cal services will be matched with Title XIX funds.
2	SIDS Educational Materials	200	Handouts for use at SIDS risk reduction trainings, etc.
3			
4			
5			
6			
7			
8			

(V) INDIRECT COSTS JUSTIFICATION		
TOTAL INDIRECT COSTS	**171,802**	Per CDPH approved ICR

Click here to enter text.Maternal Child and Adolescent Health Community Profile 2016-2017

FOR FISCAL YEAR 2016-17, PLEASE COPY AND PASTE YOUR DATA FROM YOUR FISCAL YEAR 2015-16 COMMUNITY PROFILE INTO THE TABLE BELOW AND UPDATE THE NARRATIVE AS NEEDED. THERE IS A TWO PAGE LIMIT.

Section 1 – Demographics

	Local	State
Our Community		
Total Population [1]	178,447	37,826,160
Total Population, African American	1,453	2,203,540
Total Population, American Indian/ Alaskan Natives	4,203	164,381
Total Population, Asian/Pacific Islander	5,960	5,035,603
Total Population, Hispanic	16,943	14,501,606
Total Population, White	143,776	14,953,617
Total Live Births	2,110	503,763
Our Mothers and Babies		
% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy [2]	68.3%	83.6%
% of births covered by Medi-Cal [2]	58.2%	47.0%
% of women ages 18-64 without health insurance [3]	19.6%	22.4%
% of women giving birth to a second child within 24 months of a previous pregnancy [2]	44.0%	38.5%

	Local	State
Our Mothers and Babies (continued)		
% live births less than 37 weeks gestation [2]	9.0%	9.8%
Gestational diabetes per 1,000 females age 15-44	9.4	8.1
% of female population 18-64 living in poverty (0-200% FPL) [3]	39.9%	35.0%
Substance use diagnosis per 1,000 hospitalizations of pregnant women	79.6	15.7
Unemployment Rate [4]	14.7	11.5
Our Children and Teens		
Teen Birth Rate per 1,000 births (ages 15-19) [2]	30.3	28.4
Motor vehicle injury hospitalizations per 100,000 children age 0-14	12.4	17.3
% of children, ages 0-18 years living in poverty (0-200% FPL) [3]	51.3%	46.8%
Mental health hospitalizations per 100,000 age 15-24	2,053.8	1,348.6
Children in Foster Care per 1,000 children [5]	14.9	6.5
Substance abuse hospitalization per 100,000 aged 15-24	1,278.1	691.2

Data sources: [1]CA Dept. of Finance population estimates 2012, [2]CA Birth Statistical Master Files 2010-2012, [3]US Census Bureau - Small Area Health Insurance Estimates 2010-2012, [4]CA Employment Development Dept. 2010-2012, [5] Data from CA Child Welfare Indicators Project, UC Berkeley 2010-2012

Section 2 – About Our Community – Health Starts Where We Live, Learn, Work, and Play

Describe the following using brief narratives or bullets: *1) Geography, 2) Major industries and employers (public/private), 3) Walkability, recreational areas*

1) Shasta County is located in far northern California, about 160 miles north of Sacramento, 150 miles east of the Pacific coast, and 100 miles south of the Oregon border. The county encompasses about 3,775 square miles of widely varied terrain and rural, semi-rural, and urban populations. The southwestern portion of the county is primarily flat farmland and gently rolling grazing land; the northern portion is mountainous. The eastern region is sparsely populated, geographically isolated, and mountainous with severe winter conditions. There are three incorporated cities all along the Interstate 5 corridor. There are 20 unincorporated census-designated places, many of which are rural and lack services.
2) The major industries in Shasta County are Educational & Health Services; Government; and Trade, Transportation & Utilities; followed by Leisure & Hospitality; and Professional & Business Services; and then Mining, Logging, and Construction; Financial Activities; and Manufacturing (http://www.labormarketinfo.edd.ca.gov/file/lfmonth/redd$pds.pdf). The major employers include Mercy Medical Center, Blue Shield of California, Lassen Canyon Nursery, Oakdale Heights Management Corporation, Shasta College, Shasta Regional Medical Center, and Walmart Supercenter (http://www.labormarketinfo.edd.ca.gov/majorer/countymajorer.asp?CountyCode=000089).
3) More consideration has been given in recent years to the needs of pedestrians and bicyclists, especially in Shasta County's cities, but destinations are often still too distant for an optimal walkability score because of a lack of mixed-use neighborhoods outside of downtown Redding. Major recreation destinations in Shasta County are found in the undeveloped open space and natural areas of State Parks, National Parks, National Recreation Areas, and National Wilderness Areas.

Section 3 – Health System – Health and Human Services for the MCAH Population

Describe the following using brief narratives or bullets: Strategies/initiatives that address the following: Maternal/Women's Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs and cross cutting or life course issues (public health issues that impact multiple MCAH population groups).

Within the MCAH program in Shasta County, we have several programs that address maternal, child, and adolescent health, and we also participate in many initiatives with our internal and external partners to address public health issues that impact MCAH populations. Our programs include:

- The Healthy Babies Program, a care coordination program serving women who are pregnant or have young children and are suffering from a perinatal mood or anxiety disorder.
- A care coordination program serving women of reproductive age who are suffering from a substance use disorder.
- SIDS risk reduction training for professionals and community members involved in the lives of children under age one.
- Coordination of the Strengthening Families Collaborative, a community collaborative focused on reducing Adverse Childhood Experiences (ACEs) by increasing protective factors in families.
- Support and coordination for a pilot ACE screening project with several local medical providers.
- Too Good for Drugs, substance use prevention curriculum being conducted in select 2nd, 5th, and 8th grade classrooms.
- Igniting Sparks, a youth development program effective in preventing substance use among other outcomes, and being conducted in select after-school programs with 5th grade students.

Initiatives MCAH staff are involved in include the Perinatal Wellness Committee, the Tobacco Education Coalition, the Young Children & Families Advisory Group, the Reach Higher Shasta Early Childhood Committee (focused on addressing barriers to school readiness such as promoting developmental screening), the Help Me Grow Planning Group, the Developing Our Youth committee of the Prosperity Initiative (focused on encouraging youth goal-setting and empowerment as one strategy toward reducing poverty in Shasta County), the Child Death Review Team, the Shasta County Breastfeeding Coalition, School Nurse meetings, NICU Rounds, Grand Rounds, and the Perinatal Morbidity and Mortality Committee. We also meet regularly with key staff from our local WIC program, supervisors and staff of other nursing programs within the Agency.

Section 4 – Health Status and Disparities for the MCAH Population

Describe the following using brief narratives or bullets: Key health disparities and how health behaviors, the physical environment and social determinants of health (social/economic factors) contribute to these disparities for specific populations. Highlight areas where progress has been made in improving health outcomes.

Because the majority (82.0% in 2009-13) of Shasta County's population is non-Hispanic white, with the next largest group (Hispanics) comprising just 8.7% of the population, we are frequently unable to identify disparities based on race/ethnicity. Disparities have been observed based on income and educational attainment, with unemployment being consistently higher in Shasta County than statewide and educational attainment being lower. In 2009-13, 17.5% of individuals and 20.6% of children under 18 years were below the poverty level (<100% FPL). Among Shasta County residents age 25 and older, only 11.6% had less than a high school education but nly 18.8% had a Bachelor's degree or higher. (The remaining 69.6% had no college, some college, or an Associate's degree.) These high poverty rates and low educational attainment rates contribute to Shasta County's high rates of late prenatal care, Adverse Childhood Experiences, mental health hospitalizations, perinatal and adolescent substance use/abuse, child maltreatment, and domestic violence, among other health behaviors and outcomes. Community-wide efforts are being made to increase educational attainment among youth as they graduate from high school, but not many opportunities are available for adults since we don't have a public four-year university, and those (youth and adults) who leave the area to attend college often don't return because of the few jobs offering competitive pay and benefits for college graduates. An effort is also underway related to increasing prosperity and decreasing poverty in Shasta County.

There are also disparities in access to care related to income and geography, with a shortage of providers (primary care, prenatal care, dental care, etc.) who accept Medi-Cal, the geographic isolation (due to distance and severe winter weather conditions) of residents of the mountainous eastern area of the county, and an inadequate number of specialized providers in the area (for individuals with Medi-Cal as well as those with private insurance).

Duty Statement
MCAH Coordinator-SPMP

Budget Line: 1

Health Jurisdiction: Shasta County 201645
Program: Maternal, Child and Adolescent Health (MCAH)
Program Position: MCAH Coordinator
County Job Specification: MCAH Coordinator

General Responsibilities

The MCAH Coordinator, under the direction of the Public Health Program Manager for the Healthy and Safe Families Division of Public Health, has the overall responsibility to direct the local MCAH Program to perform the core public health functions of assessment, policy development, and assurance and implement the approved Scope of Work. The MCAH Coordinator will develop policies and standards, collect and analyze data, and provide a coordinated local effort to improve existing outreach activities for the MCAH population. The MCAH Coordinator will devote 0.15 FTE to California Home Visiting Program (CHVP) and work collaboratively with the Nurse-Family Partnership® (NFP) Supervising Public Health Nurse to foster internal and external partnerships and collaboration, as well as direct the NFP Community Advisory Board. It is required that this position be filled by a Skilled Professional Medical Personnel (SPMP).

Specific Duties

Develop and improve activities/projects to improve health outcomes and access to care for women, infants, children, adolescents and their families.

Ensure the duties of the Perinatal Services Coordinator (PSC) position are performed in accordance with the MCAH Policies and Procedures, with clinical oversight provided by the MCAH Director.

Assist in health care planning and resource development with other agencies, which will improve the access, quality and cost effectiveness of the prenatal, postpartum, child, child with special health care needs, adolescent, and family health care delivery.

Apply knowledge of the principles of asset-based community development, life course theory, and health inequities when assessing, planning, and evaluating programs, policies and procedures utilized by public health.

Participate in community, professional and interagency meetings to provide expertise on perinatal health, maternal depression, prevention of adverse childhood experiences, oral health, chronic disease, preconception care issues and advocate for MCAH services.

Assess the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system.

Identify and address barriers and unmet needs in the provision of services for women of childbearing age, families and children with special health care needs.

Document, collect data and evaluate existing medical, dental, and psychosocial services to improve health outcomes for women and children and their families.

Monitor local health status indicators for women of childbearing age, pregnant women, infants, children, adolescents and their families using standardized data techniques for the purpose of identifying at-risk populations. Utilize this data to develop an understanding of health needs within the community, and identify barriers to the provision of health and human services for the MCAH population.

Monitor perinatal health outcome data and assess the adequacy of the local obstetrical provider network and its ability to meet the needs of pregnant women.

Conduct and expand the current focus on reproductive disparities and women and children's health issues to implement best practices and evidence based approaches.

Ensure implementation and coordination of local MCAH programs by providing direction and reviewing activities in the SOW for the Maternal, Child and Adolescent Health program.

Develop and provide program direction for annual scope of work, set goals, objectives, activities and evaluation tools to measure program outcomes.

Schedule, coordinate and conduct quality assurance activities; evaluate compliance with program standards; and consult with the MCAH Director to monitor the clinical effectiveness of program, including client satisfaction surveys.

Participate in the development of the MCAH budget and monitor program expenditures.

Participate in the development of administrative policies and fiscal procedures in compliance with Medi-Cal program requirements.

