

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

**FUNDING AGREEMENT PERIOD  
FY 2017-2018**

**AGENCY INFORMATION FORM**

Agencies are required to submit an electronic and signed copy (original signatures only) of this form along with their Annual AFA Package.

Agencies are required to submit updated information when updates occur during the fiscal year. Updated submissions do not require certification signatures.

**AGENCY IDENTIFICATION INFORMATION**

**Any program related information being sent from the CDPH MCAH Division will be directed to all Program Directors.**

**Please enter the agreement or contract number for each of the applicable programs**

|         |             |            |                  |   |             |   |             |
|---------|-------------|------------|------------------|---|-------------|---|-------------|
| #201745 | <u>MCAH</u> | <u>BIH</u> | <u>FIMR/SIDS</u> | # | <u>AFLP</u> | # | <u>CHVP</u> |
|---------|-------------|------------|------------------|---|-------------|---|-------------|

Update Effective Date: \_\_\_\_\_ (only required when submitting updates)

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: shastahhsa.net

# AGREEMENT FUNDING APPLICATION POLICY COMPLIANCE AND CERTIFICATION

Please enter the **agreement or contract** number for each of the applicable programs

|                     |                    |                          |   |               |               |
|---------------------|--------------------|--------------------------|---|---------------|---------------|
| #201745 <u>MCAH</u> | #201745 <u>BIH</u> | #201745 <u>FIMR/SIDS</u> | # | # <u>AFLP</u> | # <u>CHVP</u> |
|---------------------|--------------------|--------------------------|---|---------------|---------------|

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 these Maternal, Child and Adolescent Health (MCAH) programs 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 all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration, Federal Financial Participation (FFP) Section. I further certify that the MCAH related programs 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 the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related programs violate 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

Title

Name (Print)

Date



Original signature of MCAH/AFLP Director

Health Officer/MCAH Director

Title

Andrew Deckert, MD, MPH

Name (Print)

2-21-18

Date

APPROVED AS TO FORM  
SHASTA COUNTY COUNSEL

Alan B. Coy  
Deputy County Counsel

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RISK MANAGEMENT APPROVAL

BY:

James Johnson

Risk Management Analyst

| CONTACT |   |           |          |  |                            |         |          |                                   |     |                |  |         |
|---------|---|-----------|----------|--|----------------------------|---------|----------|-----------------------------------|-----|----------------|--|---------|
|         | FIRST NAME  | LAST NAME | TITLE    | # STREET   | CITY                       | ZIP     | STATE    | PHONE                             | EXT | FAX            | EMAIL ADDRESS                                | PROGRAM |
| 1       | AGENCY EXECUTIVE DIRECTOR                             | Donnell   | Ewert    | Health and                                       | 2650 Breslauer Way         | Redding | 96001 CA | (530) 229-8400                    |     | (530) 225-3743 | dewert@co.shasta.ca.us                       | MCAH    |
| 2       | MCAH DIRECTOR   | Andrew    | Deckert  | Health Officer/M                                 | 2650 Breslauer Way         | Redding | 96001 CA | (530) 225-5595                    |     | (530) 225-3743 | adeckert@co.shasta.ca.us                     | MCAH    |
| 3       | MCAH COORDINATOR (Only complete if different from #2) | Nicole    | Bonkrude | MCAH   | 2650 Breslauer Way         | Redding | 96001 CA | (530) 225-5177                    |     | (530) 225-5852 | nbonkrude@co.shasta.ca.us                    | MCAH    |
| 4       | MCAH FISCAL CONTACT                                   | Robin     | Harris   | Account Auditor I                                | 1810 Market St.            | Redding | 96001 CA | (530) 225-5918                    |     | (530) 225-5555 | rharris@co.shasta.ca.us                      | MCAH    |
| 5       | FISCAL OFFICER  | Wade      | Lee      | Fiscal HHSA                                      | 1810 Market St.            | Redding | 96001 CA | (530) 229-8231                    |     | (530) 225-5555 | wlee@co.shasta.ca.us                         | MCAH    |
| 6       | CLERK OF THE BOARD or                                 |           |          |  |                            |         |          |                                   |     |                |  | MCAH    |
| 7       | CHAIR BOARD OF SUPERVISORS                            | Les       | Baugh    | Chairpers on, Shasta County Board of Supervisors | 1405 Court St., Suite 308B | Redding | 96001 CA | For Notifications: (530) 225-3762 |     |                | For Notifications: mmartinez@co.shasta.ca.us | MCAH    |
| 8       | OFFICIAL AUTHORIZED TO COMMIT AGENCY                  | Les       | Baugh    | Chairpers on, Shasta County Board of Supervisors | 1405 Court St., Suite 308B | Redding | 96001 CA | For Notifications: (530) 225-3762 |     |                | For Notifications: mmartinez@co.shasta.ca.us | MCAH    |

## 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:** 201745

**Compliance Attestation for Fiscal Year:** 2017-18

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



Signature of MCAH Director

Signature of AFLP Director (CBOs only)

201745

Agreement/Grant Number

2-21-18

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.

## **Exhibit K**

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

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

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

**Shasta County Maternal Child and Adolescent Health Community Profile 2017-2018**  
**FOR FISCAL YEAR 2017-18, PLEASE USE THE LATEST DATA AVAILABLE FROM FHOP TO COMPLETE THE**  
**TABLE BELOW AND UPDATE THE NARRATIVE AS NEEDED. THERE IS A TWO PAGE LIMIT.**

**Section 1 – Demographics**

|  | Local   | State      |  | Local   | State   |
|--|---------|------------|--|---------|---------|
| <b>Our Community</b>   |         |            | <b>Our Mothers and Babies (continued)</b>                                  |         |         |
| Total Population <sup>1</sup>  | 178,591 | 38,202,206 | % live births less than 37 weeks gestation <sup>2</sup>                    | 9.8%    | 8.5%    |
| Total Population, African American   | 1,503   | 2,215,348  | Gestational diabetes per 1,000 females age 15-44                           | 7.7%    | 8.7     |
| Total Population, American Indian/Alaskan Natives  | 4,363   | 170,198    | % of female population 18-64 living in poverty (0-200% FPL) <sup>3</sup>   | 39%     | 35.5%   |
| Total Population, Asian/Pacific Islander   | 4,920   | 5,135,515  | Substance use diagnosis per 1,000 hospitalizations of pregnant women       | 15.4%   | 17.3    |
| Total Population, Hispanic   | 15,632  | 14,692,509 | Unemployment Rate <sup>4</sup>   | 14.8    | 10.3    |
| Total Population, White  | 145,811 | 14,994,349 | <b>Our Children and Teens</b>  |         |         |
| Total Live Births  | 2,140   | 494,392    | Teen Birth Rate per 1,000 births (ages 15-19) <sup>2</sup>                 | 32.2    | 25.9    |
| <b>Our Mothers and Babies</b>  |         |            | Motor vehicle injury hospitalizations per 100,000 children age 0-14        | 22.6    | 16.3    |
| % of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy <sup>2</sup> | 70.0%   | 83.7%      | % of children, ages 0-18 years living in poverty (0-200% FPL) <sup>3</sup> | 50.3    | 47%     |
| % of births covered by Medi-Cal <sup>2</sup>   | 58.0%   | 46.2%      | Mental health hospitalizations per 100,000 age 15-24                       | 1,734.0 | 1,420.1 |
| % of women ages 18-64 without health insurance <sup>3</sup>  | 18.8%   | 22.1%      | Children in Foster Care per 1,000 children <sup>5</sup>                    | 14.9    | 6.5     |
| % of women giving birth to a second child within 24 months of a previous pregnancy <sup>2</sup>                          | 31.6%   | 37.9%      | Substance abuse hospitalization per 100,000 aged 15-24                     | 1,054.6 | 742.9   |

Data sources: <sup>1</sup>CA Dept. of Finance population estimates 2013, <sup>2</sup>CA Birth Statistical Master Files 2011-2013, <sup>3</sup>US Census Bureau - Small Area Health Insurance Estimates 2011-2013, <sup>4</sup>CA Employment Development Dept. 2011-2013, <sup>5</sup>Data from CA Child Welfare Indicators Project, UC Berkeley 2011-2013

**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/reddspds.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.
- Women's Connect to Wellness and Recovery program to provide care coordination 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.
- Substance use prevention support and curriculum being conducted in select elementary grade classrooms.

Initiatives MCAH staff are involved in include the Perinatal Wellness Committee, the Tobacco Education Coalition, the Help Me Grow Planning Group, Stand Against Stigma, Suicide Prevention Workgroup, Community Baby Showers, 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 Nurse Family Partnership and WIC program, supervisors and staff of other nursing programs within the Agency. We have been meeting to coordinate with our managed medical provider Partnership HealthPlan regarding improving prenatal and postnatal visits with our medical providers.

### 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 only 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).

☒ **IMPORTANT:** By clicking this box, I agree to allow the state MCAH Program to post my LHJ's Community Profile on the CDPH/MCAH website.



**Duty Statement  
MCAH Coordinator-SPMP**

**Budget Line: 1**

**Health Jurisdiction:** Shasta County  
**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:** Registered Nurse or 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:** Registered Nurse or 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:** Typist Clerk I/II or Office Assistant I/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 – 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: 10

**Health Jurisdiction:** Shasta County

**Program:** Maternal, Child and Adolescent Health

**Program Position:** Community Education Specialist – MCAH Generalist

**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.

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 Community Education Specialist in MCAH.

