

FY 2013 - 2014 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name: County of El Dorado HHS

Agreement #: 2013-09

Program: MCAH BIH AFLP CHVP

(Check one box only)

Please check the box next to all submitted documents. All documents must be submitted by email using the required naming convention on page 2.	
<input checked="" type="checkbox"/>	1. AFA Checklist with signature (PDF)
<input checked="" type="checkbox"/>	2. Agreement Funding Application Update Form with signature (PDF)
<input checked="" type="checkbox"/>	3. Attestation of Compliance with the Sexual Health Education Accountability Act of 2007 (PDF)
<input type="checkbox"/>	4. Program Narrative for all applicable programs (Word)
<input checked="" type="checkbox"/>	5. Budget Template (Summary Page, Detail Pages, and Justifications) listing all staff (by position) and costs (including projected salaries and benefits). Personnel must be consistent with the Duty Statements and Organizational Charts (Excel)
<input checked="" type="checkbox"/>	6. Duty Statements (DS) for all staff (numbered according to the Personnel Detail Page and Organization Chart) listed on the budget (Word)
<input checked="" type="checkbox"/>	7. Org Chart(s) of the applicable programs, identifying all staff positions on the budget (w/line item #) and its relationship to other services for women and children, the local health officer and overall agency (Word, Excel, PDF)
<input checked="" type="checkbox"/>	8. Approval Letters including waivers for the following positions (PDF): <input type="checkbox"/> MCAH Director; <input type="checkbox"/> BIH Coordinator; <input type="checkbox"/> AFLP Director; <input type="checkbox"/> CHVP Coord./Nurse Sup.; <input type="checkbox"/> Other _____
<input checked="" type="checkbox"/>	9. Scope of Work (SOW) documents for all applicable programs (PDF/Word)
<input checked="" type="checkbox"/>	10. Annual Inventory – Form CDPH 1204 (Word)
<input type="checkbox"/>	11. CHVP Attachment A - Program Operational Requirements, CHVP Attachment B - Staffing Report, CHVP Attachment C - Transmittal Form [CHVP only] (PDF)
<input type="checkbox"/>	12. Local Health Officer Approval Letter to conduct FIMR [MCAH only] (PDF)
<input type="checkbox"/>	13. Subcontractor (SubK) Agreement Packages (required for all SubKs \$5,000 or more) (PDF)
<input type="checkbox"/>	14. Certification Statement for the Use of Certified Public Funds (CPE) [AFLP CBOs and/or SubKs with FFP] (PDF)

The undersigned has checked this application for completeness and accuracy:

Name: Lynnan Svensson
Telephone Number: (530) 621-6185

Signature: 
Date: 9/30/13

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

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

AGREEMENT FUNDING APPLICATION (AFA)/UPDATE FORM *

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

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

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

AGENCY IDENTIFICATION INFORMATION

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

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

MCAH AFLP BIH FIMR CHVP

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

Agreement Number:	2013-09		
Federal Employer ID#:	94-6000511		
Complete Official Agency Name:	COUNTY OF EL DORADO HEALTH AND HUMAN SERVICES AGENCY (HHSA), HEALTH SERVICES DEPARTMENT, PUBLIC HEALTH DIVISION		
Business Office Address:	941 SPRING STREET, SUITE 3 PLACERVILLE, CA 95667		
Agency Phone:	(530) 621-6100	Agency Fax:	(530) 642-0892
Agency Website Address:	www.edcgov.us/publichealth		

1 AGENCY DIRECTOR

Name:	DONALD ASHTON		
Title:	INTERIM DIRECTOR, HEALTH AND HUMAN SERVICES AGENCY (HHSA)		
Mailing Address:	3057 BRIW ROAD, SUITE B		
City:	PLACERVILLE	Zip:	95667
Phone:	(530) 621-5515	Ext.:	
FAX:	(530) 295-2792		
E-Mail Address:	don.ashton@edcgov.us		

2 BOARD INFORMATION					
Clerk of the Board <input type="checkbox"/>			Chair Board of Supervisors <input checked="" type="checkbox"/>		
Title:	COUNTY OF EL DORADO BOARD OF SUPERVISORS				
Mailing Address:	330 FAIR LANE, BLDG A				
City:	PLACERVILLE			Zip:	95667
Phone:	(530) 621-5390	Ext.		FAX:	(530) 622-3645
E-Mail Address:	www.bos@edcgov.us				

3 OFFICIAL AUTHORIZED TO COMMIT AGENCY					
Name:	DONALD ASHTON				
Title:	INTERIM DIRECTOR, HEALTH AND HUMAN SERVICES AGENCY (HHS)				
Mailing Address:	3057 BRIW ROAD, SUITE B				
City:	PLACERVILLE			Zip:	95667
Phone:	(530) 621-5515	Ext.		FAX:	(530) 295-2792
E-Mail Address:	don.ashton@edcgov.us				

4 FISCAL OFFICER					
Name:	LORI WALKER				
Title:	CHIEF FISCAL OFFICER				
Mailing Address:	3057 BRIW ROAD, SUITE B				
City:	PLACERVILLE			Zip:	95667
Phone:	(530) 295-6907	Ext.		FAX:	(530) 295-2580
E-Mail Address:	Lori.Walker@edcgov.us				