Provide general supervision of staff and participate in the recruitment, selection, and hiring process, as well as orientation of key personnel adhering to the State MCAH Program Policy and the Title V goals, objectives, and priorities, where applicable; and perform employee evaluations.

Extend the reach of AFA by writing grants and proposals to generate supplemental revenue.

Increase knowledge of MCAH staff about priority areas through methods such as trainings, SOW progress updates and interactions with community stakeholders.

Participate in the implementation of best practices and evidence based approaches for prevention of chronic diseases and intentional and unintentional injury in the MCAH population.

Draft, analyze, and/or review reports, documents, correspondence and legislation.

Monitor legislation that impacts women, infants, children, adolescents and their families.

Addressing the target population of Medi-Cal eligible pregnant, postpartum and childbearing aged women and families, consult with MCAH Director and use skilled professional medical expertise to: assist with utilization review of medical services, program planning and policy

development, SPMP administrative medical case management, intra/interagency and provider care coordination, and quality management.

Provide consultation and technical assistance in the design, development and review of health related professional educational material.

Review of technical literature and research articles.

Ongoing examination of existing interactions among key institutions within the local community to explore collaborative efforts to address risks for poor health outcomes for women, children and their families that address concerns of women, infants, children and adolescents across neighborhoods, socioeconomic, and racial categories.

Explore funding and approaches that integrate chronic disease prevention, preconception care, and the life course perspective into the MCAH program activities.

Provide ongoing liaison with Medi-Cal providers around issues of treatment, health assessment, preventive health services, care coordination and program policy and regulations.

Participate in program workshops and meetings relating to the scope of Medi-Cal program benefits and changes in program management.

Attend or provide training for professionals, which improve the quality of health assessment, preventive health services, and care.

Attend Statewide MCAH Action and other required MCH Branch and professional trainings.

Collaborate and meet with NFP Supervising Public Health Nurse on a monthly basis (unless otherwise specified) to receive ongoing progress reports regarding implementation of NFP program and CHVP scope of work and to ensure contract agreements are being fulfilled.

Outreach to and collaborate with community and agency leaders to inform them about the NFP program and recruit them to participate on the NFP Community Advisory Board.

Develop, coordinate, and convene the NFP Community Advisory Board.

Support ongoing collaboration and communication between the local NFP Supervising Public Health Nurse (SPHN), CHVP Nurse Consultant and NFP Designated Nurse Consultant (DNC).

Collaborate with the local NFP SPHN to assist with fiscal oversight of local CHVP funding.

Collaborate with the local NFP SPHN to monitor ongoing quality improvement and ensure timely and accurate data and other reports as required by CHVP.

Attend all required CHVP meetings and/or trainings.

Duty Statement
Perinatal Services Coordinator-SPMP

Budget Line: 2

Health Jurisdiction: Shasta County
Program: Maternal, Child and Adolescent Health
Program Position: Perinatal Services Coordinator (PSC)
County Job Specification: Public Health Nurse I/II

GENERAL RESPONSIBILITIES

The Perinatal Services Coordinator (PSC), under the direction of the MCAH Coordinator, will have the responsibility to maintain a network of perinatal providers, assist CPSP providers to deliver CPSP services in accordance with the Title 22 California Code of Regulations and certify them as qualified providers following guidelines established by the California Department of Public Health. The PSC will also conduct provider education and continuous quality improvement, programs that will reduce perinatal mortality and morbidity. Responsible for organizing outreach education activities, CPSP provider technical support and follow-up and patient referral for care coordination to appropriate services and resources. This position is required to be a Skilled Professional Medical Personnel (SPMP).

SPECIFIC DUTIES

Process applications for eligible providers to become approved Comprehensive Prenatal Services Program (CPSP) providers, and educate providers and the community about CPSP and the needs of the CPSP population.

Provide consultation and technical assistance to prenatal care providers including CPSP providers.

Provide consultation to professional staff about medical conditions identified within the MCAH population.

Perform quality assurance and improvement activities with CPSP providers and participate in regional and statewide CPSP advisory committees/workgroups.

Responsible for local CPSP Program monitoring such as: coordinating and facilitating a process to improve provider protocols, staff orientation, improvement in provision and receipt of perinatal services; facilitating provider specific quality improvement process (ie. identifying barriers to perinatal care, improving office/administrative systems to track client follow-up and completion of referrals, improving care coordination and resource utilization); and coordinating and conducting provider QA visits that involve any of the following: chart reviews, administrative review or CPSP component observation and staff interview.

Responsible for providing consultation and technical assistance in the completion of the CPSP application process and required provider agreements, and the submission of final recommendation to state MCAH regarding provider application.

Provide ongoing liaison with perinatal care providers around issues of treatment, health assessment, preventive health services, and program policy and regulations.

Participate in program workshops and meetings relating to the scope of Medi-Cal program benefits and changes in program management.

Conduct periodic review of CPSP protocols.

Educate pregnant women and community members regarding early and continuous prenatal care, availability of resources, and the Medi-Cal application process.

Collaborate with perinatal care providers to screen women in Shasta County for substance use (alcohol, tobacco, and other drugs), perinatal mood and anxiety disorders (PMADs), and other behaviors/conditions promoting culturally sensitive services, and assist as needed on further assessment and/or referral to treatment.

Provide perinatal care providers with patient education materials and resources.

Assist in developing supporting materials for community education, including presentation slides, media pieces, and talking points.

Explore funding and approaches that integrate chronic disease prevention, preconception care, and the life course perspective into the MCAH program activities.

Collaborate with Tobacco Education Program to promote referrals to the smoking cessation programs for pregnant women and parents.

Participate in community collaborative groups or committees focused on the health and well-being of pregnant and parenting populations and those focused on topics of relevance to the MCAH population.

Apply knowledge of the principles of asset-based community development and health inequities when assessing, planning, and evaluating programs, policies and procedures utilized by public health.

Participate in planning efforts for preconception care and perinatal substance abuse with a focus on access to Medi-Cal and CPSP providers.

Inform the perinatal community and health and human service providers about perinatal trend data and their relationship to the activities in the local MCAH plan.

Identify barriers to accessing appropriate and timely care, including preventive, medical (including prenatal), dental, mental health, substance use services, and social services, and work with the perinatal community to reduce barriers and improve coordination of services.

In conjunction with the MCAH Coordinator, the other MCAH PHNs, and community partners, ensure that the professional community and the general public understands the impact of alcohol, tobacco, and other drug use during pregnancy and the benefits of prevention and intervention.

Maintain collaborative partnerships with community partners working to reduce children's exposure to substances, and engage in new partnerships as needed.

Develop local activities and evaluation methods to measure results that relate to meeting the State's MCAH priorities and the Agency's strategic plan.

Provide consultation and technical assistance in the design, development, and review of health related professional educational material.

Act as liaison to coordinate activities between MCAH and the Medi-Cal managed care organization, Partnership HealthPlan of California (PHC), including meeting at least quarterly with PHC, disseminating CPSP provider public contact information to the PHC Perinatal Program Coordinator, coordinating with PHC to avoid duplication and minimize impact of site reviews on provider offices, sharing results of provider site reviews with PHC, and implementing activities to improve access and quality of perinatal services available to Medi-Cal beneficiaries.

Duty Statement
SIDS Coordinator-SPMP

Budget Line: 3

Health Jurisdiction: Shasta County
Program: Maternal, Child and Adolescent Health
Program Position: Public Health Nurse/SIDS Coordinator
County Job Specification: Public Health Nurse I/II

General Responsibilities

The SIDS Coordinator, under the direction of the MCAH Coordinator and in collaboration with the Shasta County Coroner's Office and other public health nurses as needed, will have the responsibility to monitor all SIDS and presumptive SIDS cases in Shasta County, and coordinate SIDS risk-reduction activities and trainings countywide. The SIDS Coordinator will provide families affected by the death of an infant with information and resources appropriate to the individual family. As a PHN, the person in this position meets the requirements to be classified as a Skilled Professional Medical Personnel (SPMP).

Specific Duties

Serve as the designated professional for the local health department and MCAH program for SIDS Coordinator.

Accept and coordinate referrals for all SIDS and presumed SIDS cases including ensuring support services are offered to families, caretakers, and care providers; maintaining documentation of the case management services provided by the PHN; and submitting the Report of Contact and the Public Health Services Report to the California SIDS program in a timely manner. Support services that families and others are referred to could include Medi-Cal services such as counseling.

Act as the liaison between the State SIDS Program and the local health department/MCAH SIDS program.

Enter suspected SIDS cases into the SIDS log.

Provide information for review to the MCAH Coordinator and the Child Death Review Team on each suspected SIDS death.

Collaborate with the Coroner's office to develop, implement, and maintain a notification system for the presumed SIDS cases.

Act as a resource by coordinating the provision of information and training to health care professionals, childcare providers, emergency personnel, parents, foster parents, public health professionals, and other community members who are involved in the lives of children under the age of one year by the MCAH Community Education Specialist.

Provide SIDS material that is updated with the most current information.

Collaborate with other programs and organizations to promote SIDS awareness, education, and outreach.

Provide consultation and technical assistance in the design, development, and review of SIDS-related professional educational material.

Keep abreast of current SIDS research, maintain contact with the California SIDS Program staff, and network with other SIDS Coordinators, by attending the Annual California SIDS Conference, and the Regional SIDS council meeting when approved by the local jurisdiction.

Ensure appropriate training is provided to PHNs, including home visiting nurses in the NFP Program, and share current SIDS research with others.

Participate in the development of annual SIDS Coordinator scope of work.

Apply knowledge of the principles of asset-based community development and health inequities when assessing, planning, and evaluating programs, policies and procedures utilized by public health.

Duty Statement
Perinatal Care Guidance Coordinator-SPMP

Budget Line: 4

Health Jurisdiction: Shasta County
Program: Maternal, Child and Adolescent Health
Program Position: Perinatal Care Guidance Coordinator
County Job Specification: Public Health Nurse I/II

General Responsibilities

The Perinatal Care Guidance Coordinator, under the direction of the MCAH Coordinator, will have responsibility to provide coordinated outreach services to all pregnant women, especially those who are eligible to receive Medi-Cal benefits, and to families with children eligible for State funded health insurance programs through Medi-Cal. Responsible for responding to referrals and connecting women and families to resources to help them access needed services including health insurance, prenatal care, and primary care, as well as dental care, mental health care, substance abuse treatment, etc. This position is required to be a Skilled Professional Medical Personnel (SPMP).

Specific Duties

Facilitate early and continuous client access to prenatal care and services; identify and address barriers in the provision of services.

Work with Toll-Free Line operator to ensure there is a current list of appropriate community health and human resources for the referral system.

Educate low-income pregnant women via telephone regarding early and continuous prenatal care, availability of resources, and the Medi-Cal application process.

Assess Medi-Cal eligible women to assist them in accessing prenatal care and obtaining other needed services, including assessment of tobacco, alcohol, and other substance use and perinatal mood and anxiety disorders, and appropriate referral to services.

Attend or provide training for professionals that improves the quality of health assessment, preventive health services, and care.

Participate in program workshops and meetings relating to the scope of Medi-Cal program benefits and changes in program management by the EDS representative for the Shasta County area.

Apply knowledge of the principles of asset-based community development and health inequities when assessing, planning, and evaluating programs, policies, and procedures utilized by public health.

In conjunction with MCAH staff, gather, prepare, and distribute outreach materials for prevention of violence, perinatal substance use, and other risks to healthy pregnancy and birth outcomes, and access to Medi-Cal providers.