**Duty Statement**  
**MCAH Director-SPMP**

**Budget Line: 11**

**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 Branch 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.

**Duty Statement**  
**Senior Public Health Assistant**

**Budget Line: 12**

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

**General Responsibilities**

The Senior 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 child passenger safety education and program work as well as providing back-up coverage and assisting with 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 Senior Public Health Assistant performs the most complex administrative duties of a program or programs and applies their knowledge of public health principles and practices, program administration, record keeping, and health education practices to support 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.

Coordinate and teach Child Passenger Safety/Car Seat education classes.

Participate in teleconferences and collaborative meetings for Vehicle Occupant Safety Program with CDPH to maintain knowledge of current car seat legislation and practices.

Collect and updating health education materials for educating participants of the car seat classes.

Maintain a list of current resources for free car seats and for locations of car seat installations.

Collaborate with Public Health Branch and Injury Prevention Coalition members for common messaging and outreach.

Offer car seat classes to HHSA and community agencies/programs as appropriate.

Track number of participants in child passenger and car seat classes.

Serve as backup to the Public Health Assistant to assist with the Healthy Babies Program and the substance use disorder care coordination program within MCAH.

- 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.

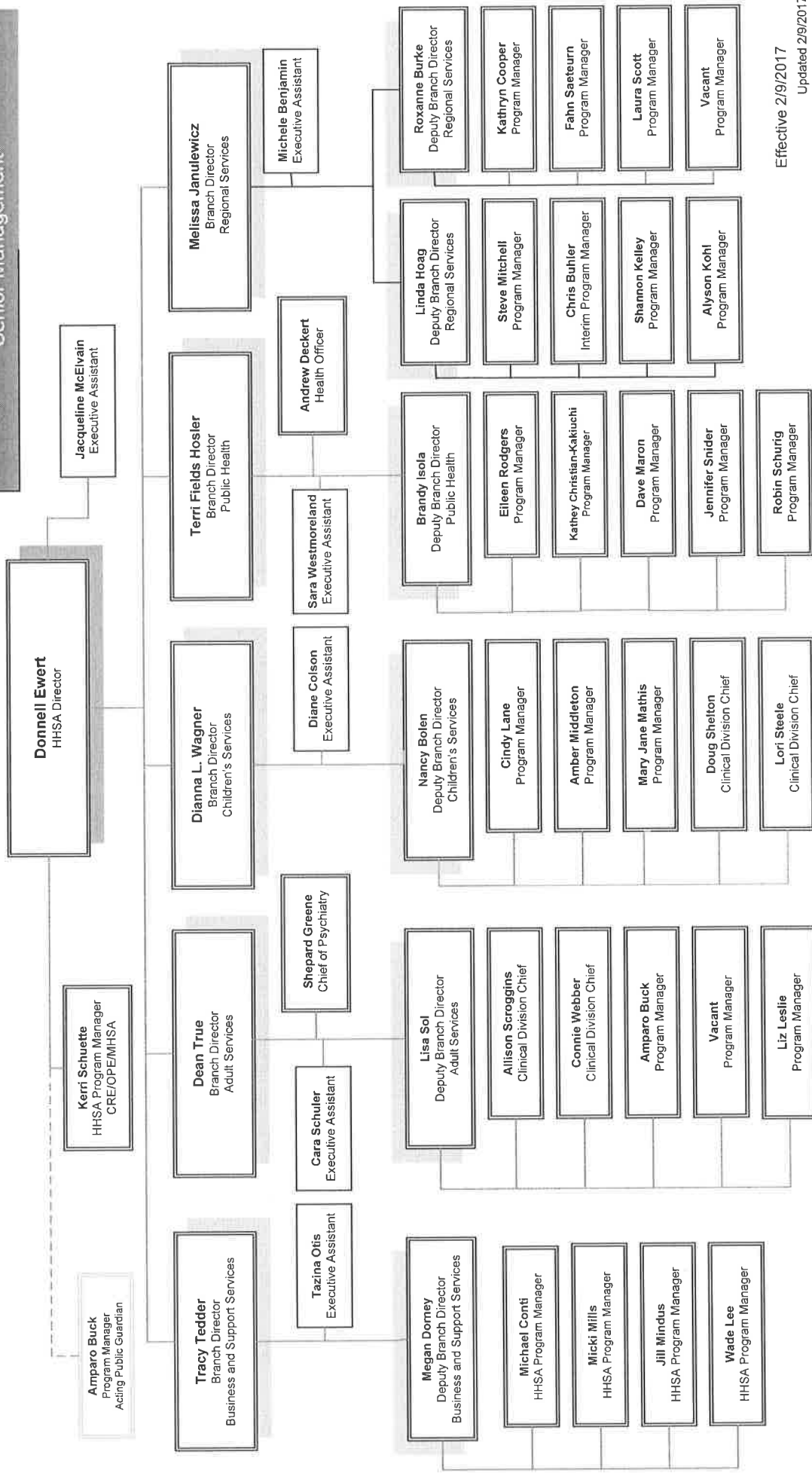


- Assist PHNs with maintenance and upkeep of Healthy Babies Program and substance use disorder care coordination program client charts.
- Assist PHNs with maintenance and upkeep of Healthy Babies Program and substance use disorder care coordination program client charts.
- Assist with the assessment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

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.

# HEALTH & HUMAN SERVICES AGENCY Senior Management

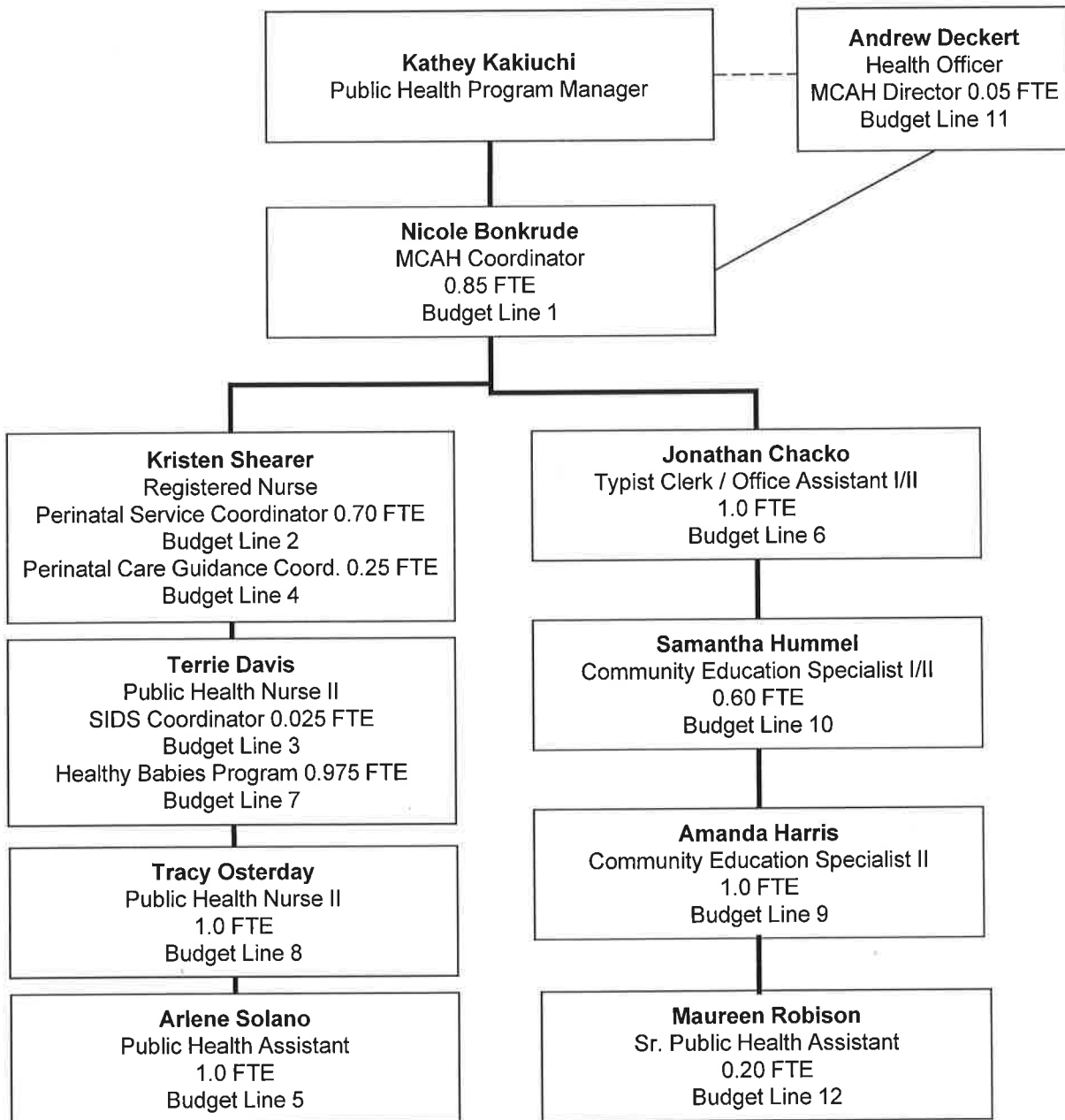


Effective 2/9/2017  
Updated 2/9/2017



Health and Human  
Services Agency

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





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

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



EDMUND G. BROWN JR.  
Governor

April 6, 2017

Kathey Kakiuchi  
Public Health Program Manager  
Healthy and Safe Families Division  
2650 Breslauer Way  
Redding, CA 96001-4246

Dear Ms. Kakiuchi:

MCAH ALLOCATION #2017-45  
APPROVAL AND CREDENTIAL WAIVER FOR THE MCAH COORDINATOR IN  
SHASTA COUNTY

The request dated April 4, 2017, for approval and waiver to allow Nicole Bonkrude, MPH, to serve as the Maternal, Child and Adolescent Health (MCAH) Coordinator at 0.85 Full-Time Equivalent (FTE) in the MCAH Program and 0.15 FTE in the California Home Visiting Program, has been reviewed and is approved, effective January 9, 2017. Andrew Deckert, MD, MPH, will continue to serve as the MCAH Director at 0.05 FTE in-kind. The combined total for MCAH leadership meets the 0.75 FTE requirements as stated in the MCAH Policies and Procedures Manual.