5 MCAH DIRECTOR (Please check box if MCAH and AFLP Director are the same) <input type="checkbox"/>					
Name:	LYNNAN SVENSSON				
Title:	SUPERVISING PUBLIC HEALTH NURSE				
Mailing Address:	941 SPRING STREET, SUITE 3				
City:	PLACERVILLE			Zip:	95667
Phone:	(530) 621-6185	Ext.		FAX:	(530) 642-0892
E-Mail Address:	Lynnan.Svensson@edcgov.us				

6 MCAH COORDINATOR (Only complete if different from #5)						
Name:						
Title:						
Mailing Address:						
City:				Zip:		
Phone:			Ext.			
E-Mail Address:						

7 MCAH BUDGET CONTACT						
Name:	CHRIS BARTON					
Title:	ACCOUNTANT					
Mailing Address:	3057 BRIW ROAD, SUITE B					
City:	PLACERVILLE			Zip:	95667	
Phone:	(530) 295-6918		Ext.			
E-Mail Address:		chris.barton@edcgov.us				

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

9 PERINATAL SERVICES COORDINATOR (PSC)						
Name:	PATRICIA MURPHY & LYNNAN SVENSSON (SEE #5)					
Title:	PUBLIC HEALTH NURSE II					
Mailing Address:	1360 JOHNSON BLVD, SUITE 103					
City:	SOUTH LAKE TAHOE			Zip:	96150	
Phone:	(530) 573-3049		Ext.			
E-Mail Address:		Patty.Murphy@edcgov.us				

10 AFLP DIRECTOR (Only complete if different from MCAH Director)

Name:								
Title:								
Mailing Address:								
City:				Zip:				
Phone:			Ext.			FAX:		
E-Mail Address:								

11 AFLP COORDINATOR (Only complete if different from #10)

Name:								
Title:								
Mailing Address:								
City:				Zip:				
Phone:			Ext.			FAX:		
E-Mail Address:								

12 AFLP BUDGET CONTACT

Name:								
Title:								
Mailing Address:								
City:				Zip:				
Phone:			Ext.			FAX:		
E-Mail Address:								

13 AFLP INVOICE CONTACT (Only complete if different from #12)

Name:								
Title:								
Mailing Address:								
City:				Zip:				
Phone:			Ext.			FAX:		
E-Mail Address:								

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

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

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

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

18 SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR / CONTACT					
Name:	CINDY GAFFNEY				
Title:	PUBLIC HEALTH NURSE II				
Mailing Address:	941 SPRING STREET, SUITE 3				
City:	PLACERVILLE			Zip:	95667
Phone:	(530) 333-1917	Ext.		FAX:	(530) 642-0892
E-Mail Address:	Cindy.Gaffney@edcgov.us				

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

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

**AGREEMENT FUNDING APPLICATION
POLICY COMPLIANCE AND CERTIFICATION**

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

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

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

DONALD ASHTON
Name (Type or Print)

INTERIM DIRECTOR OF HHSA
Title

Date


Original Signature of MCAH/AFLP Director

LYNNAN SVENSSON
Name (Type or Print)

SUPERVISING PUBLIC HEALTH NURSE
Title

10/29/13
Date

Exhibit K

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

Agency Name: County of El Dorado HHSA

Agreement/Grant Number: 2013-09

Compliance Attestation for Fiscal Year: 2013-2014

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.

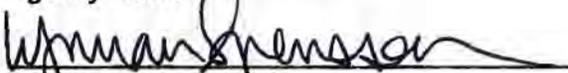
In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation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

County of El Dorado HHSA

Agency Name



Signature of MCAH Director

Signature of AFLP Director (CBOs only)

2013-09

Agreement/Grant Number

9/30/13

Date

Lynnann Svensson

Printed Name of MCAH Director

Printed Name of AFLP Director (CBOs only)

Exhibit K

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

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 151000-151003

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

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

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

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

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

Exhibit K

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

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

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

BUDGET SUMMARY

FISCAL YEAR
2013-14

BUDGET	BUDGET STATUS
ORIGINAL	ACTIVE

BALANCE

Version 3.2A-25 Quarterly (MCAH, BIH, AFLP, CHVP)

Program:	Maternal, Child and Adolescent Health	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)				
Agency:	201309 EI Dorado	MCAH-TV		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E				
SubK:		(1)	(2)	(3)	(5)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
		TOTAL FUNDING	%	TITLE V	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		
		ALLOCATION(S) →		88,000								

EXPENSE CATEGORY									
(I) PERSONNEL	382,750		72,696		3,233		113,455		193,366
(II) OPERATING EXPENSES	41,810		10,184				31,627		
(III) CAPITAL EXPENDITURES									
(IV) OTHER COSTS	1,100		239				861		
(V) INDIRECT COSTS	49,643		4,881		5,225		39,537		
BUDGET TOTALS*	475,303	18.51%	88,000	1.78%	8,458	39.02%	185,480	40.68%	193,366
	BALANCE(S) →								