In conjunction with the MCAH Coordinator and the other MCAH PHNs, work with community partners to ensure that the professional community and the general public understands the impact of alcohol, tobacco, and other drug use during pregnancy and perinatal mood and anxiety disorders, and the benefits of prevention, intervention, and access to Medi-Cal treatment services.

In conjunction with MCAH staff, gather, prepare, and distribute outreach materials for oral health education and access to Medi-Cal dentists.

Act as backup to other MCAH PHNs in providing care coordination to clients of the Healthy Babies Program and the substance use disorder program, including conducting comprehensive assessments, making referrals to treatment services, contacting clients and treatment providers for updates, providing updates to providers and other referring organizations, and reviewing and approving Treatment Authorization Requests as needed.

Act as a backup to the SIDS Coordinator in accepting and coordinating referrals for SIDS and presumed SIDS cases, entering suspected SIDS cases into the SIDS log, and providing information for review to the MCAH Coordinator and the Child Death Review Team on each suspected SIDS death.

Duty Statement
Public Health Assistant

Budget Line: 5

Health Jurisdiction: Shasta County
Program: Maternal, Child and Adolescent Health
Program Position: Public Health Assistant
County Job Specification: Public Health Assistant

General Responsibilities

The Public Health Assistant, under the direction of the MCAH Coordinator, will be responsible for providing programmatic and administrative support to Skilled Professional Medical Personnel (SPMP) and other MCAH staff. This position is also responsible for maintaining administrative and evaluative records for the Healthy Babies Program and the substance use disorder care coordination program within MCAH. Both of these programs serve the purpose of connecting members of the MCAH population to needed Medi-Cal services such as counseling, substance use disorder treatment, prenatal care, primary care, and dental care. The Public Health Assistant applies their knowledge of public health principles and practices, record keeping, and reporting to supporting the programmatic work of MCAH, and may perform health paraprofessional duties.

Specific Duties

Provide administrative support to the MCAH Coordinator, SPMPs, and other program staff.

Assist in assembling packets for Healthy Babies Program clients, and providers and other referring organizations.

Support outreach activities, including assisting PHNs and CESs at health fairs and other community events, and assisting as needed with development and/or review of brochures and other outreach and educational materials.

Assist PHNs with maintenance and upkeep of Healthy Babies Program and substance use disorder care coordination program client charts.

Assist with the assessment and evaluation of the Healthy Babies Program by maintaining the program data files and participating in team meeting discussions of quality improvement.

Process the invoicing from the Healthy Babies Program partner counseling centers and prepare summaries for review by the MCAH Coordinator. Ensure submission to funder in a timely manner, and maintain budget tracking data files.

Assist with reporting on the Healthy Babies Program and the substance use disorder care coordination program to the state and other funders as needed.

Assist with the assessment and evaluation of other MCAH programs by maintaining the program data files as requested.

Assist MCAH staff with scheduling, advertising, and making site arrangements as needed.

Assist with compilation of the MCAH annual report and other documents, and with updates to MCAH's pages on the Shasta County HHSA website.

Provide training and serve as backup to the Office Assistant in providing clerical support to the MCAH Coordinator, SPMPs, and other program staff, including ensuring that

- time study forms are submitted and program files are maintained,
- MCAH toll-free line is monitored and the log is updated,
- brochures and other educational materials are available for providers and other community partners as requested and for MCAH staff participating in outreach events or conducting trainings and other presentations,
- resource lists are kept up to date, and
- clerical support is provided, including minute-taking, for MCAH and intra/interagency collaboration meetings.

Duty Statement
Office Assistant

Budget Line: 6

Health Jurisdiction: Shasta County
Program: Maternal, Child and Adolescent Health
Program Position: Office Assistant
County Job Specification: Office Assistant II

General Responsibilities

The Office Assistant II, under the direction of the MCAH Coordinator, will be responsible for providing administrative and clerical support to Skilled Medical Professional Personnel (SPMP) and other MCAH staff; and will be responsible for performing appropriate administrative activities to maintain the local MCAH Program.

Specific Duties

Provide administrative and clerical support to the MCAH Coordinator, SPMPs, and other program staff, including but not limited to typing reports, letters, and other documents; ordering office supplies and other materials needed by program staff; providing customer service, information, and referral to other resources to callers and visitors; gathering and distributing mail and other routed items; checking over documents for accuracy and compliance with established standards; maintaining financial records and files; organizing materials and supplies; and printing, copying and preparing (e.g., folding, stapling, etc.) a variety of materials.

Ensure MCAH program files are maintained.

Assist MCAH Coordinator in preparing materials and mailing MCAH Annual Report, annual Agreement Funding Application, time study documents, and grant applications and reports.

Monitor the MCAH toll free line and maintain information service log to facilitate access to Medi-Cal and health and human services for women, children, adolescents, and their families.

Assist in identifying, ordering, and/or printing brochures and flyers promoting services to the local MCAH population for distribution at outreach events.

Assist in developing and updating resource lists, such as the Pregnancy Resource Guide; brochure order form; and the obstetrical services provider list.

Gather, prepare, and distribute outreach and educational materials for MCAH topics such as breastfeeding information, preconception care, substance abuse prevention, maternal depression, oral health education, violence prevention, CPSP, SIDS Education, etc.

Upon request by the MCAH Coordinator or other program staff, assist in supporting MCAH and intra/interagency collaboration meetings, including but not limited to coordinating logistics, scheduling, communications, continuing education, and drafting minutes.

Assist the PHNs in preparing outreach and perinatal health education materials for distribution to local health care providers and other community partners.

Duty Statement
Public Health Nurse-SPMP

Budget Line: 7

Health Jurisdiction: Shasta County
Program: Maternal, Child and Adolescent Health
Program Position: Healthy Babies Program Nurse
County Job Specification: Public Health Nurse I/II

General Responsibilities

The Public Health Nurse I/II, under the direction of the MCAH Coordinator will have the responsibility to provide population-based public health nursing services to improve health outcomes for women, children, and their families. The Public Health Nurse I/II will improve outreach activities for women, children, and adolescents and focus on improving systems of care for the MCAH population, especially addressing the needs of Medi-Cal eligible clients. This PHN will be primarily responsible for providing outreach and care coordination for pregnant women and mothers of young children who are experiencing perinatal mood and anxiety disorders. This position must be a Skilled Professional Medical Personnel (SPMP).

Specific Duties

Actively participate in community collaborative groups and committees relevant to the perinatal population on an as needed basis.

Collaborate with community partners through the Healthy Babies Program to screen, and refer for treatment when indicated, pregnant women and women parenting a child under the age of two in Shasta County using the self-administered Edinburgh Postnatal Depression Scale screening tool, for perinatal mood and anxiety disorders, promoting culturally sensitive services. Women who screen positive will receive a referral to counseling and/or connection to appropriate community resources and services.

Collaborate with Perinatal Services Coordinator to provide perinatal providers with the Edinburgh screening tool, training, referral information, and patient education materials and resources.

Collaborate with the MCAH Community Education Specialist to provide training for perinatal providers and office staff as well as community based organizations (CBOs) on screening with the Edinburgh screening tool and referral.

Review screening and referral forms to identify teaching needs for staff.

Provide follow-up for patients at risk for perinatal mood and anxiety disorders that are referred to MCAH Healthy Babies Program. Communicate with referring physicians/organizations and serve as a liaison between counseling centers, and referring physician/organization.

Provide Care Coordination to ensure that women who are referred to the Healthy Babies Program receive a "warm hand off" referral to the counseling services as well as other services they need.

Assist in revision of protocols/procedures for Healthy Babies Program referral process as needed.

Explore funding and approaches that integrate chronic disease prevention, preconception care, and the life course perspective into the MCAH program activities.

Work with MCAH CES to ensure provision of community education, including presentations to professional groups, on the subjects of maternal depression and other MCAH related topics as indicated.

In accordance with State guidelines, gather community input, participate in determining local priorities, and assist with identifying proven interventions to utilize in development of the local MCAH needs assessment and implementation plan.

Apply knowledge of the principles of asset-based community development, preconception care, life course theory, and health inequities when assessing, planning, and evaluating programs, policies, and procedures utilized by public health.

Gather, prepare, and distribute outreach and educational materials for perinatal mood and anxiety disorders, breastfeeding, prevention of violence, and other relevant MCAH topics.

Collaborate with community, professional, and interagency groups to improve health outcomes for women, children, adolescents, and their families.

Inform and assist clients and their families, particularly those who are eligible for Medi-Cal, about program services, and identify and address barriers to accessing services.

Attend or provide professional training, which improves the quality of health assessment, preventive health services, and care.

Provide consultation and assistance in the design, development, and review of health related referral resources and professional education material.

Work with support staff to ensure there is a current list of appropriate community health and human resources for the Toll Free MCAH referral line.

Provide back up to substance use care coordination program nurse to provide care coordination to clients, including conducting comprehensive assessments, making referrals to treatment services, contacting clients and treatment providers for updates, and providing updates to providers and other referring organizations.

Provide back up to PCG to educate low-income pregnant women via telephone regarding the importance of early and continuous prenatal care, availability of resources (including those for tobacco, alcohol, and other substance use), and the Medi-Cal application process.

Duty Statement
Public Health Nurse-SPMP

Budget Line: 8

Health Jurisdiction: Shasta County
Program: Maternal, Child and Adolescent Health
Program Position: Substance Use Care Coordination Program Nurse
County Job Specification: Public Health Nurse I/II

General Responsibilities

The Public Health Nurse I/II, under the direction of the MCAH Coordinator will have the responsibility to provide population-based public health nursing services to improve health outcomes for women, children, and their families. The Public Health Nurse I/II will improve outreach activities for women, children, and adolescents and focus on improving systems of care for the MCAH population, especially addressing the needs of Medi-Cal eligible clients. This PHN will primarily be responsible for providing outreach and care coordination for women of childbearing age who are using or abusing alcohol, tobacco, and other drugs. This position must be a Skilled Professional Medical Personnel (SPMP).

Specific Duties

Actively participate in community collaborative groups and committees relevant to the perinatal population on an as needed basis.

Collaborate with community partners to screen, and refer for treatment when indicated, preconception and pregnant women in Shasta County for substance use (alcohol, tobacco, and other drugs), promoting culturally sensitive services. Women who screen positive will receive a referral to substance abuse treatment and/or connection to appropriate community resources and services.

Collaborate with Perinatal Services Coordinator and Community Education Specialist to provide perinatal providers and office staff as well as community based organizations (CBOs) with training, referral information, and patient education materials and resources.

Review referral forms to identify teaching needs for staff.

Provide follow-up for patients at risk for substance abuse that are referred to MCAH. Communicate with referring physicians/organizations and serve as a liaison between substance abuse treatment programs and referring physician/organization.

Provide Care Coordination to ensure that women who are referred receive a "warm hand off" referral to the substance abuse treatment services they need.

Assist in revision of protocols/procedures for program referral process as needed.

Explore funding and approaches that integrate chronic disease prevention, preconception care, and the life course perspective into the MCAH program activities.

Collaborate with Tobacco Education Program to promote referrals to the smoking cessation

programs for preconception, pregnant and parenting women.

Work with Community Education Specialist to ensure provision of community education, including presentations to professional groups, on the subjects of substance abuse and other MCAH related topics as indicated.

In accordance with state guidelines, gather community input, participate in determining local priorities, and assist with identifying proven interventions to utilize in development of the local MCAH needs assessment and implementation plan.