The approval/waiver is based on the following: (1) Ms. Bonkrude has over 10 years of experience working in public health; (2) Andrew Deckert, MD, MPH, will continue to serve as the MCAH Director and provide clinical oversight of the MCAH Program; and (3) the Perinatal Services Coordinator, funded at 0.70 FTE, will assist with Scope of Work implementation.

This approval is applicable as long as Dr. Deckert and Ms. Bonkrude occupy the positions of MCAH Director and MCAH Coordinator, respectively, and Shasta County maintains the staffing levels described above.

This approval/waiver 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.

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CDPH Maternal, Child and Adolescent Health Division/Center for Family Health  
MS 8300, P.O. Box 997420, Sacramento, CA 95899-7420  
(916) 650-0300 • (916) 650-0305 FAX  
Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)



Kathey Kakiuchi  
Page 2  
April 6, 2017

If there are any questions about this letter, please contact your Nurse Consultant, Cheryl Hunter-Marston, at (916) 650-0360.

Sincerely,

A handwritten signature in black ink, appearing to read "Mari Taylan-Arcoleo". The signature is fluid and cursive, with the first name "Mari" and last name "Arcoleo" being more distinct than the middle name "Taylan".

Mari Taylan-Arcoleo, MPH, Chief  
Program Policy and Promotion Section  
Maternal, Child and Adolescent Health Division

cc: Clarissa Tsang, Contract Analyst  
Allocations and Matched Funding Unit  
Program Allocations, Integrity & Support Branch  
Maternal, Child and Adolescent Health Division

Kristy Lieu, Program Consultant  
California Home Visiting Program  
Maternal, Child and Adolescent Health Division

Cheryl Hunter-Marston, APRN, MSN, CNS-BC, DNPc  
Nurse Consultant III  
Program Standards Branch  
Maternal, Child and Adolescent Health Division

MCAH Central File



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

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



EDMUND G. BROWN JR.  
Governor

November 2, 2017

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

Dear Mr. Deckert:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT  
#201745 – FISCAL YEAR 2017-18

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, 2017 through June 30, 2018, the CDPH/MCAH Division will reimburse expenditure up to the following amounts:

Maternal Child and Adolescent Health..... \$411,342

The availability of Title V funds and State General funds (BIH only) are based upon funds appropriated in the FY 2017-18 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:

<https://archive.cdph.ca.gov/services/funding/mcah/Pages/FiscalPoliciesandProceduresManual.aspx>.

CDPH Maternal, Child and Adolescent Health Division/Center for Family Health  
MS 8300, P.O. Box 997420, Sacramento, CA 95899-7420  
(916) 650-0300 • (916) 650-0305 FAX  
Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)



Mr. Andrew Deckert  
November 2, 2017  
Page 2

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), and/or
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).

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, Ms. Clarissa Tsang, at (916) 322-2056 or by e-mail at [Clarissa.Tsang@cdph.ca.gov](mailto:Clarissa.Tsang@cdph.ca.gov) within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Amber Delgado, Chief  
Contract Management and Allocation Process Section

Enclosure(s)

cc: Mr. David Kehoe  
Shasta County Board of Supervisors  
1405 Court Street, Suite 308B  
Redding, CA 96001

Ms. Clarissa Tsang  
Contract Manager

Ms. Kathy Sanchez  
Program Consultant

Central File

## BUDGET SUMMARY

2017-18  
FISCAL YEAR

| BUDGET | ORIGINAL |
|--------|----------|
|        |          |

|               |        |
|---------------|--------|
| BUDGET STATUS | ACTIVE |
|---------------|--------|

CASH & SIDS  
BALANCE

## TABLE XIX

107-1-1-2012

|           |                                       |
|-----------|---------------------------------------|
| Programs: | Maternal, Child and Adolescent Health |
| Agency:   | 201745 Shasta                         |
| Subk:     |                                       |

Programs:  
Agency:  
SubK:

NOT ACTIVE

|                 | (6) | (7)     | (8) | (9)   | (10) | (11)          | (12) | (13)                 | (14) | (15)                  | (16) |
|-----------------|-----|---------|-----|-------|------|---------------|------|----------------------|------|-----------------------|------|
| TOTAL FUNDING   | %   | TITLE V | %   | SIDS  | %    | Agency Funds* | %    | Combined Performance | %    | Combined Fund Balance | %    |
| ALLOCATION(S) → |     | 110,426 |     | 3,000 |      |               |      |                      |      |                       |      |

| EXPENSE CATEGORY           |         |       |         |       |         |
|----------------------------|---------|-------|---------|-------|---------|
| (I) PERSONNEL              | 954,144 |       | 60,949  | 1,760 |         |
| (II) OPERATING EXPENSES    | 73,940  |       | 31,128  | 400   |         |
| (III) CAPITAL EXPENDITURES |         |       |         |       |         |
| (IV) OTHER COSTS           | 7,100   |       | 3,111   |       |         |
| (V) INDIRECT COSTS         | 183,536 |       | 15,237  | 440   |         |
| BUDGET TOTALS*             | 888,720 | 12.5% | 110,426 | 0.25% | 3,000   |
|                            |         |       |         |       | 231,540 |
|                            |         |       |         |       | 25.5%   |
|                            |         |       |         |       | 319,299 |
|                            |         |       |         |       | 26.5%   |
|                            |         |       |         |       | 184,354 |

BALANCE(S)

TOTAL TITLE V  
TOTAL SIDS  
TOTAL TITLE XI  
TOTAL AGENCY

|         |   |         |   |       |
|---------|---|---------|---|-------|
| 110,426 | → | 110,426 | → | 3,000 |
| 3,000   |   |         |   |       |
| 297,915 |   |         |   |       |
| 487,378 |   |         |   |       |

TOTAL SIDS  
TOTAL TITLE XIX  
TOTAL AGENCY F

281,640

|     |         |     |         |
|-----|---------|-----|---------|
| 75% | 159,650 | 75% | 138,266 |
| 50% | 159,650 | 75% | 46,089  |

Maximum Amount Payable from State and Federal resources

THE SERVICE THAT THIS MINIST HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MEAN ADMINISTRATIVE AND PROGRAM POLICIES.

MCAD PROJECT DIRECTOR'S SIGNATURE

DATE \_\_\_\_\_

AGENCY FISCAL AGENT'S SIGNATURE

DATE

**Purpose:** The purpose of this study was to determine if there were differences in the prevalence of mental health problems among students who had been sexually abused versus those who had not.

W-9000 and/or receive base revenue submitted for information and marketing purposes. W-9000 does not indicate agency non-compliance.

| STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT |           |         |        |              |             |             |
|--|-----------|---------|--------|--------------|-------------|-------------|
|  | PCA Codes | MCAT-TV | SPDS   | AGENCY FUNDS | MCAT CITY-H | MCAT CITY-L |
| (A) PERSONNEL  |           | 33,107  | 23,112 |              |             | 63,717      |
| (B) OPERATING EXPENSES                                 |           | 60,349  | 1,760  |              | 92,356      | 155,158     |
| (C) CAPITAL EXPENSES                                   |           | 31,129  | 800    |              | 18,354      | 3,107       |
| (D) OTHER COSTS  |           |         |        |              |             |             |
| (E) INDIRECT COSTS                                     |           |         |        |              | 1,995       |             |
| (F) TOTALS FOR PCA CODES                               | 411,242   | 110,426 | 440    |              | 45,766      | 138,265     |



[illegible][illegible][illegible][illegible]

| Program: Maternal, Child and Adolescent Health |  | UNMATCHED FUNDING |         |     |      | NON-ENHANCED MATCHING (3050) |              | ENHANCED MATCHING (7502) |      |
|--|--|-------------------|---------|-----|------|------------------------------|--------------|--------------------------|------|
| Agency: 201745 Shasta                          |  | AGENCY FUNDS      |         |     |      | MCAP CRY-N                   |              | MCAP CRY-E               |      |
| BUDG:  |  | (7)               | (8)     | (9) | (10) | (11)                         | (12)         | (13)                     | (14) |
| TOTAL FUNDING                                  |  | %                 | TITLE V | %   | SIDS | %                            | Agency Funds | Combined                 | %    |