Apply knowledge of the principles of asset-based community development, preconception care, life course theory, and health inequities when assessing, planning, and evaluating programs, policies, and procedures utilized by public health.

Gather, prepare, and distribute outreach and educational materials for substance abuse prevention, breastfeeding, prevention of violence, and other relevant MCAH topics.

Collaborate with community, professional, and interagency groups to improve health outcomes for women, children, adolescents, and their families.

Inform and assist clients and their families, particularly those who are eligible for Medi-Cal, about program services, and identify and address barriers to accessing services.

Attend or provide professional training, which improves the quality of health assessment, preventive health services, and care.

Provide consultation and assistance in the design, development, and review of health related referral resources and professional education material.

Work with support staff to ensure there is a current list of appropriate community health and human resources for the Toll Free MCAH referral line.

Provide back up to the Healthy Babies Program Nurse to provide care coordination to clients, including conducting comprehensive assessments, making referrals to counseling services, contacting clients and counseling centers for updates, reviewing and approving Treatment Authorization Requests, and providing updates to providers and other referring organizations.

Provide back up to PCG to educate low-income pregnant women via telephone regarding the importance of early and continuous prenatal care, availability of resources (including those for tobacco, alcohol, and other substance use), and the Medi-Cal application process.

Provide back up for SIDS Coordinator to implement SIDS activities countywide.

Duty Statement
Community Education Specialist

Budget Line: 9

Health Jurisdiction: Shasta County
Program: Maternal, Child and Adolescent Health
Program Position: Community Education Specialist – Child and Adolescent Health
County Job Specification: Community Education Specialist I/II

General Responsibilities

The Community Education Specialist will work under the supervision of the MCAH Coordinator to plan, develop, implement, and evaluate community health education strategies of the MCAH Program. It is preferred that this position be a Skilled Professional Medical Personnel (SPMP).

Specific Duties

Research, acquire or develop, and implement curriculum and other materials to promote alcohol, tobacco, and other drug use prevention in youth.

Create new and/or maintain collaborative partnerships related to adolescent alcohol, tobacco and other substance use prevention, adolescent mental well-being and suicide prevention, and other topics impacting child and adolescent health.

Gather, prepare, and distribute outreach materials and information related to adolescent health and wellness.

In conjunction with the MCAH Coordinator and other MCAH staff, coordinate the compilation of information and accompanying documentation for the required MCAH annual report.

In conjunction with the MCAH PHNs and other staff, work with community partners to ensure that the professional community and the general public understands the impact of alcohol, tobacco, and other drug use during adolescence, and the benefits of prevention, intervention, and early access to Medi-Cal treatment services.

Apply knowledge of the principles of asset-based community development and health inequities when assessing, planning, and evaluating programs, policies, and procedures utilized by public health.

Research grant opportunities to support MCAH Program activities. Write or assist with funding proposals to support prevention efforts to benefit women, children, and adolescents and their families.

Explore funding and approaches that integrate chronic disease prevention, preconception care, and the life course perspective into the MCAH program activities.

Assist with gathering information, analyzing data, conducting surveys, and assessing the needs of the MCAH and CPSP populations.

Participate in outreach activities to help improve community health indicators for women, children, and families.

Act as liaison between MCAH and various agencies, organizations, and coalitions as well as other programs within the Health and Human Services Agency to improve access and quality of services for women, children, and adolescents and their families.

Assist with media/marketing campaigns; website development; writing PSAs and press releases; and other promotional activities.

Update and disseminate health education materials and provide technical assistance in the design, development, implementation, review, and evaluation of health education strategies used within MCAH programs.

Serve as backup to other Community Education Specialists in MCAH.

Duty Statement
Community Education Specialist

Budget Line: 10

Health Jurisdiction: Shasta County
Program: Maternal, Child and Adolescent Health
Program Position: Community Education Specialist – Adverse Childhood Experiences
County Job Specification: Community Education Specialist I/II

General Responsibilities

The Community Education Specialist will work under the supervision of the MCAH Coordinator to plan, develop, implement, and evaluate community health education strategies of the MCAH Program, and coordinate a community collaborative focused on preventing Adverse Childhood Experiences (ACEs). One of the main focuses of this collaborative is to ensure that families have access to concrete supports including such Medi-Cal services as health care, dental care, mental health care, and substance use treatment as needed. It is preferred that this position be a Skilled Professional Medical Personnel (SPMP).

Specific Duties

Provide coordination to the Strengthening Families Collaborative (focused on ACE Prevention) including meeting with the Chair and assisting with preparation for meetings.

Create new and/or maintain collaborative partnerships related to Strengthening Families.

Research grant opportunities to support MCAH Program activities. Write or assist with funding proposals to support prevention efforts to benefit women, children, adolescents and their families.

Provide and maintain the framework within the Strengthening Families Collaborative that promotes communication across committees to avoid overlap.

Identify grant opportunities and prepare and submit grant applications appropriate to the goals of the Strengthening Families Collaborative.

Gather, prepare, and distribute outreach materials for the prevention of adverse childhood experiences and information about Strengthening Families.

Participate on the Strengthening Families Collaborative committees and act as a liaison to members of the Strengthening Families Collaborative.

Assist with the coordination of evaluation and data collection activities and reporting processes related to Strengthening Families and other MCAH activities.

Participate in outreach activities to help improve community health indicators for women, children, and families.

Act as liaison between MCAH and various agencies, organizations, and coalitions to improve access and quality of services for women, adolescents, and children.

Apply knowledge and principles of asset-based community development, Life Course Theory, and health inequities when assessing, planning, and evaluating programs, policies, and procedures utilized by MCAH and Public Health.

Assist with media/marketing campaigns, including writing PSAs, press releases, and other promotional activities.

Update and disseminate health education materials and provide technical assistance in the design, development, implementation, review, and evaluation of health education strategies used within MCAH programs.

Coordinate planning activities for prevention of adverse childhood experiences with partner agencies to avoid duplication of efforts related to improved outcomes.

Provide technical assistance and research to help implement and promote best practices for prevention of adverse childhood experiences.

Assist in raising community awareness of the importance of the prevention of adverse childhood experiences through media and other venues.

Assist with encouraging participation by other community entities.

Serve as backup to other MCAH Community Education Specialists.

Duty Statement
Community Education Specialist

Budget Line: 11

Health Jurisdiction: Shasta County
Program: Maternal, Child and Adolescent Health
Program Position: Community Education Specialist – Perinatal and Early Childhood Health
County Job Specification: Community Education Specialist I/II

General Responsibilities

The Community Education Specialist will work under the supervision of the MCAH Coordinator to plan, develop, implement, and evaluate community health education strategies of the MCAH Program. It is preferred that this position be a Skilled Professional Medical Personnel (SPMP).

Specific Duties

Gather, prepare, and distribute outreach materials and information on topics impacting the health of women and young children including perinatal mood and anxiety disorders, perinatal substance use, dental care and oral hygiene, early prenatal care, safe sleep and other SIDS risk reduction strategies. Incorporate life course theory, chronic disease prevention, and preconception care.

Develop and incorporate messages related to the connection between maternal depression and attachment.

Participate in outreach activities to at-risk, vulnerable women and help improve community health indicators for women, children, and families.

Create new and/or maintain collaborative partnerships related to preconception and perinatal substance use prevention and maternal mental well-being.

Act as liaison between MCAH and various agencies, organizations, and coalitions to improve access and quality of services for women, children, and adolescents, and their families.

Coordinate, plan, and conduct maternal depression education that includes access to Medi-Cal services, local resources for professionals, including providers and staff from the health care delivery systems.

Provide SIDS and SUID information and training including risk reduction strategies to health care professionals, childcare providers, emergency personnel, parents, foster parents, public health professionals, and other community members who are involved in the lives of children under the age of one year.

In collaboration with the SIDS coordinator, provide SIDS material that is updated with the most current information, and collaborate with other programs and organizations to promote SIDS awareness, education and outreach. Participate in the design and development of SIDS-related professional education material.

Apply knowledge of the principles of asset-based community development, strengthening families, life course perspective, and health inequities when assessing, planning, and evaluating programs, policies and procedures utilized by public health.

Assist with media/marketing campaigns, including writing PSAs, press releases, and other promotional activities.

Update and disseminate health education materials and provide technical assistance in the design, development, implementation, review, and evaluation of health education strategies used within MCAH programs.

Research grant opportunities to support MCAH Program activities. Write or assist with funding proposals to support prevention efforts to benefit women, children, and adolescents and their families.

Explore funding and approaches that integrate chronic disease prevention, preconception care, and the life course perspective into the MCAH program activities.

Serve as backup to other MCAH Community Education Specialists.

Duty Statement
MCAH Director-SPMP

Budget Line: 12

Health Jurisdiction: Shasta County
Program: Maternal, Child and Adolescent Health (MCAH)
Program Position: MCAH Director
County Job Specification: Health Officer

General Responsibilities

The MCAH Director, under the direction of the Public Health Director, has the responsibility to provide clinical oversight and consultation to the MCAH Coordinator in the Coordinator's roles of directing the local MCAH Program to perform the core public health functions of assessment, policy development, and assurance and implementing the approved Scope of Work. The MCAH Director will provide clinical expertise to the MCAH Coordinator in the Coordinator's role of working collaboratively with the Nurse-Family Partnership® (NFP) Supervising Public Health Nurse to foster internal and external partnerships and collaboration. It is required that this position be filled by a Skilled Professional Medical Personnel (SPMP).

Specific Duties

When necessary, participate in community, professional and interagency meetings to provide clinical expertise on perinatal health, maternal depression, prevention of adverse childhood experiences, oral health, chronic disease, preconception care issues and advocate for MCAH services.