(V) INDIRECT COSTS DETAIL

| TOTAL INDIRECT COSTS                    | 183,536 | 15,237 | 440 | 91,531 |
|---|---------|--------|-----|--------|
| 25.00% of Total Wages + Fringe Benefits | 183,536 | 15,237 | 440 | 91,531 |

(I) PERSONNEL DETAIL

| TOTAL PERSONNEL COSTS |                                   |         |               |             |        |        |  |       |  | 654,144 |        | 225,312 |  | 185,912 |        | 180,211 |  |        |  |
|-----------------------|-----------------------------------|---------|---------------|-------------|--------|--------|--|-------|--|---------|--------|---------|--|---------|--------|---------|--|--------|--|
| FRINGE BENEFIT RATE   |                                   |         |               |             |        |        |  |       |  | 53.11%  |        | 226,909 |  | 611     |        | 84,489  |  | 62,511 |  |
| TOTAL WAGES           |                                   |         |               |             |        |        |  |       |  | 427,238 |        | 147,157 |  | 121,424 |        | 117,701 |  |        |  |
| INITIALS              | TITLE OR CLASSIFICATION           | % FTE   | ANNUAL SALARY | TOTAL WAGES |        | 58.10% |  | 1,150 |  | 55.00%  |        | 37,911  |  | 12,911  |        | 13,766  |  |        |  |
| 1                     | NO WCAH Coordinator               | 85.00%  | 81,093        | 69,329      | 8.27%  | 4,521  |  |       |  | 25.00%  | 9,530  | 18.73%  |  | 7,140   | 20.00% |         |  |        |  |
| 2                     | KS RN - Perinatal Services Coord. | 65.00%  | 214,643       | 28,113      | 11.27% | 4,296  |  |       |  | 41.50%  | 829    | 18.73%  |  | 1,548   | 45.00% |         |  |        |  |
| 3                     | TD PHN - SIDS Coordinator         | 2.50%   | 79,189        | 1,379       | 0.00%  |        |  |       |  |         |        |         |  | 33,471  |        |         |  |        |  |
| 4                     | KS RN - Perinatal Care Club Coord | 15.00%  | 98,643        | 8,756       | 98.27% | 3,150  |  |       |  | 5.00%   | 2,420  | 83.00%  |  | 14,458  | 20.00% |         |  |        |  |
| 5                     | AS Public Health Assistant        | 100.00% | 40,327        | 46,327      | 11.00% | 4,436  |  |       |  | 46.00%  | 13,205 | 18.73%  |  | 5,377   | 45.00% |         |  |        |  |
| 6                     | AC TYPED Clerk / Office Assistant | 100.00% | 20,709        | 28,706      | 15.27% | 4,383  |  |       |  | 90.00%  | 23,157 | 18.73%  |  | 13,979  | 45.00% |         |  |        |  |
| 7                     | TD PHN - Healthy Babies Program   | 97.50%  | 79,189        | 77,190      | 6.27%  | 4,839  |  |       |  | 90.00%  | 20,948 | 13.73%  |  | 10,213  | 20.00% |         |  |        |  |
| 8                     | TD PHN - Substance Use Program    | 100.00% | 63,825        | 69,828      | 8.27%  | 4,378  |  |       |  | 53.00%  | 26,868 | 18.73%  |  | 16,066  |        |         |  |        |  |
| 9                     | AH Community Education Specialist | 100.00% | 54,525        | 54,525      | 8.27%  | 4,509  |  |       |  | 91.53%  | 9,857  | 53.00%  |  | 7,029   |        |         |  |        |  |
| 10                    | SH Community Education Specialist | 60.00%  | 50,622        | 30,373      | 15.17% | 4,868  |  |       |  | 7.00%   | 593    | 83.00%  |  |         |        |         |  |        |  |
| 11                    | MR SR Public Health Assistant     | 20.00%  | 44,344        | 8,460       | 10.00% | 647    |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 12                    | AD WCAH Director (ft-100)         |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 13                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 14                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 15                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 16                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 17                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 18                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 19                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 20                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 21                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 22                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 23                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 24                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 25                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 26                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 27                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 28                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 29                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 30                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 31                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 32                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 33                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 34                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 35                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 36                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 37                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 38                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 39                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 40                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 41                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 42                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 43                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 44                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 45                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 46                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 47                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 48                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 49                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |
| 50                    |                                   |         |               |             |        |        |  |       |  |         |        |         |  |         |        |         |  |        |  |

| Program: Maternal, Child and Adolescent Health |  | UNMATCHED FUNDING |         |     |     |              |              |        |                      |     |                      | NON-ENHANCED MATCHING (5050) |                      | ENHANCED MATCHING (7525) |                      |
|--|--|-------------------|---------|-----|-----|--------------|--------------|--------|----------------------|-----|----------------------|------------------------------|----------------------|--------------------------|----------------------|
| Agency: 201745 Shasta                          |  | MCA/TV            |         | SDS |     | Agency Funds |              | MCA/TV |                      | SDS |                      | MCA/TV                       |                      | MCA/TV                   |                      |
| Subj:  |  | (1)               | (2)     | (3) | (4) | (5)          | (6)          | (7)    | (8)                  | (9) | (10)                 | (11)                         | (12)                 | (13)                     | (14)                 |
| TOTAL FUNDING                                  |  | %                 | TITLE V | %   | SDS | %            | Agency Funds | %      | Combined Title V/SDS | %   | Combined Title V/SDS | %                            | Combined Title V/SDS | %                        | Combined Title V/SDS |
|  |  |                   |         |     |     |              |              |        |                      |     |                      |                              |                      |                          |                      |

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

☒ **IMPORTANT:** By clicking this box, I agree to allow the state MCAH Program to post my Scope of Work on the CDPH/MCAH website.

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.

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

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.

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement

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

- o Increase access to oral health services<sup>1</sup>
- o Increase screening and referral for mental health and substance use services<sup>1</sup>
- o Increase utilization of preventive health services<sup>1</sup>
- o 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<sup>2</sup>
- o Provide developmental screening for children in MCAH programs<sup>1</sup>

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 the Objectives (Describe the steps of the intervention)   | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)  |  |
|--|---|--|--|
|  |   | Process Description and Measures   | Short and/or Intermediate Outcome Measure(s) |
| <b>1.1-1.6</b><br><b>All women of reproductive age, pregnant women, infants, children, adolescents and children and youth with special health care needs (CYSHCN) will have access to:</b> <ul style="list-style-type: none"> <li>• Needed and preventive medical, dental, mental health, substance use services, and social services</li> <li>• Early and comprehensive perinatal care</li> <li>• An environment that maximizes their health</li> </ul> | <b>Assessment</b><br><b>1.1</b><br>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: <ol style="list-style-type: none"> <li>1. Preventive, medical, dental, mental health, substance use services, and social services</li> <li>2. Early and comprehensive perinatal care</li> </ol><br>Monitor trends over time, geographic areas and population group disparities.<br><br>Annually, share your data with your key health department leadership. | <b>1.1</b> This deliverable will be fulfilled by completing and submitting your Community Profile with your Agreement Funding Application each year<br><br>Report date data shared with the key health department leadership. Briefly describe their response, if significant. | Nothing is entered here.                     |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement

| Short and/or Intermediate Objective(s) | Intervention Activities to Meet Objectives (Describe the steps of the intervention)  | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(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.<br><br>Submit online 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.   |
|  | 1.3 <b>Policy Development</b><br><br>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, or other relevant programs. | 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, or other relevant programs.<br><br>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. | 1.3 Describe the impact of policy and systems changes that facilitate access to Medi-Cal, MCAP, Covered CA, CHDP, WIC, CCS, Family PACT, or other relevant programs.                                   |
|  | 1.4 <b>Assurance</b><br><br>Participate in and/or deliver trainings in MCAH and public health competencies and workforce development as resources allow.   | 1.4 List trainings attended or provided and numbers attending.  | 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. |

| Short and/or Intermediate Objective(s) | Intervention Activities to Meet Objectives (Describe the steps of the intervention)   | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                     |   |
|--|---|---|---|
|  |   | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)  |
|  | 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 <sup>2</sup>   | 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 <sup>2</sup> 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:<br>1. Number of calls to the toll-free or "no-cost to the calling party" telephone information service<br>2. The number of web hits to the appropriate local MCAH Program webpage |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement



| Short and/or Intermediate Objective(s)   | Intervention Activities to Meet Objectives (Describe the steps of the intervention)   | Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)  | Short and/or Intermediate Outcome Measure(s)  |
|--|---|--|---|
| <p>1.7 All LHJs are required to perform activities for CYSHCN.</p> <p>As resources allow, all LHJs are required to adopt protocols/policies for developmental screening and access/linkage to health insurance and services for children in MCAH Home Visiting (HV) or Case Management (CM) programs (bolded activities and measures #1,2,3)</p> <p>You may also choose to implement activities #4,5,6 in the second column or develop locally specific activities by inserting the activity and the performance measures. You are required to report on the activities you chose to implement.</p> <ul style="list-style-type: none"> <li>You may also add additional CYSHCN activities to the MCAH SOW Goal 5, Child Health</li> </ul> <p>1.7 Increase the rate of:</p> <ul style="list-style-type: none"> <li>Developmental screening for children ages 0-5 years according to AAP guidelines – 9 months, 16 months and 30 months</li> <li>All children, including CYSHCN, receive a yearly preventive medical visit</li> </ul> | <p>1.7 Promote the American Academy of Pediatrics (AAP) developmental screening guidelines.</p> <p><u>Required:</u></p> <ol style="list-style-type: none"> <li>Promote the yearly medical visit for children, including CYSHCN</li> <li>Adopt protocols/policies to screen, refer, and link all children in MCAH HV or CM Programs</li> <li>Develop quality assurance (QA) activities to ensure children in MCAH programs are screened, referred and linked</li> </ol> <p><u>As resources allow, choose one or more (Bold or highlight in yellow):</u></p> <ol style="list-style-type: none"> <li>Promote the use of Birth to 5: Watch Me Thrive or other screening materials consistent with AAP guidelines</li> <li>Participate in Help Me Grow (HMG) or programs that promote the core components of HMG</li> <li>Work with health plans (HPS), including MCMC, to identify and address barriers to screening, referral, linkage and increase the number of HPS requiring screening per AAP guidelines</li> <li><b>Other activities to promote developmental screening, referral and linkages and improve services for CYSHCN (specify activity here)</b></li> </ol> | <p>1.7 Describe or report the following:</p> <p><u>Required</u></p> <ol style="list-style-type: none"> <li>Activities to promote the yearly preventive medical visit</li> <li>Describe protocols/policies to screen, refer and link all children in MCAH programs</li> <li>List QA process developed to ensure screening, referral and linkage</li> </ol> <p><u>Report the following based on the activities you chose to implement in the second column (Bold or highlight in yellow):</u></p> <ol style="list-style-type: none"> <li>Number of providers receiving information about Birth to 5 or other screening materials</li> <li>Describe participation in HMG or HMG-like programs</li> <li>Describe barriers and strategies to increase screening, referral and linkage</li> <li>Number of HPS requiring screenings per AAP guidelines</li> </ol> <p>7. <b>List process or performance measures for other activities here</b></p> | <p>1.7 Describe or report the following:</p> <p><u>Required</u></p> <ol style="list-style-type: none"> <li>Number of children, including CYSHCN, receiving a yearly preventive medical visit</li> <li>Number of children in local MCAH programs receiving developmental screening</li> <li>Number of children with positive screens that complete a follow-up visit with their primary care provider</li> <li>Number of children with positive screens linked to services</li> <li>Number of calls received for referrals and linkages to services</li> </ol> <p>3. Outcomes of protocols/policies and QA activities to ensure screening, referral and linkage</p> <p><u>Describe the following based on the activities you chose to implement in the second column (Bold or highlight in yellow):</u></p> <ol style="list-style-type: none"> <li>See Column 3</li> <li>Outcomes of participation in HMG or HMG like programs. Describe results of work to implement HMG core components</li> <li>Outcomes of activities with HPS</li> <li><b>List outcomes of other activities here</b></li> </ol> |

<sup>1</sup> 2016-2020 Title V State Priorities  
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<sup>3</sup> State Requirement



| Short and/or Intermediate Objective(s)   | Intervention Activities to Meet Objectives (Describe the steps of the intervention)  | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report) |  |
|--|--|---|--|
|  |  | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)   |
| Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.                  |  |   |  |
| 1.8<br>By June 30, 2018, MCAH's will assess all clients and screen 100% of women for health insurance coverage and a primary care provider.          | 1.8<br>Assurance<br>Include questions on health insurance coverage, primary care provider, and prenatal care provider in the assessment forms used with nursing care coordination program clients.<br><br>Track data on clients' existing resources. | 1.8<br>Assurance<br>Briefly describe the health coverage and care topics addressed in the assessment.                             | 1.8<br>Assurance<br>Number of clients in each program screened for health insurance coverage and a primary care provider/total number of newly enrolled clients. |
| 1.9<br>By June 30, 2018, 100% of MCAH pregnant clients will be screened for access to a prenatal care provider and if they are currently under care. | 1.9<br>Assurance<br>Include questions on health insurance coverage, primary care provider, and prenatal care provider in the assessment forms used with nursing care coordination program clients.<br><br>Track data on clients' existing resources. | 1.9<br>Assurance<br>Briefly describe the health coverage and care topics addressed in the assessment.                             | 1.9<br>Assurance<br>Number of pregnant clients in each program screened for a prenatal care provider/total number of newly enrolled clients who are pregnant.    |

| Short and/or Intermediate Objective(s)   | Intervention Activities to Meet Objectives (Describe the steps of the intervention)   | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)   |   |
|--|---|---|---|
|  |   | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)  |
| 1.10<br>By June 30, 2018, 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.)                                | 1.10<br>Assurance<br>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.<br><br>Track data on clients' existing resources and referrals made.  | 1.10<br>Assurance<br>List the types of referrals made for clients in each program related to health coverage and care.  | 1.10<br>Assurance<br>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. |
| 1.11<br>By June 30, 2018, all care coordination program nurses will receive training or conduct research on how to educate clients about reproductive life planning, contraception, and preconception health, and will begin providing this education to 100% of clients enrolled in these programs. | 1.11<br>Policy Development<br>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.<br><br>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. | 1.11<br>Policy Development<br>Briefly describe process and sources of information/training on how to educate clients on reproductive life planning, contraception, and preconception, and interconception health.<br>List and briefly describe key pre-natal and post-natal messages and educational materials to be used with care coordination program clients. | 1.11<br>Policy Development<br>Number of clients in each program educated on reproductive life planning, contraception, preconception, and interconception health/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)  | Process Description and Measures   | Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)   |
|--|--|--|---|
|  |  | Policy Development   | Short and/or Intermediate Outcome Measure(s)  |
| 1.12                                   | By June 30, 2018, educational materials/messages will be obtained/developed and distributed to at least 10 medical provider offices/ community based family-serving organizations or community events regarding the importance of early entry into prenatal care and resources available to connect with services including prenatal care. | <p><b>1.12</b></p> <p>Obtain and/or develop educational materials/messages on the importance of the first nine months, including:</p> <ul style="list-style-type: none"><li>• The importance of early entry into prenatal care</li><li>• Resources available to connect with services including prenatal care</li><li>• Prenatal care benefits available to Medi-Cal beneficiaries</li><li>• Local prenatal care providers, accepting Medi-Cal</li></ul> <p>Distribute educational materials to medical providers and community based organizations to distribute to their patients/clients.</p> | <p><b>1.12</b></p> <p>Policy Development</p> <ul style="list-style-type: none"><li>• Briefly describe process and participants in gathering/developing messages and materials.</li><li>• List and briefly describe selected key messages.</li><li>• List materials that were identified and/or developed.</li><li>• List medical provider offices and community based organizations distributing educational materials to patients/clients.</li></ul> |
|  |  | <p><b>1.12</b></p> <p>Policy Development</p> <ul style="list-style-type: none"><li>• Number of educational materials gathered or developed, and distributed to partners.</li><li>• Total number of provider offices and total number of community based family-serving organization distributing materials to patients/clients and families.</li></ul>   |   |

| Short and/or Intermediate Objective(s)   | Intervention Activities to Meet Objectives (Describe the steps of the intervention)   | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)   |  |
|--|---|---|--|
|  |   | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)   |
| <b>1.13</b><br>By June 30, 2018, educational materials/messages will be obtained/developed and distributed to at least 10 medical provider offices/ community based family-serving organizations or community events 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. | <b>Policy Development 1.13</b><br>Obtain and/or develop educational materials/messages on:<br><ul style="list-style-type: none"> <li>• The importance of stopping or reducing substance use during pregnancy</li> <li>• Resources available (including MCAH's care coordination program) to connect with services including substance use disorder treatment</li> <li>• Substance use disorder treatment benefits available to Medi-Cal beneficiaries</li> <li>• Local substance use disorder treatment programs accepting Medi-Cal</li> </ul> Distribute educational materials to medical providers and community based organizations to distribute to their patients/clients. | <b>Policy Development 1.13</b><br><ul style="list-style-type: none"> <li>• Briefly describe process and participants in gathering/developing messages and materials.</li> <li>• List and briefly describe selected key messages.</li> <li>• List materials that were identified and/or developed.</li> <li>• List medical provider offices and community based organizations distributing educational materials to patients/clients.</li> </ul> | <b>Policy Development 1.13</b><br><ul style="list-style-type: none"> <li>• Number of educational materials gathered or developed, and distributed to partners.</li> <li>• Total number of provider offices and total number of community based family-serving organization distributing materials to patients/clients and families.</li> </ul> |