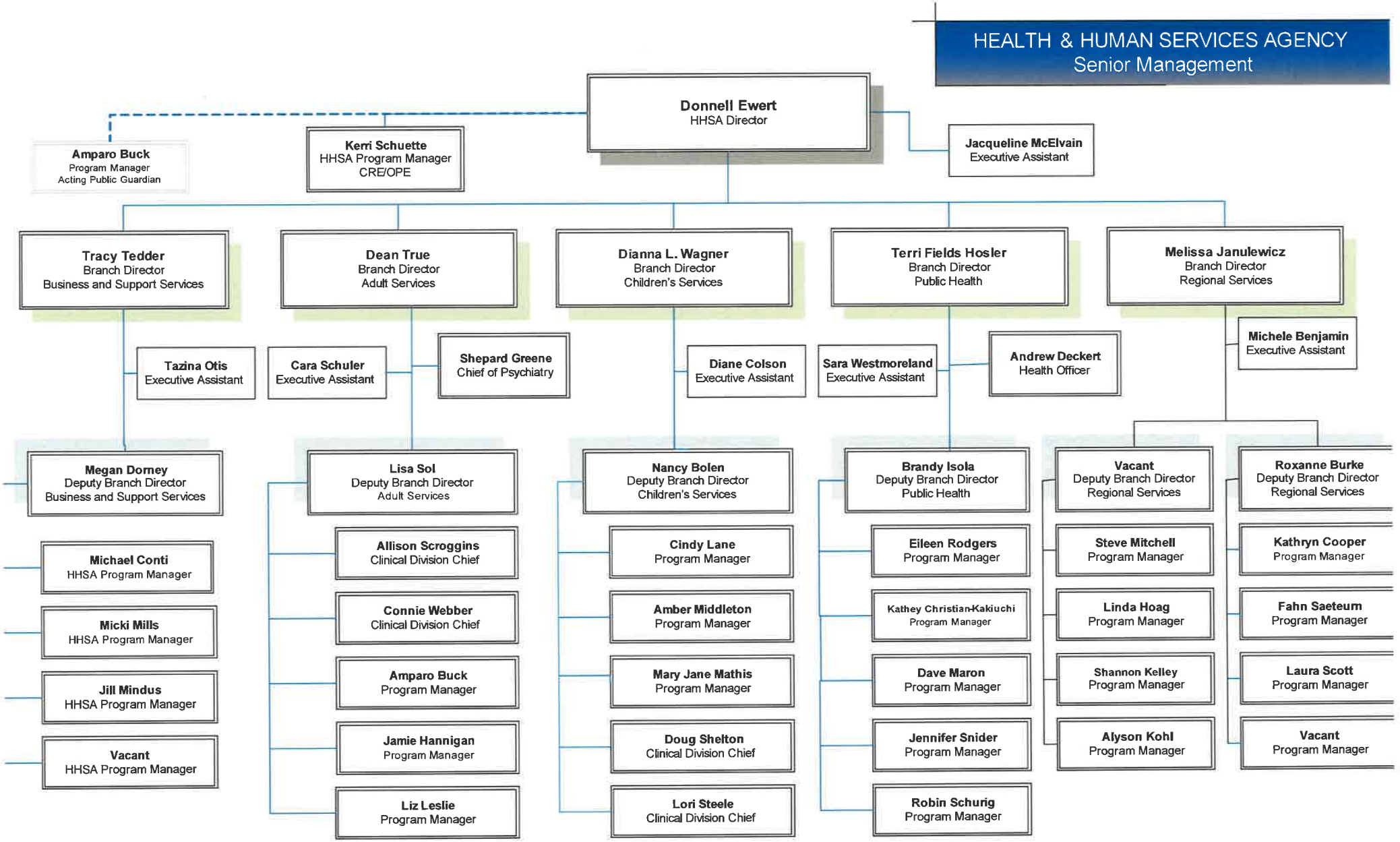
Provide clinical consultation to professional staff in other agencies about specific medical conditions identified within their client population.

Addressing the target population of Medi-Cal eligible pregnant, postpartum and childbearing aged women and families, use skilled professional medical expertise to: assist with utilization review of medical services, program planning and policy development, SPMP administrative medical case management, intra/interagency and provider coordination/collaboration, and quality management.

Provide consultation and technical assistance in the design, development and review of health related professional educational material.

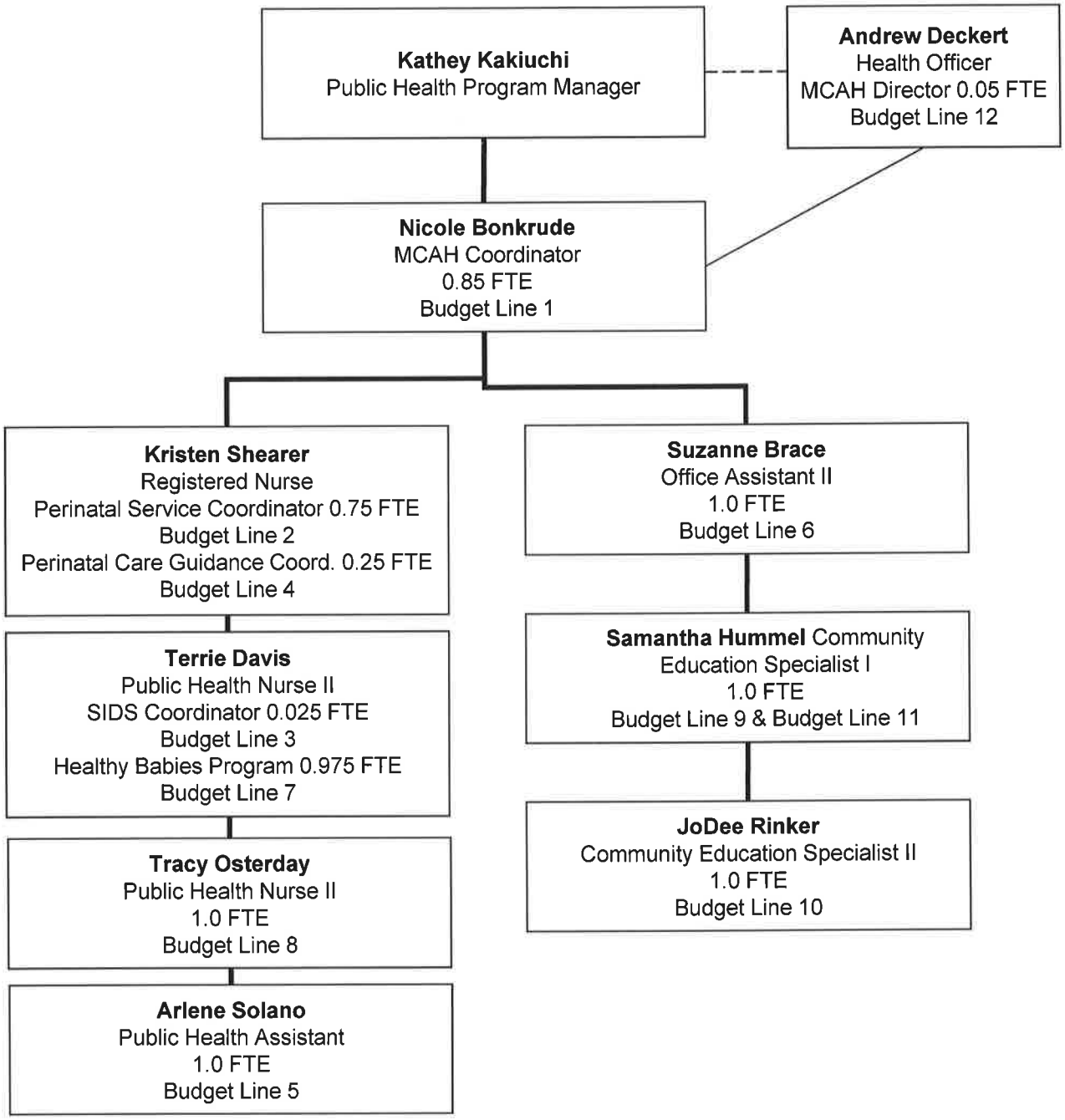
Provide ongoing liaison with Medi-Cal providers around issues of treatment and health assessment.

HEALTH & HUMAN SERVICES AGENCY
Senior Management



Updated 1/10/2017

HEALTH & HUMAN SERVICES AGENCY
Public Health Branch
Healthy & Safe Families Division – MCAH



January 2017

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

October 15, 2014

Andrew Deckert, MD, MPH
Health Officer/MCAH Director
2650 Breslauer Way
Redding, CA 96001

Dear Dr. Deckert:

MCAH ALLOCATION #2014-45
APPROVAL AND WAIVER FOR THE MCAH DIRECTOR IN SHASTA COUNTY

The request submitted September 9, 2014, via the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division's Agreement Funding Application budget, for approval and waiver for yourself to serve as the Maternal, Child and Adolescent Health (MCAH) Director at 0.05 Full-Time Equivalent (FTE) in the MCAH Program and in-kind in the California Home Visiting Program (CHVP), and the MCAH Coordinator, Robin Shurig, MPH, CPH, funded at 0.85 FTE in MCAH Programs and 0.15 FTE in CHVP, for a total of 1.05 FTE leadership for MCAH Programs, instead of the required 0.75 FTE MCAH Director, has been reviewed and is retroactively approved, effective May 6, 2013.

You will have the general responsibility and authority to plan, implement, and evaluate MCAH program services and will be assisted by Ms. Shurig, MCAH Coordinator. This approval/waiver is applicable as long as you and Ms. Shurig occupy the positions of MCAH Director and MCAH Coordinator respectively and Shasta County maintains the staffing levels described above.

This approval may be revoked at any time if the needs of the population and the program are not met.

Please keep a copy of this approval/waiver letter in your MCAH files for audit purposes. Please submit a copy with each MCAH Agreement Funding Application submitted.

If there are any questions about this letter, please contact your Nurse Consultant, Imelda Hoeckelmann, at (916) 440-7164.

Sincerely,

Laurel Cima-Coates, MPA, Chief
Prevention, Policy and Program Standards Branch
Maternal, Child and Adolescent Health Division

cc: See Next Page

cc: Stephen Fong, Contract Manager
Allocations and Matched Funding Unit
Program Allocations, Integrity & Support Branch
Maternal, Child and Adolescent Health Division

Imelda Hoeckelmann, RN, MSN, MBA
Nurse Consultant III
Program Standards Branch
Maternal, Child and Adolescent Health Division

Catherine Gilmore Zarate, MPH
Research Scientist
Data, Benchmarks and Evaluation Section
California Home Visiting Program
Maternal, Child and Adolescent Health Division

Paula Curran, PHN, MHA
Nurse Consultant III
Program Standards Branch
Maternal, Child and Adolescent Health Division

MCAH Central File

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

July 1, 2016

Andrew Deckert, M.D. MPH,
MCAH Director
Shasta County Health and Human Services Agency
2650 Breslauer Way
Redding, CA 96001

Dear Dr. Deckert:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT #201645 – FISCAL YEAR 2016-17

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, 2016 through June 30, 2017, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

Maternal Child and Adolescent Health.....$535,811

The availability of Title V funds and State General funds (BIH only) are based upon funds appropriated in the FY 2016-17 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),
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, Matthew Sall, at (916) 650-0462 or by e-mail at Matthew.Sall@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: Pam Giacomini
Chairperson, Shasta County Board of Supervisors
Shasta County
1405 Court St., Suite 308B
Redding, CA 96001

Matthew Sall
Contract Manager

Central File

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

The Local Health Jurisdiction (LHJ), in collaboration with the State MCAH Program, shall strive to develop systems that protect and improve the health of California's women of reproductive age, infants, children, adolescents and their families. The goals and objectives in this MCAH SOW incorporate local problems identified by LHJs 5-Year Needs Assessments and reflect the Title V priorities of the MCAH Division. The local 5-Year Needs Assessment identified problems that LHJs may address in their 5-Year Action Plans. The LHJ 5-Year Action Plans will then inform the development of the annual MCAH SOW.

All LHJs must perform the activities in the shaded areas in Goals 1-3 and monitor and report on the corresponding evaluation/performance measures. In addition, each LHJ is required to develop at least one objective in each of Goals 1 and 2 and 2 objectives for Goal 3, a SIDS objective and an objective to improve infant health. LHJs that receive FIMR funding will 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. 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

The development of this SOW was guided by several public health frameworks listed below. 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;
- 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

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

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.

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.

[1] 2001-2015 Title V State Priorities
[2] Tittle V Requirement
[3] State Requirement

Goal 1: **Increase access and utilization of health and social services (cross-cutting)**

- **Increase access to oral health services[1]**
- **Increase screening and referral for mental health and substance use services[1]**
- **Increase utilization of preventive health services[1]**
- **Target outreach services 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]**
- **Provide developmental screening for all children[1]**

The shaded area represents required activities. Nothing is entered in the shaded areas, except for 1.7 as needed.

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)
1.1-1.6 **All women of reproductive age, pregnant women, infants, children, adolescents and children and youth with special health care needs (CYSHCN) will have access to:** • Needed and preventive medical, dental, mental health, substance use services, and social services • Early and comprehensive perinatal care • An environment that maximizes their health	**Assessment** **1.1** Identify and monitor the health status of women of reproductive age, pregnant women, infants, children, adolescents, and CYSHCN, including the social determinants of health and access/barriers to the provision of: 1. Preventive, medical, dental, mental health, substance use services, and social services 2. Early and comprehensive perinatal care Monitor trends over time, geographic areas and population group disparities. Annually, share your data with your key health department leadership.	**Assessment** **1.1** This deliverable will be fulfilled by completing and submitting your Community Profile with your Agreement Funding Application each year Report date data shared with the key health department leadership. Briefly describe their response, if significant.	**Assessment**

[1] 2001-2015 Title 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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	1.2 Participate in collaboratives, coalitions, community organizations, etc., to review data and develop policies and products to address social determinants of health and disparities.	1.2 Report the total number of collaboratives with MCAH staff participation. Submit Collaborative Surveys that document participation, objectives, activities and accomplishments of MCAH – related collaboratives.	1.2 List policies or products developed to improve infrastructure and address MCAH priorities.
	Policy Development 1.3 Review, revise and enact policies that facilitate access to Medi-Cal, Medi-Cal Access Program (MCAP), California Children's Services (CCS), Covered CA, Child Health and Disability Prevention Program (CHDP), Women, Infants, and Children (WIC), Family Planning, Access, Care, and Treatment (Family PACT), Text 4 Baby, and other relevant programs.	**Policy Development** 1.3 Describe efforts to develop policy and systems changes that facilitate access to Medi-Cal, MCAP, Covered CA, CHDP, WIC, CCS, Family PACT, Text 4 Baby, and other relevant programs. 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.	**Policy Development** 1.3 Describe the impact of policy and systems changes that facilitate access to Medi-Cal, MCAP, Covered CA, CHDP, WIC, CCS, Family PACT, and other relevant programs.

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[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)
	Assurance **1.4** Participate in and/or deliver trainings in MCAH and public health competencies and workforce development as resources allow.	**Assurance** **1.4** List trainings attended or provided and numbers attending.	**Assurance** **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.
	1.5 Conduct activities to facilitate referrals to Medi-Cal, MCAP, Covered CA, CCS, and other low cost/no-cost health insurance programs for health care coverage[2]	**1.5** Describe activities to facilitate referrals to health insurance and programs.	**1.5** Report the number of referrals to Medi-Cal, MCAP, Covered CA, CCS, or other low/no-cost health insurance or programs.
	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 community[2] to facilitate linkage of MCAH population to services	**1.6** Describe the methods of communication, including the, cultural and linguistic challenges and solutions to linking the MCAH population to services.	**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
1.7 Increase the rate of: • Developmental screening for children ages 0-5 years according to AAP guidelines – 9 months, 16 months and 30 months • All children, including CYSHCN, receive a yearly preventive medical visit	**1.7** Perform activities at the individual, provider, and/or community level. Promote the American Academy of Pediatrics (AAP) developmental screening guidelines. • Participate in Help Me Grow (HMG) or programs that	**1.7** Describe outreach efforts, barriers and opportunities for solutions • Describe participation in HMG or HMG like programs	**1.7** **Describe the following:** • Outcomes of participation in HMG or HMG like programs. Describe results of work to implement HMG core components

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Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	promote the core components of HMG		
1.8 **By June 30, 2017, obtain and/or develop educational materials on the importance of dental care during pregnancy and early childhood, and service availability and coverage, and disseminate to at least 15 medical provider offices/community based family-serving organizations.**	**Policy Development** **1.8** Collaborate with oral health partners to obtain and/or develop educational materials on MCAH oral health topics, including: • The importance of dental care during pregnancy • The importance of dental care in early childhood • Dental care benefits available to Medi-Cal beneficiaries • Local dentists accepting Medi-Cal Distribute materials to medical providers and community based family-serving organizations to distribute to their patients/clients.	**Policy Development** **1.8** • Briefly describe process and participants in gathering/ developing oral health messages and materials. • List and briefly describe selected key oral health messages. • List educational materials that were obtained and/or developed. • List medical provider offices and community based family-serving organizations distributing materials to patients/clients.	**Policy Development** **1.8** • Number of educational materials obtained or developed, and distributed to partners. • Total number of medical provider offices and total number of community based family-serving organizations distributing materials to patients/clients and families.
1.9 **By June 30, 2017, begin disseminating oral health information directly to pregnant women and parents via social media.**	**Policy Development** **1.9** Collaborate with Community Relations staff to develop a Facebook account targeting the pregnant and parenting population and begin disseminating oral health information through it.	**Policy Development** **1.9** • Briefly describe process of requesting and planning social media participation. • List or describe messages being disseminated via social media.	**Policy Development** **1.9** • Number of followers, likes, shares, etc. via social media. • Number of messages disseminated via social media.
1.10 **By June 30, 2017, collaborate with Medi-Cal Managed Care, at least two medical and dental**	**Policy Development** **1.10** Collaborate with Managed Care Medi-Cal, medical and dental	**Policy Development** **1.10** • Briefly describe process and participants in efforts to	**Policy Development** **1.10** • Number of events held offering low/no cost dental

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Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
care providers, and dental hygiene school to advocate for increased availability of low/no cost dental services for pregnant women and young children and for screening, assessment, application of fluoride varnish, and referral by pediatricians/family practice medical providers.	providers, and dental hygiene school to advocate for low/no cost dental services to be provided regularly (multiple times throughout the year) to pregnant women and young children. Collaborate with Managed Care Medi-Cal and medical and dental providers to advocate for screening, assessment, fluoride varnish application, and referral of young children to be done by medical providers.	increase availability of low/no cost dental care for pregnant women and young children. • Briefly describe process and participants in efforts to increase screening, assessment, fluoride varnish application, and referral of young children by medical providers.	services to pregnant women and young children. • Number of pregnant women and young children receiving services. • Brief description of screening and assessment results and types of treatment provided. • Number of medical providers participating in screening, assessing, applying fluoride varnish, and referring young children to dental care. • If available, number of children screened, brief description of screening and assessment results, number of children receiving fluoride varnish application, and number of children receiving dental care as a result of referral from a medical provider.
1.11 **By June 30, 2017, MCAH's Healthy Babies Program will continue screening and the new substance use care coordination program will begin screening 100% of enrolled women for health insurance coverage and a primary care provider.**	**Assurance** **1.11** Include questions on health insurance coverage, primary care provider, and prenatal care provider in the assessment forms used with nursing care coordination program clients. Track data on clients' existing resources.	**Assurance** **1.11** • Briefly describe the health coverage and care topics addressed in the assessment. •	**Assurance** **1.11** • Number of clients in each program screened for health insurance coverage and a primary care provider/total number of newly enrolled clients.

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Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
1.12 **By June 30, 2017, 100% of those Healthy Babies Program and substance use care coordination program clients who are pregnant will be screened for a prenatal care provider**	**Assurance** **1.12** Include questions on health insurance coverage, primary care provider, and prenatal care provider in the assessment forms used with nursing care coordination program clients. Track data on clients' existing resources.	**Assurance** **1.12** • Briefly describe the health coverage and care topics addressed in the assessment.	**Assurance** **1.12** • Number of pregnant clients in each program screened for a prenatal care provider/total number of newly enrolled clients who are pregnant.
1.13 **By June 30, 2017, 100% of those Healthy Babies Program and substance use care coordination program clients without coverage and a provider will be referred to a resource for assistance (Eligibility, a Community Health Advocate, Covered California, etc.)**	**Assurance** **1.13** Make referrals to appropriate resources for any clients not already connected to health insurance coverage, a primary care provider, and a prenatal care provider if pregnant. Track data on clients' existing resources and referrals made.	**Assurance** **1.13** • List the types of referrals made for clients in each program related to health coverage and care.	**Assurance** **1.13** • Number of clients in each program referred to resources for assistance with health care coverage, primary care, and/or prenatal care/total number of clients identified as lacking health care coverage, a primary care provider, and/or a prenatal care provider.

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Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
1.14 **By June 30, 2017, care coordination program nurses will receive training or conduct research on how to educate clients about reproductive life planning, contraception, preconception, and interconception health, and will begin providing this education to 100% of clients enrolled in these programs.**	**Policy Development** **1.14** Identify training resources and/or reliable online information (e.g., from CDPH, CDC, Preconception Health Council of California, etc.) on educating clients about reproductive life planning, contraception, and preconception health. Add reproductive life planning, contraception, preconception, and interconception health to the education that is done with every care coordination program client, and add a place to the assessment form to track that education was provided.	**Policy Development** **1.14** • Briefly describe process and sources of information/ training on how to educate clients on reproductive life planning, contraception, preconception, and interconception health. • List and briefly describe key pre-natal and post-natal messages and educational materials to be used with care coordination program clients.	**Policy Development** **1.14** • Number of clients in each program educated on reproductive life planning, contraception, preconception, and interconception health/total number of newly enrolled clients.
1.15 **By June 30, 2017, educational materials/messages will be obtained/developed and distributed to at least 15 medical provider offices/ community based family-serving organizations regarding the importance of the first nine months, including the importance of early entry into prenatal careand resources available to connect with services including prenatal care.**	**Policy Development** **1.15** Obtain and/or develop educational materials/messages on the importance of the first nine months, including: • The importance of early entry into prenatal care • Resources available to connect with services including prenatal care • Prenatal care benefits available to Medi-Cal beneficiaries • Local prenatal care providers, accepting Medi-Cal	**Policy Development** **1.15** • Briefly describe process and participants in gathering/ developing messages and materials. • List and briefly describe selected key messages. • List materials that were identified and/or developed. • List medical provider offices and community based organizations distributing educational materials to patients/clients.	**Policy Development** **1.15** • Number of educational materials gathered or developed, and distributed to partners. • Total number of provider offices and total number of community based family-serving organization distributing materials to patients/clients and families.

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Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
	Distribute educational materials to medical providers and community based organizations to distribute to their patients/clients.		
1.16 **By June 30, 2017, educational materials/messages will be obtained/developed and distributed to at least 15 medical provider offices/ community based family-serving organizations regarding the importance of stopping or reducing substance use during pregnancy and resources available (including MCAH's care coordination program) to connect with services including substance use disorder treatment.**	**Policy Development** **1.16** Obtain and/or develop educational materials/messages on: • The importance of stopping or reducing substance use during pregnancy • Resources available (including MCAH's care coordination program) to connect with services including substance use disorder treatment • Substance use disorder treatment benefits available to Medi-Cal beneficiaries • Local substance use disorder treatment programs accepting Medi-Cal	**Policy Development** **1.16** • Briefly describe process and participants in gathering/ developing messages and materials. • List and briefly describe selected key messages. • List materials that were identified and/or developed. • List medical provider offices and community based organizations distributing educational materials to patients/clients.	**Policy Development** **1.16** • Number of educational materials gathered or developed, and distributed to partners. • Total number of provider offices and total number of community based family-serving organization distributing materials to patients/clients and families.