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|---|---|---|---|
|   |   | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)  |
| 1.14<br>By June 30, 2018, obtain/develop and distribute educational materials/messages to at least 10 medical provider offices/ community based family-serving organizations or community events 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. | <p><b>Policy Development 1.14</b></p> <ul style="list-style-type: none"> <li>Obtain and/or develop educational materials/messages on:               <ul style="list-style-type: none"> <li>The importance of seeking treatment for mental illness</li> <li>Resources available (including MCAH's Healthy Babies Program) to connect with services including mental illness treatment</li> <li>Mental health care benefits available to Medi-Cal beneficiaries</li> <li>Local mental health care providers accepting Medi-Cal</li> </ul> </li> </ul> <p>Distribute educational materials to medical providers and community based organizations to distribute to their patients/clients.</p> | <p><b>Policy Development 1.14</b></p> <ul style="list-style-type: none"> <li>Briefly describe process and participants in gathering/developing messages and materials.</li> <li>List and briefly describe selected key messages.</li> <li>List materials that were identified and/or developed.</li> <li>List medical provider offices and community based organizations distributing educational materials to patients/clients.</li> </ul> | <p><b>Policy Development 1.14</b></p> <ul style="list-style-type: none"> <li>Number of educational materials gathered or developed, and distributed to partners.</li> <li>Total number of provider offices and total number of community based family-serving organization distributing materials to patients/clients and families.</li> <li>Website analytics for resources accessed anonymously on County website pages.</li> </ul> |

<sup>1</sup> 2016-2020 Title V State Priorities  
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|--|--|---|---|
|  |  | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)  |
| 1.15<br>By June 30, 2018, disseminate 12 messages described in 1.15-17 via social media. | <p><b>1.15 Policy Development</b></p> <p>Collaborate with Community Relations staff to develop a Facebook or other appropriate social media account targeting women of reproductive age and begin disseminating information through it.</p> <p>Utilize Travelling Blue Dot Social Media Campaign Toolkit to determine local use by existing HHSA collaboratives to address maternal mental health.</p> | <p><b>1.15 Policy Development</b></p> <ul style="list-style-type: none"> <li>Briefly describe process of requesting and planning social media participation.</li> <li>List or describe messages being disseminated via social media.</li> </ul> | <p><b>1.15 Policy Development</b></p> <ul style="list-style-type: none"> <li>Number of followers, likes, shares, etc. via social media.</li> <li>Number of messages disseminated via social media.</li> </ul> |

<sup>1</sup> 2016-2020 Title V State Priorities  
<sup>2</sup> Title V Requirement  
<sup>3</sup> State Requirement

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

- Decrease unintended pregnancies<sup>1</sup>
- Decrease the burden of chronic disease<sup>1</sup>
- Decrease intimate partner violence<sup>1</sup>
- 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 <sup>2</sup>

The shaded area represents required activities. Nothing is entered in the shaded areas.

| Short and/or Intermediate Objective(s)   | Intervention Activities to Meet the objectives (Describe the steps of the intervention)   | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)  |  |
|--|---|--|--|
|  |   | Process Description and Measures   | Short and/or Intermediate Outcome Measure(s)   |
| 2.1-2.3<br>All women will have access to quality maternal and early perinatal care, including CPSP services for Medi-Cal eligible women. | <p><b>Assurance</b></p> <p>2.1 Develop MCAH staff knowledge of the system of maternal and perinatal care.</p> <p>Conduct local activities to facilitate increased access to early and quality perinatal care.</p> | <p>2.1 Report the following:</p> <ol style="list-style-type: none"> <li>1. List of trainings received by staff on perinatal care</li> <li>2. List activities implemented to increase access of women to early and quality perinatal care</li> <li>3. Barriers and opportunities to improve access to early and quality perinatal care</li> </ol> | <p>2.1 Describe <b>outcomes</b> of the following:</p> <ol style="list-style-type: none"> <li>1. Behavior or practice change following receipt of training</li> <li>2. Activities implemented to increase access to and improve the quality of perinatal care</li> <li>3. Activities addressing the barriers to improve access to early and quality perinatal care</li> </ol> |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement

| Short and/or Intermediate Objective(s) | Intervention Activities to Meet Objectives (Describe the steps of the intervention)   | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)   |  |
|--|---|---|--|
|  |   | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)   |
| 2.2                                    | <p>Maintain and manage a network of perinatal providers, including certified CPSP providers.</p> <p>Provide technical assistance or education to improve perinatal care access and quality of perinatal services.</p> <p>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.</p> | 2.2 Describe local network of perinatal providers, including CPSP providers (e.g. concentration of Medi-Cal Managed Care, Fee-for Service, etc)   | 2.2 Describe adequacy of current network of perinatal providers in meeting the needs of local maternal population.   |
|  |   | <p>List technical assistance activities provided to perinatal and CPSP providers (e.g. resources, referrals, tracking system for follow-up, assessments, interventions, infant care etc).</p> <p><b>** If above is not applicable to the local site,</b></p> <p>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.</p> | <p>Describe improvement/s in provider knowledge or practice following technical assistance on perinatal care access and quality of perinatal services.</p> <p>Describe <b>outcomes</b> of shared activities performed with the perinatal provider networks and/or local health plan in improving access to and quality of perinatal services</p> |

<sup>1</sup> 2016-2020 Title V State Priorities

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<sup>3</sup> State Requirement



| Short and/or Intermediate Objective(s)   | Intervention Activities to Meet Objectives (Describe the steps of the intervention)  | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)   |   |
|--|--|---|---|
|  |  | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)  |
|  | 2.3<br>Conduct face-to-face quality assurance/quality improvement (QA/QI) activities with CPSP providers or Medi-Cal Managed Care (MCMC) liaison to ensure that protocols are in place and implemented.  | 2.3<br>List the types of CPSP provider QA/QI activities conducted during site visits.<br><br>Identify your MCMC liaison contact<br><br>Report the number of actual site visits conducted with enrolled CPSP providers and/or MCMC liaison   | 2.3<br>Describe the results of QA/QI activities that were conducted.  |
| Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.  |  |   |   |
| 2.4<br>By June 30, 2018, 100% of women newly enrolled in MCAH's care 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. | 2.4<br>Include questions on intimate partner violence in assessment forms used with care coordination program clients.<br><br>Make referrals to a local resource for any clients reporting current or past intimate partner violence.<br><br>Track data on clients' screening assessment responses and referrals made. | Assurance<br>2.4<br>Briefly describe the topics related to intimate partner violence addressed in the care coordination program assessments.<br><br>Briefly describe how referrals were conducted (phone call made, fax or email sent, in-person visit, information provided to client, etc.) | Assurance<br>2.4<br><ul style="list-style-type: none"> <li>Number of clients screened for intimate partner violence/total number of newly enrolled clients.</li> <li>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.</li> <li>Website analytics for online resources accessed</li> </ul> |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement

| Short and/or Intermediate Objective(s)  | Intervention Activities to Meet Objectives (Describe the steps of the intervention)   | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)  |  |
|---|---|--|--|
|   |   | Process Description and Measures   | Short and/or Intermediate Outcome Measure(s)   |
| 2.5<br>By June 30, 2018, participate in at least one activity to support efforts made by partner organizations to reduce intimate partner violence. | 2.5<br>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, prevent human sex trafficking and/or assisting with disseminating educational materials/information to women (either directly or through other community partners including medical providers) | 2.5<br>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.). | 2.5<br># 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.). |

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|--|--|--|--|
|  |  | Process Description and Measures   | Short and/or Intermediate Outcome Measure(s)   |
| 2.6<br>By June 30, 2018, 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 (PMAD)) will be connected with counseling services. | 2.6<br>Assurance<br>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.<br><br>Meet regularly with key staff from partner counseling centers to troubleshoot barriers to connecting clients to services. | 2.6<br>Assurance<br>Brief description of the types of services women are connected with.<br><br>Brief description of barriers and successes related to care coordination and connection to services. | 2.6<br>Assurance<br>Number of women connected to counseling services/total number of newly enrolled Healthy Babies Program clients who are pregnant or have children age 0-2 and are identified as at risk for a PMAD).<br><br>Description of potential solutions to the barriers and challenges to care coordination, and outcomes of implementing these solutions. |
| 2.7<br>By June 30, 2018, 100% class participants for women experiencing perinatal mood and anxiety disorders will report an increase in knowledge on attachment and bonding and healthy coping skills and report an intent to change behavior. | 2.7<br>Policy Development<br>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.   | 2.7<br>Policy Development<br>Brief description of the evaluation tool conducted during weekly classes to measure knowledge increase and intent to change behavior.                                   | 2.7<br>Policy Development<br>Percent of evaluations indicating knowledge gain and intent to change behavior.   |

<sup>1</sup> 2016-2020 Title V State Priorities  
<sup>2</sup> Title V Requirement  
<sup>3</sup> State Requirement

| Short and/or Intermediate Objective(s)   | Intervention Activities to Meet Objectives (Describe the steps of the intervention)  | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)  |   |
|--|--|--|---|
|  |  | Process Description and Measures   | Short and/or Intermediate Outcome Measure(s)  |
| 2.8<br>By June 30, 2018, participate in at least two community events 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. | 2.8<br>Policy Development<br>Participate in at least two community events to distribute information and educational materials about perinatal mood and anxiety disorders and the Healthy Babies Program. | 2.8<br>Policy Development<br><ul style="list-style-type: none"> <li>List community events attended and include brief description of target audience and attendance.</li> <li>List or describe PMAD awareness messages being disseminated.</li> </ul> | 2.8<br>Policy Development<br><ul style="list-style-type: none"> <li>Number of educational materials distributed at community events.</li> <li><b>Number of referral resources distributed at community events.</b></li> <li>Number of community events attended.</li> </ul> |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement

**Goal 3: Reduce infant morbidity and mortality**

- Reduce pre-term births and infant mortality<sup>1</sup>
- Increase infant safe sleep practices<sup>1</sup>
- Increase breastfeeding initiation and duration<sup>1</sup>