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Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	Distribute educational materials to medical providers and community based organizations to distribute to their patients/clients.		
1.17 **By June 30, 2017, educational materials/messages will be obtained/developed and distributed to at least 15 medical provider offices/ community based family-serving organizations regarding the importance of seeking treatment for mental illness, and resources available (including MCAH's Healthy Babies Program) to connect with services including mental illness treatment.**	**Policy Development** **1.17** Obtain and/or develop educational materials/messages on: • The importance of seeking treatment for mental illness • Resources available (including MCAH's Healthy Babies Program) to connect with services including mental illness treatment • Mental health care benefits available to Medi-Cal beneficiaries • Local mental health care providers accepting Medi-Cal Distribute educational materials to medical providers and community based organizations to distribute to their patients/clients.	**Policy Development** **1.17** • Briefly describe process and participants in gathering/ developing messages and materials. • List and briefly describe selected key messages. • List materials that were identified and/or developed. • List medical provider offices and community based organizations distributing educational materials to patients/clients.	**Policy Development** **1.17** • Number of educational materials gathered or developed, and distributed to partners. • Total number of provider offices and total number of community based family-serving organization distributing materials to patients/clients and families.
1.18 **By June 30, 2017, begin disseminating messages described in 1.15-17 directly to women of reproductive age via social media.**	**Policy Development** **1.18** Collaborate with Community Relations staff to develop a Facebook or other appropriate social media account targeting women of reproductive age and	**Policy Development** **1.18** • Briefly describe process of requesting and planning social media participation. • List or describe messages being disseminated via social media.	**Policy Development** **1.18** • Number of followers, likes, shares, etc. via social media. • Number of messages disseminated via social media.

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Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	begin disseminating information through it.		

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Goal 2: **Improve preconception health by decreasing risk factors for adverse life course events among women of reproductive age**

- **Decrease unintended pregnancies[1]**
- **Decrease the burden of chronic disease[1]**
- **Decrease intimate partner violence[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.**	**Assurance** **2.1** Develop MCAH staff knowledge of the system of maternal and perinatal care. Conduct local activities to facilitate increased access to early and quality perinatal care.	**Assurance** **2.1** Report the following: 1. List of trainings received by staff on perinatal care 2. List activities implemented to increase access of women to early and quality perinatal care 3. Barriers and opportunities to improve access to early and quality perinatal care	**Assurance** **2.1** Describe **outcomes** of the following: 1. Behavior or practice change following receipt of training 2. Activities implemented to increase access to and improve the quality of perinatal care 3. Activities addressing the barriers to improve access to early and quality perinatal care
	2.2 Maintain and manage a network of perinatal providers, including certified CPSP providers. Provide technical assistance or education to improve perinatal	**2.2** Describe local network of perinatal providers, including CPSP providers (e.g. concentration of Medi-Cal Managed Care, Fee-for Service, etc) List technical assistance activities provided to perinatal and CPSP providers (e.g. resources,	**2.2** Describe adequacy of current network of perinatal providers in meeting the needs of local maternal population. Describe improvement/s in provider knowledge or practice following technical assistance on

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Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
	care access and quality of perinatal services. Conduct activities with local provider networks and/or health plans to improve access to and quality of perinatal services including coordination and integration of care.	referrals, tracking system for follow-up, assessments, interventions, infant care etc). **** If above is not applicable to the local site,** Summarize perinatal training or education sessions conducted with at-risk, Medi-Cal eligible women. Briefly summarize shared activities performed with current provider networks and/or local health plans to improve access to and quality of perinatal services including coordination and integration of care.	perinatal care access and quality of perinatal services. Describe outcome of shared activities performed with the perinatal provider networks and/or local health plan in improving access to and quality of perinatal services
	2.3 Conduct face-to-face quality assurance/quality improvement (QA/QI) activities with CPSP providers or MCMC liaison to ensure that protocols are in place and implemented.	**2.3** List the types of CPSP provider QA/QI activities conducted during site visits. Identify your MCMC liaison contact Report the number of actual site visits conducted with enrolled CPSP providers and/or MCMC liaison	**2.3** Describe the results of QA/QI activities that were conducted.
2.4 **By June 30, 2017, 100% of women enrolled in MCAH's care**	**Assurance** **2.4**	**Assurance** **2.4**	**Assurance** **2.4**

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[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)**
coordination programs will be screened for intimate partner violence and 100% of those identified as at risk will be referred to a resource for assistance.	Include questions on intimate partner violence in assessment forms used with care coordination program clients. Make referrals to a local resource for any clients reporting current or past intimate partner violence. Track data on clients' screening assessment responses and referrals made.	Briefly describe the topics related to intimate partner violence addressed in the care coordination program assessments. Briefly describe how referrals were conducted (phone call made, fax or email sent, in-person visit, information provided to client, etc.)	• Number of clients screened for intimate partner violence/total number of newly enrolled clients. • Number of clients referred to a resource for assistance for intimate partner violence/total number of clients identified as at risk for intimate partner violence.
2.5 **By June 30, 2017, participate in at least one activity to support efforts made by partner organizations to reduce intimate partner violence.**	**Policy Development** **2.5** Activities related to community partner support will be determined based on what activities they undertake. Activities could include supporting efforts to screen intimate partner violence victims for adverse childhood experiences and connect them with resources, having staff trained in bystander engagement, assisting with efforts to increase awareness of domestic violence and sexual assault, and/or assisting with disseminating educational materials/information to women (either directly or through other community partners including medical providers)	**Policy Development** **2.5** Summarize types of activities participated in by staff to support community partner efforts to reduce intimate partner violence (staff support provided, printed materials provided, etc.).	**Policy Development** **2.5** # of activities participated in by MCAH staff to support efforts to reduce intimate partner violence, and quantification of participation (number of staff hours provided, number and types of printed materials provided, etc.).
2.6	**Assurance** **2.6**	**Assurance** **2.6**	**Assurance** **2.6**

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Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
By June 30, 2017, at least 70% of Healthy Babies Program clients (who are pregnant or have children age 0-2 and are identified as at risk for a perinatal mood and anxiety disorder) will be connected with counseling services.	Provide care coordination to women referred to the Healthy Babies Program, including conducting an assessment of their needs, referring them to needed services including counseling, following up with the counseling center and the client to ensure needs are being met, and providing updates to the referring provider/organization. Meet regularly with key staff from partner counseling centers to troubleshoot barriers to connecting clients to services.	Brief description of the types of services women are connected with. Brief description of barriers and successes related to care coordination and connection to services.	Number of women connected to counseling services/total number of newly enrolled Healthy Babies Program clients. Description of potential solutions to the barriers and challenges to care coordination, and outcomes of implementing these solutions.
2.7 **By June 30, 2017, 100% of participants in classes designed to educate women experiencing perinatal mood and anxiety disorders on attachment and bonding and healthy coping skills will report an increase in knowledge and intent to change behavior.**	**Policy Development** **2.7** Offer weekly classes open to Healthy Babies Program clients and other pregnant or parenting women who are experiencing perinatal mood and anxiety disorders. The classes will cover attachment and bonding as well as topics related to healthy coping skills, such as nutrition, physical activity, chronic disease prevention, body image, coping with stress, and emotional refueling.	**Policy Development** **2.7** Brief description of the evaluation tool conducted during weekly classes to measure knowledge increase and intent to change behavior.	**Policy Development** **2.7** Percent of evaluations indicating knowledge gain and intent to change behavior.
2.8 **By June 30, 2017, participate in at least two community events**	**Policy Development** **2.8**	**Policy Development** **2.8**	**Policy Development** **2.8**

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[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)
and distribute educational materials/information to event attendees to raise awareness of perinatal mood and anxiety disorders, the need for treatment, and the availability of resources.	Participate in at least two community events to distribute information and educational materials about perinatal mood and anxiety disorders and the Healthy Babies Program.	• List community events attended and include brief description of target audience and attendance. • List or describe PMAD awareness messages being disseminated.	• Number of educational materials distributed at community events. • Number of community events attended.

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Goal 3: Reduce infant morbidity and mortality

- **Reduce pre-term births and infant mortality[1]**
- **Increase infant safe sleep practices[1]**
- **Increase breastfeeding initiation and duration [1]**

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)	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
3.1-3.2 All infants are provided a safe sleep environment	**Assurance** **3.1** Establish contact with parents/caregivers of infants with presumed SIDS death to provide grief and bereavement support services[3].	**Assurance** **3.1** (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/SIDS training(s) and other conferences/trainings related to infant health.	**3.2** Describe results of staff trainings related to infant health.
3.3 By June 30, 2017, at least 50 community members will receive training, and will demonstrate an overall increase in knowledge of SIDS risk reduction and infant safe sleep, and intent to change behavior as measured by pre- and post-test responses.	**Policy Development** **3.3** Provide SIDS education and resources to at least 50 community members, such as parents, expectant parents, foster parents, childcare providers, emergency personnel, healthcare professionals, public health professionals, and others involved in the lives of children under age one.	**Policy Development** **3.3** • List dates and locations of presentations. • Briefly describe SIDS resources distributed and the number given to parents and/or partner agencies. • Briefly describe the evaluation process used to measure knowledge gain and intent to change behavior.	**Policy Development** **3.3** • Number of community members educated/50. • Average pre- and post-test scores (goal: an overall increase of at least 10% from pretest to posttest). • Brief description of knowledge gain and intent to change behavior.

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[3] State Requirement

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		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
	Conduct pre- and post-test among training attendees to measure knowledge gain and intent to change behavior.		
3.4 **By June 30, 2017, at least 30% of care coordination program clients who are identified as using/abusing substances will be connected with substance use disorder treatment services. (Clients include women of reproductive age who are using/abusing substances.)**	**Assurance** **3.4** Provide care coordination to women referred to care coordination programs, inclusive of conducting an assessment of their needs, referring them to needed services including substance use disorder treatment, following up with the substance use disorder treatment agency and with the client to ensure needs are being met, and providing updates to the referring provider/organization.	**Assurance** **3.4** Brief description of the topics covered in the assessment and the types of services women are connected with. Brief description of the barriers and successes related to care coordination and connection to services, and possible solutions to the barriers.	**Assurance** **3.4** Number of women connected to substance use disorder treatment services/total number of newly enrolled clients.

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Goal 4: Increase the proportion of children, adolescents and women of reproductive age who maintain a healthy weight

- **Increase consumption of a healthy diet[1]**
- **Increase physical activity[1]**

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)
4.1 **By June 30, 2017, meet at least quarterly with staff from at least two existing programs or collaboratives and participate in at least two activities related to overweight/obesity prevention or nutrition and physical activity promotion.**	**Policy Development** **4.1** Meet with key staff from overweight/obesity prevention and nutrition and physical activity programs or collaboratives to explore opportunities for coordination and mutual support. (Actual activities will be determined by the activities they undertake, and the flexibility of their funders, etc. to be able to coordinate efforts, modify messages, etc. Activities could include assisting with funding and planning for recognition of breastfeeding friendly businesses, assistance with incentivizing participation in nutrition related programs and behaviors to promote a healthy weight, access to and review of data, connections to other partners in the community, advising on how to tailor messages to preconception/ pregnant women, etc.)	**Policy Development** **4.1** • List number of meetings held (including dates and times and number of programs or collaboratives in attendance. • List discussion topics, activities, and describe any collaborative efforts resulting from meetings.	**Policy Development** **4.1** • Number of nutrition and physical activity programs or collaboratives a relationship is established with, and number of meetings held with each. • Number of activities participated in that involve overweight/obesity prevention/ nutrition and physical activity promotion.