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<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                     |   |
|--|--|---|---|
|  |  | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)                                |
| <b>3.1-3.2</b><br><b>All infants are provided a safe sleep environment</b> | <b>3.1 Assurance</b><br>Establish contact with parents/caregivers of infants with presumed SIDS death to provide grief and bereavement support services <sup>3</sup> . | <b>3.1</b><br>(Insert number) of parents/caregivers who experience a presumed SIDS death and the number who are contacted for grief and bereavement support services. |   |
|  | <b>3.2</b><br>Attend the SIDS Annual Conference/ SIDS training(s) and other conferences/trainings related to infant health <sup>3</sup> .                              | <b>3.2</b><br>Provide staff member name and date of attendance at SIDS Annual Conference/SIDS training(s) and other conferences/trainings related to infant health.   | <b>3.2</b><br>Describe results of staff trainings related to infant health. |

<sup>1</sup> 2016 2020 Title V State Priorities<sup>2</sup> Title V Requirement<sup>3</sup> State Requirement

| Short and/or Intermediate Objective(s)  | Intervention Activities to Meet Objectives (Describe the steps of the intervention)  | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)  |  |
|---|--|--|--|
|   |  | Process Description and Measures   | Short and/or Intermediate Outcome Measure(s)   |
| Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.   |  |  |  |
| 3.3<br>By June 30, 2018, at least 25 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.      | 3.3<br>Provide SIDS education and resources to at least 25 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.<br><br>Conduct pre- and post-test among training attendees to measure knowledge gain and intent to change behavior. | 3.3<br>Policy Development<br><ul style="list-style-type: none"><li>List dates and locations of presentations.</li><li>Briefly describe SIDS resources distributed and the number given to parents and/or partner agencies.</li><li>Briefly describe the evaluation process used to measure knowledge gain and intent to change behavior.</li></ul> | 3.3<br>Policy Development<br><ul style="list-style-type: none"><li>Number of community members educated/25.</li><li>Average pre- and post-test scores (goal: an overall increase of at least 10% from pretest to posttest).</li><li>Brief description of knowledge gain and intent to change behavior.</li></ul> |
| 3.4<br>By June 30, 2018, at least 30% of care coordination program clients 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.) | 3.4<br>Provide care coordination to women referred to care coordination programs, inclusive of:<br>needs assessment<br>referral needed services including substance use disorder treatment, follow up with the substance use disorder treatment agency and with the client to ensure needs are being met,<br>updates to the referring provider/organization.   | 3.4<br>Assurance<br><br>Brief description of the topics covered in the assessment and the different types of services contained in referrals for women<br><br>Brief description of the barriers and successes related to care coordination and connection to services, and possible solutions to the barriers.                                     | 3.4<br>Assurance<br><ul style="list-style-type: none"><li>Number of women connected to substance use disorder treatment services/total number of newly enrolled clients.</li><li>Track access of referral resources on website using analytics for clients that “anonymously” access the website.</li></ul>      |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement

| Short and/or Intermediate Objective(s)   | Intervention Activities to Meet Objectives (Describe the steps of the intervention)   | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)   | Short and/or Intermediate Outcome Measure(s)  |
|--|---|---|---|
| <b>For FIMR LHJs Only:</b><br><b>3.5-3.7</b><br><b>Preventable fetal, neonatal and postneonatal deaths will be reduced.</b>                | <b>For FIMR LHJs Only:</b><br><b>Assessment</b><br><b>3.5</b><br>Complete the review of at least ___ cases, which is approximately ___ % of all fetal, neonatal, and postneonatal deaths.<br><br><b>Assurance</b><br><b>3.6</b><br>Establish, facilitate, and maintain a Case Review Team (CRT) to review selected cases, identify contributing factors to fetal, neonatal, and postneonatal deaths, and make recommendations to address these factors.<br><br><b>3.7</b><br>Establish, facilitate, and maintain a Community Action Team (CAT) to recommend and implement community, policy, and/or systems changes that address review findings. | <b>For FIMR LHJs Only:</b><br><b>Assessment</b><br><b>3.5</b><br>Submit number of cases reviewed as specified in the Annual Report table.<br><br><b>Assurance</b><br><b>3.6-3.7</b><br>Submit FIMR Tracking Log and FIMR Committee Membership forms for CRT and CAT with the Annual Report. | <b>For FIMR LHJs Only:</b><br><b>Assessment</b><br><b>3.5</b><br>Submit periodic local summary report of findings and recommendations (periodicity to be determined by consulting with MCAH). |
| <b>Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.</b> |   |   |   |

<sup>1</sup> 2016-2020 Title V State Priorities  
<sup>2</sup> Title V Requirement  
<sup>3</sup> State Requirement

| Short and/or Intermediate Objective(s)   | Intervention Activities to Meet Objectives (Describe the steps of the intervention)  | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report) | Short and/or Intermediate Outcome Measure(s)  |
|--|--|---|---|
| <b>For FIMR LHJs Only:</b><br><br><b>3.8 One objective addressing the development of interventions to prevent fetal, neonatal, and postneonatal deaths is required here.</b> | <b>For FIMR LHJs Only:</b><br><br><b>3.8</b> Based on CRT recommendations, identify and implement at least one intervention involving policy, systems, or community norm changes here. | <b>For FIMR LHJs Only:</b><br><br><b>3.8</b> Develop process measures for applicable intervention activities here.                | <b>For FIMR LHJs Only:</b><br><br><b>3.8</b> Develop short and/or intermediate outcome-related performance measures for the objectives and activities here. |



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

- Increase consumption of a healthy diet<sup>1</sup>
- Increase physical activity<sup>1</sup>

| Short and/or Intermediate Objective(s)   | Intervention Activities to Meet Objectives (Describe the steps of the intervention)  | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)   |  |
|--|--|---|--|
|  |  | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)   |
| 4.1<br>By June 30, 2018, meet at least quarterly with staff from at least two existing programs or collaboratives related to overweight/obesity prevention or nutrition and physical activity promotion. | 4.1<br>Meet with key staff from overweight/obesity prevention and nutrition and physical activity programs, collaboratives or managed Medi-Cal to explore opportunities for coordination and mutual support. | 4.1<br><ul style="list-style-type: none"> <li>List number of meetings held (including dates and times and number of programs, collaboratives or managed Medi-Cal in attendance.</li> <li>List discussion topics, activities, and describe any collaborative efforts resulting from meetings.</li> </ul> | 4.1<br><ul style="list-style-type: none"> <li>Number of nutrition and physical activity programs, collaboratives or managed Medi-Cal a relationship is established with, and number of meetings held with each.</li> </ul> |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> 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<sup>1</sup>
- Reduce child abuse and neglect<sup>1</sup>
- Provide developmental screening for all children<sup>1</sup>

| Short and/or Intermediate Objective(s)  | Intervention Activities to Meet Objectives (Describe the steps of the intervention)   | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)   |   |
|---|---|---|---|
|   |   | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)  |
| 5.1<br>By June 30, 2018, 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. | 5.1<br>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: <ul style="list-style-type: none"> <li>• Incorporating Strengthening Families Protective Factors Framework into the work they do with families,</li> <li>• Developing messages and tools for others to use in order to educate about protective factors, including resources available to meet families' needs, and</li> <li>• Hosting parent cafes where parents can make connections and share knowledge with other parents about parenting and other issues</li> </ul> | 5.1<br>Policy Development<br>Submit a Collaborative Survey for the Strengthening Families Collaborative reporting on participation, objectives, activities, and accomplishments (on file) | 5.1<br>Policy Development<br>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.<br><br>A coordinator (an MCAH staff person) was provided for backbone support functions and to support the efforts of collaborative member organizations<br><br>Participate in at least 12 activities supporting the work of the Strengthening Families Collaborative |
| 5.2<br>By June 30, 2018, identify and implement at least two  | 5.2   | 5.2<br>Policy Development   | 5.2<br>Policy Development   |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement

| Short and/or Intermediate Objective(s)  | Intervention Activities to Meet the Objectives (Describe the steps of the intervention)   | Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)  | Short and/or Intermediate Outcome Measure(s)  |
|---|---|--|---|
| <p>additional activities to reduce adverse childhood experiences.</p>   | <p>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.</p>                                     | <p>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.</p>  | <ul style="list-style-type: none"> <li>• Number of additional activities implemented to reduce adverse childhood experiences.</li> <li>• Report on results of evaluation measures conducted for newly identified activities to reduce adverse childhood experiences.</li> </ul> |
| <p><b>5.3: CHILD PASSENGER SAFETY PROGRAM</b></p> <p>By June 30, 2018, 125 low income families residing in Shasta County will receive car seats (convertible and/or booster) and demonstrate correct use.</p> | <p><b>Policy Development</b></p> <p><b>5.3 Intervention activities include:</b></p> <ul style="list-style-type: none"> <li>• Assist in the coordination of collaborative meetings</li> <li>• Participate in teleconferences conducted by VOSP (Vehicle Occupant Safety Program) with the CDPH to maintain knowledge of current car seat legislation and best practices</li> <li>• Collect and update health education materials for educating the participants of the car seat classes</li> </ul> | <p><b>Policy Development</b></p> <p><b>5.3 Process measures include:</b></p> <ul style="list-style-type: none"> <li>• Description of collaborative meetings, strategies and participants</li> <li>• Description of materials and resources that were collected, updated, and/or distributed for car seat classes</li> <li>• Description of the process and the number of participants in car seat classes</li> </ul> | <p><b>Policy Development</b></p> <p><b>5.3 Evaluation measure includes:</b></p> <ul style="list-style-type: none"> <li>• Number of families receiving car seats (convertible and/or booster) and demonstrating correct use _____/125</li> </ul>                                 |