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[3] State Requirement

Goal 5: Improve the cognitive, physical, and emotional development of all children, including children and youth with special health care needs

- **Reduce unintentional injuries[1]**
- **Reduce child abuse and neglect[1]**
- **Provide developmental screening for all children[1]**

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)**
5.1 **By June 30, 2017, participate in at least 12 activities supporting the work of the Strengthening Families Collaborative – a community collaborative focused on reducing adverse childhood experiences and increasing protective factors in families.**	**Policy Development** **5.1** Participate in the Strengthening Families Collaborative and provide a coordinator to provide certain backbone support functions and support the efforts of collaborative member organizations who are: • Incorporating Strengthening Families Protective Factors Framework into the work they do with families, • Developing messages and tools for others to use in order to educate about protective factors, including resources available to meet families' needs, and • Hosting parent cafes where parents can make connections and share knowledge with other parents about parenting and other issues	**Policy Development** **5.1** Submit a Collaborative Survey for the Strengthening Families Collaborative reporting on participation, objectives, activities, and accomplishments (on file)	**Policy Development** **5.1** List any policies, products, or systems developed or modified by the Strengthening Families Collaborative or by MCAH staff in support of the Strengthening Families framework or a Collaborative goal or objective in order to improve infrastructure and address adverse childhood experiences. A coordinator (an MCAH staff person) was provided for backbone support functions and to support the efforts of collaborative member organizations
5.2 **By June 30, 2017, identify and implement at least two**	**Policy Development** **5.2**	**Policy Development** **5.2**	**Policy Development** **5.2**

[1] 2001-2015 Title 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)	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
additional activities to reduce adverse childhood experiences.	Work with Public Health leadership and community partners to identify other activities to conduct in order to reduce adverse childhood experiences (ACEs). Other activities could include coordinating and supporting medical providers to conduct ACE screening and refer patients to needed services, organizing a community awareness campaign around one or more aspects of ACEs, organizing a conference or community forum related to ACEs, etc.	Briefly describe the reason(s) for selecting activities identified that will help to achieve the goal of reducing adverse childhood experiences and methods used to measure success.	• Number of additional activities implemented to reduce adverse childhood experiences/2. • Report on results of evaluation measures conducted for newly identified activities to reduce adverse childhood experiences.

[1] 2001-2015 Title V State Priorities
[2] Tittle V Requirement
[3] State Requirement

Goal 6: Increase conditions in adolescents that lead to improved adolescent health

- **Decrease teen pregnancies[1]**
- **Reduce teen dating violence, bullying and harassment [1]**

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)
6.1 **By June 30, 2017, meet with staff from at least two local mental illness destigmatization and suicide prevention programs to identify at least two activities that support and promote mental health for youth.**	**Policy Development** **6.1** Meet with key staff from mental health and suicide prevention related programs to explore opportunities for coordination and mutual support. Review and share data on mental illness and suicide among adolescents and young adults. Assist with ensuring destigmatization and suicide prevention messages are tailored to and disseminated to youth. Share mental health promotion messages with youth-serving organizations.	**Policy Development** **6.1** • List names of organizations/community groups who attend meetings, meeting dates and times (schedule), and agenda topics of discussion. • Briefly describe activities identified that will help to achieve the goal of reducing mental health hospitalizations and suicide deaths among youth.	**Policy Development** **6.1** • Number of programs/organizations/groups with whom a collaboration or partnership was established. • Report on results of any evaluation measures conducted for newly identified activities to reduce mental health hospitalizations and suicide deaths among youth.
6.2 **By June 30, 2017, meet with Developing Our Youth Subcommittee of Prosperity Initiative to identify and implement any shared activities to support reproductive life planning and other future-focused goal-setting in the youth population.**	**Policy Development** **6.2** Meet with the Developing Our Youth Subcommittee of the Prosperity Initiative to explore opportunities for coordination and mutual support on promoting reproductive life planning and other future-focused goal-setting among youth. (Actual activities will	**Policy Development** **6.2** • List participants in meetings, and plans to meet regularly (on file). • List discussion topics and describe any collaborative efforts resulting from meeting. • Briefly describe the reason for selecting activities that will	**Policy Development** **6.2** • Number of Subcommittee meetings attended by MCAH staff. • Results of any evaluation measures conducted for newly identified activities to increase adolescents' skills and future planning related to

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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	be determined by the activities they undertake but could include assisting with review of data, connections to other partners in the community, advising on how to tailor messages to youth, developing new activities such as teaching youth about reproductive life planning, etc.)	help achieve the goal of increasing adolescents' skills and future planning on education, career, and reproductive life planning.	education, career, and reproductive life planning. • List the MCAH policies, products, or systems developed or modified by the collaborative in order to improve infrastructure of county educational and/or other systems and address educational attainment.
6.3 **By June 30, 2017, MCAH will obtain 100% participation in the Early Childhood Committee of Reach Higher Shasta meetings – a community collaborative focused on increasing opportunities and raising expectations so that all students have access to viable careers. The Early Childhood Committee works to ensure that all children are ready for school.**	**Policy Development** **6.3** Participate in the Reach Higher Shasta Early Childhood Committee meetings and activities including participation in planning efforts to bring a Help Me Grow care coordination program to Shasta County.	**Policy Development** **6.3** Briefly describe objectives, activities and accomplishments of Reach Higher Shasta Early Childhood Committee and Help Me Grow planning group.	**Policy Development** **6.3** List any policies, products, or systems developed or modified by the collaborative or adopted in MCAH to improve infrastructure of county educational and/or other systems and address educational attainment (college-going and degree attainment) for youths.
6.4 **By June 30, 2017, obtain and/or develop at least two educational messages on reproductive life planning and other health and career/education topics geared toward youth, and disseminate via social media.**	**Policy Development** **6.4** Conduct research on existing messages/curriculum and work with youth-serving community partners to obtain and/or develop educational messages on health topics for youth including future planning related to education, career, and reproductive life planning.	**Policy Development** **6.4** • Briefly describe process of gathering/developing messages. • List and briefly describe key messages. • Briefly describe the process of requesting and planning social media participation.	**Policy Development** **6.4** • Number of followers, likes, shares, etc. via social media. • Number of messages disseminated via social media. • Number of educational messages developed on reproductive life planning.

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)	
		Process Description and Measures	**Short and/or Intermediate Outcome Measure(s)**
	Collaborate with Community Relations staff to establish a Twitter or Instagram account and begin disseminating health information to youth that way.	• List social media avenues being used.	
6.5 **By June 30, 2017, decrease risk factors and increase protective factors and knowledge and skills related to substance use prevention among 5th and 8th grade students in two schools by an average of 0.3 points on a 1 to 5 Likert scale.**	**Policy Development** **6.5** Educate 2nd, 5th, and 8th grade students on the negative effects of alcohol, tobacco and other drug use during preadolescence and adolescence and promote protective factors by implementing the Too Good for Drugs curriculum. Administer pre-post Likert scale evaluation tools among students at the beginning and end of each 10-week series of educational events. Work with HHSA's evaluation staff to evaluate results from the pre-post Likert scale evaluation tools.	**Policy Development** **6.5** • Briefly describe the processes to measure changes that are built into the Too Good for Drugs program. • List the schools we're partnering with to provide this curriculum. • Briefly describe response from 2nd grade teachers in terms of how effective or helpful they felt the curriculum was (since there are not outcome measures built into the curriculum for 2nd graders like there are for 5th and 8th).	**Policy Development** **6.5** • Average change in scores of risk and protective factors as measured by pre and post survey responses/0.3. • Average change in knowledge of harmful effects of substance use and social and peer resistance skills as measured by pre and post knowledge test responses/0.3.
6.6 **By June 30, 2017, decrease intent to use alcohol and drugs among 8th grade students by an average of 0.8 points on a 1 to 5 Likert scale.**	**Policy Development** **6.6** Educate 2nd, 5th, and 8th grade students on the negative effects of alcohol, tobacco and other drug use during preadolescence and adolescence and promote protective factors by implementing	**Policy Development** **6.6** • Briefly describe the processes to measure changes that are built into the Too Good for Drugs program.	**Policy Development** **6.6** • Average change in scores of intent to use alcohol and drugs as measured by pre and post response/0.8.

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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	the Too Good for Drugs curriculum. Administer pre-post Likert scale evaluation tools among students at the beginning and end of each 10-week series of educational events. Work with HHSA's evaluation staff to evaluate results from the pre-post Likert scale evaluation tools.	• List the schools we're partnering with to provide this curriculum.	

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

Exhibit 10

INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Current Contract Number: 201645

Previous Contract Number (if applicable): 201545

Contractor's Name: Shasta County HHSA, Public Health Branch

Maternal, Child & Adolescent Health Program

Contractor's Complete Address: 2650 Breslauer Way

Redding, CA 96001

Contractor's Contact Person: Robin Schurig, MCAH Coordinator

Contact's Telephone Number: (530) 225-5177

Date Current Contract Expires: June 30, 2017

CDPH Program Name: MCAH

CDPH Program Contract Manager: Matthew Sall

CDPH Program Address: 1615 Capitol Ave., Suite 73.560, MS 8305

Sacramento, CA 95899-7420

CDPH Program Contract Manager's Telephone Number: (916) 650-0462

Date of this Report: 05/13/2016

(THIS IS NOT A BUDGET FORM)

STATE/ CDPH PROPERTY TAG (If motor vehicle, list license number.)	QUANTITY	ITEM DESCRIPTION 1. Include manufacturer's name, model number, type, size, and/or capacity. 2. If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.) 3. If van, include passenger capacity.	UNIT COST PER ITEM (Before Tax)	CDPH ASSET MGMT. USE ONLY CDPH Document (DISPOSAL) Number	ORIGINAL PURCHASE DATE	MAJOR/MINOR EQUIPMENT SERIAL NUMBER (If motor vehicle, list VIN number.)	*OPTIONAL— PROGRAM USE ONLY*
none			$				
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INSTRUCTIONS FOR CDPH 1204
(Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to; (a) conduct an inventory of CDPH equipment and/or property (see definitions A, and B) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with CDPH funds and used to conduct state business under this contract. (See *Health Administrative Manual (HAM),* Section 2-1060 and Section 9-2310.)

The CDPH Program Contract Manager is responsible for obtaining information from the Contractor for this form. The CDPH Program Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to AM.

Inventory: List all CDPH tagged equipment and/or property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted CDPH 1203s**, "Contractor Equipment Purchased with CDPH Funds." AM will contact the CDPH Program Contract Manager if there are any discrepancies. (See HAM, Section 2-1040.1.)

Disposal: *(Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).)* The CDPH 1204 should be completed, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of; (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. After receipt of this form, the AM will contact the CDPH Program Contract Manager to arrange for the appropriate disposal/transfer of the items. (See HAM, Section 2-1050.4.)

1. List the state/ CDPH property tag, quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of;

   A. Major Equipment: **(These items were issued green numbered state/ CDPH property tags.)**
   - Tangible item having a base unit cost of $5,000 or more and a life expectancy of one (1) year or more.
   - Intangible item having a base unit cost of $5,000 or more and a life expectancy of one (1) year or more (e.g., software, video.)

   B. Minor Equipment/Property:

   Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than $5,000. The minor equipment and/or property items were issued green unnumbered "BLANK" state/ CDPH property tags with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers and switches.

2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services. (See HAM, Section 2-10050.)

3. If all items being reported do not fit on one page, make copies and write the number of pages being sent in the upper right-hand corner (e.g. "Page 1 of 3.")

4. The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS1801, P.O. Box 997377, 1501 Capitol Avenue, Sacramento, CA 95899-7377.

5. Use the version on the CDPH Intranet forms site. The CDPH 1204 consists of one page for completion and one page with information and instructions.

For more information on completing this form, call AM at (916) 650-0124.