| Short and/or Intermediate Objective(s)  | Intervention Activities to Meet Objectives (Describe the steps of the intervention)   | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)  |   |
|---|---|--|---|
|   |   | Process Description and Measures   | Short and/or Intermediate Outcome Measure(s)  |
|   | <ul style="list-style-type: none"> <li>Maintain a list of current resources for free car seats and for locations of car seat installations available in Shasta County</li> <li>Purchase car seats for distribution to low income families</li> <li>Offer car seat classes to HHSA and community agencies/programs as appropriate</li> <li>Track number of participants in car seat classes</li> </ul> |  |   |
| <b>5.4 CHILD PASSENGER SAFETY/CAR SEAT EDUCATION</b><br><br><b>By June 30, 2018, The following will have increased knowledge on child passenger safety laws, traffic safety and will demonstrate correct use and installation of car seats.</b> <ul style="list-style-type: none"> <li>Health and Human Services Agency (HHSA) Social Workers employed with Children's Services Branch</li> </ul> | <b>ASSURANCE</b><br><br><b>5.4: Intervention activities include:</b> <ul style="list-style-type: none"> <li>Track number of participants in child passenger safety &amp; car seat classes</li> </ul>  | <b>ASSURANCE</b><br><br><b>5.4: Process measures include:</b> <ul style="list-style-type: none"> <li>Briefly describe the successes, barriers and challenges conducting classes</li> <li>Maintain records of sign-in sheets</li> </ul> | <b>ASSURANCE</b><br><br>Number of HHSA Social Workers employed with Children's Services Branch that have increased knowledge & education on child passenger safety and have demonstrated correct use and installation of car seats.<br><br>_____/50 |

**Goal 6: Promote and enhance adolescent strengths, skills, and supports to improve adolescent health.**

- Decrease teen pregnancies<sup>1</sup>
- Reduce teen dating violence, bullying and harassment<sup>1</sup>

| Short and/or Intermediate Objective(s)  | Intervention Activities to Meet Objectives (Describe the steps of the intervention)  | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)   |   |
|---|--|---|---|
|   |  | Process Description and Measures  | Short and/or Intermediate Outcome Measure(s)  |
| 6.1<br>By June 30, 2018, meet with staff or representatives from reproductive health collaborative, mental illness destigmatization and suicide prevention programs to identify at least two activities that support and promote reproductive health, access to reproductive health services and mental health for youth. | 6.1<br>Meet with key staff from mental health, reproductive health collaborative and suicide prevention related programs to explore opportunities for coordination and mutual support.<br><br>Review and share data on STD and suicide among adolescents and young adults.<br><br>Assist with suicide collaborative bullying prevention youth activity.<br><br>Redesign and promote community youth information on website for youth in Shasta County. | 6.1<br><ul style="list-style-type: none"> <li>List names of organizations/community groups who attend meetings, meeting dates and times (schedule), and agenda topics of discussion.</li> <li>Briefly describe activities identified that will help to achieve the goal of reducing teen pregnancies, teen dating violence, bullying, mental health hospitalizations and suicide deaths among youth.</li> <li>Redesign of teen website and list of programs and information promoted on teen website to connect teens to agency and community prevention information and programs.</li> </ul> | 6.1<br><ul style="list-style-type: none"> <li>Number of programs/ organizations/ groups with whom a collaboration or partnership was established.</li> <li>Report on results of any evaluation measures conducted for newly identified activities to reduce teen pregnancies, teen dating violence, bullying, mental health hospitalizations and suicide deaths among youth.</li> </ul> |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement

| Short and/or Intermediate Objective(s)  | Intervention Activities to Meet Objectives (Describe the steps of the intervention)   | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)  |  |
|---|---|--|--|
|   |   | Process Description and Measures   | Short and/or Intermediate Outcome Measure(s)   |
| 6.2<br>By June 30, 2018, decrease risk factors and increase protective factors and knowledge and skills related to substance use prevention among two elementary schools by an average of both school combined scores of 0.3 points on a 1 to 5 Likert scale. | <p>6.5<br/>Provide support to schools and educate elementary age students on the negative effects of alcohol, tobacco and other drug use during preadolescence and adolescence and promote protective factors.</p> <p>Administer pre-post Likert scale evaluation tools among students at the beginning and end of each educational events.</p> <p>Work with HHSA's evaluation staff to evaluate results from the pre-post Likert scale evaluation tools.</p> | <p>6.5<br/>Policy Development</p> <ul style="list-style-type: none"> <li>Briefly describe the processes to measure changes.</li> <li>List the schools we're partnering with to provide support and education.</li> </ul> | <p>6.5<br/>Policy Development</p> <ul style="list-style-type: none"> <li>Average change in scores of risk and protective factors as measured by pre and post survey responses/0.3.</li> <li>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.</li> </ul> |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement



## 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 2-1050.3.)

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: **(These items were issued green state/ CDPH property tags.)**

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) 341-6168.





KAREN SMITH, MD, MPH  
Director & State Health Officer

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



EDMUND G. BROWN JR.  
Governor

January 31, 2017

Tracy Tedder  
HHS Branch Director  
Shasta County  
1810 Market St  
Redding, CA 96001

Dear Tracy Tedder:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH is excited to have a standardized process that allows each Local Health Department (LHD) to use the negotiated ICR for all contracts, unless the IRC is otherwise designated by state or federal statutes, regulations, or specific grant guidelines, with CDPH.

For Fiscal Year (FY) 2017-2018, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

**25.0% calculated based on Salaries, Wages and Fringe Benefits**

Please note, the rate you provided was approved up to the maximum allowed by CDPH policy (up to 25% for ICR calculated based on Salaries, Wages and Fringe Benefits and up to 15% for ICR calculated based on Allowable Total Direct Costs).

We look forward to working with you to document your approved ICR in CDPH contracts with a start date of July 1, 2017 or later.

If you have any questions, contact CDPH at [CDPH-ICR-Mailbox@cdph.ca.gov](mailto:CDPH-ICR-Mailbox@cdph.ca.gov).

Thank you,

Jaana H. Brown, FMB-Accounting Services Section Chief  
California Department of Public Health

## CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

Please list the Indirect Cost Rate (ICR) Percentage and supporting methodology for the contract or allocation with the California Department of Public Health, Maternal Child and Adolescent Health Division (CDPH/MCAH Division).

Date: 4/21/2017

Agency Name: Shasta County Health and Human Services Agency

Contract/Agreement Number: 201745

Contract Term/Allocation Fiscal Year: 2017-18

### **1. NON-PROFIT AGENCIES/ COMMUNITY BASED ORGANIZATIONS (CBO)**

Non-profit agencies or CBOs that have an approved ICR from their Federal cognizant agency are allowed to charge their approved ICR or may elect to charge less than the agency's approved ICR percentage rate.

Private non-profits local agencies that do not have an approved ICR from their Federal cognizant agency are allowed a maximum ICR percentage of 15.0 percent of the Total Personnel Costs.

The ICR percentage rate listed below must match the percentage listed on the Contract/Allocation Budget.

       % Fixed Percent of:

☐ Total Personnel Costs:

### **2. LOCAL HEALTH JURISDICTIONS (LHJ)**

LHJs are allowed up to the maximum ICR percentage rate that was approved by the CDPH Financial Management Branch ICR or may elect to charge less than the agency's approved ICR percentage rate. The ICR rate may not exceed 25.0 percent of Total Personnel Costs or 15.0 percent of Total Direct Costs. The ICR application (i.e. Total Personnel Costs or Total Allowable Direct Costs) may not differ from the approved ICR percentage rate.

The ICR percentage rate listed below must match the percentage listed on the Allocation/Contracted Budget.

**25%** Fixed Percent of:

☒ Total Personnel Costs:

☐ Total Allowable Direct Costs:

### **3. OTHER GOVERNMENTAL AGENCIES AND PUBLIC UNIVERSITIES**

University Agencies are allowed up to the maximum ICR percentage approved by the agency's Federal cognizant agency ICR or may elect to charge less than the agency's approved ICR percentage rate. Total Personnel Costs or Total Direct Costs cannot change.

       % Fixed Percent of:

☐ Total Personnel Costs (Includes Fringe Benefits)

☐ Total Personnel Costs (Excludes Fringe Benefits)

☐ Total Allowable Direct Costs

## CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

Please provide you agency's detailed methodology that includes all indirect costs, fees and percentages in the box below.

Shasta County's MCAH program will calculate it's ICR by the approved CDPH rate of 25% times the total of employee's billed salaries and benefits for the quarter.

Please submit this form via email to your assigned Contract Manager.

The undersigned certifies that the costs used to calculate the ICR are based on the most recent, available and independently audited actual financials and are the same costs approved by the CDPH to determine the Department approved ICR.

Signature: \_\_\_\_\_

Printed First & Last Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: 12/1/2017