TOTAL TITLE V	88,000	→	88,000						
TOTAL TITLE XIX	237,765	→		[50%]	92,740	[75%]	145,025		
TOTAL AGENCY FUNDS	149,540	→	8,458	[50%]	92,740	[25%]	48,342		

\$	325,767	Maximum Amount Payable from State and Federal resources
WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.		
<i>[Signature]</i>	10/29/13	<i>[Signature]</i> 11/4/13
MCAH PROJECT DIRECTOR'S SIGNATURE	DATE	AGENCY FISCAL AGENT'S SIGNATURE DATE

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	AGENCY FUNDS	MCAH Cnty-N	MCAH Cnty-E
(I) PERSONNEL		53107		53118	53117
(II) OPERATING EXPENSES		72,696		56,728	145,025
(III) CAPITAL EXPENSES		10,184		15,814	
(IV) OTHER COSTS		239		431	
(V) INDIRECT COSTS		4,881		19,769	
Totals for PCA Codes	325,767	88,000		92,742	145,025

Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)				
Agency:	201309 El Dorado		MCAH-TV		AGENCY FUNDS		MCAH Crty-N		MCAH Crty-E				
SubK:			(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
			TOTAL FUNDING	%	TITLE V	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		

(II) OPERATING EXPENSES DETAIL											% PERSONNEL MATCH							
TOTAL OPERATING EXPENSES											41,810	10,184			31,627			78.25%
																		Match Available
	TRAVEL		11,660	21.50%		2,507			78.50%		9,153							
	TRAINING		1,500	21.75%		326			78.25%		1,174							
1	COMMUNICATIONS		16,344	21.75%		3,555			78.25%		12,789							
2	POSTAGE		714	21.75%		155			78.25%		559							
3	OFFICE		2,474	21.75%		538			78.25%		1,936							
4	DUPLICATION		1,970	21.75%		428			78.25%		1,542							
5	EDUCATIONAL AND CLIENT SUPPORT MATERIALS		830	100.00%		830							78.25%					
6	SUBSCRIPTIONS		600	100.00%		600							78.25%					
7	INSURANCE		2,275	21.75%		495			78.25%		1,780							
8	PROFESSIONAL SERVICES		120	21.75%		26			78.25%		94							
9	MEDI-CAL OUTREACH ACTIVITIES		1,000	21.75%		218			78.25%		783							
10	BUILDING COSTS		1,323	21.75%		288			78.25%		1,035							
11	CLIENT SUPPORT MATERIALS		1,000	21.75%		218			78.25%		783							
12																		
13																		
14																		
15																		

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL																		
TOTAL CAPITAL EXPENDITURES																		

(IV) OTHER COSTS DETAIL											% PERSONNEL MATCH							
TOTAL OTHER COSTS											1,100	239			861			78.25%
																		Match Available
SUBCONTRACTS																		
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
OTHER CHARGES																		
1	COMPUTER		1,100	21.75%		239			78.25%		861							
2																		
3																		
4																		
5																		
6																		
7																		
8																		

Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:	201309 EI Dorado		MCAH-TV		AGENCY FUNDS		MCAH Crty-N		MCAH Crty-E			
SubK:		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
		TOTAL FUNDING	%	TITLE V	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		

(V) INDIRECT COSTS DETAIL											
AGENCY'S TOTAL INDIRECT COSTS		49,643		4,881		5,225		39,537			Match Available
% OF TOTAL WAGES (10% MAX.)		10.00%	25,621	19.05%	4,881		80.95%	20,740			
AGENCY'S OTHER INDIRECT COSTS		24,022			21.75%	5,225	78.25%	18,797			

(I) PERSONNEL DETAIL													
TOTAL PERSONNEL COSTS		382,750		72,696		3,233		113,455		193,366			
BENEFITS		126,543		26,499		618		37,695		61,730			
TOTAL WAGES		256,207		46,197		2,615		75,760		131,635			
INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES						J-Pers MCF Per Staff	Staff Travelling (X)		
1	LS DIRECTOR, SUP PHN	80.00%	77,444	61,955	21.50%	13,320		40.50%	25,092	38.00%	23,543	78.5%	X
2	PM PSC SLT, PHN II	10.00%	61,094	6,109	10.00%	611		20.00%	1,222	70.00%	4,276	90.0%	
3	PM PHN II	30.00%	61,094	18,328	20.00%	3,666		30.00%	5,498	50.00%	9,164	85.0%	
4	CG PHN II	80.00%	74,095	59,276	10.00%	5,928		25.00%	14,819	65.00%	38,529	90.0%	
5	VB PHN II	80.00%	70,726	56,581	10.38%	5,872	4.62%	30.00%	16,974	55.00%	31,120	85.0%	
6	MY SENIOR OA	50.00%	32,280	16,140	62.40%	10,071		18.80%	3,034	18.80%	3,034	37.6%	
7	KR PHN II	30.00%	67,359	20,208	10.00%	2,021		25.00%	5,052	65.00%	13,135	90.0%	
8	SH PHN II	20.00%	61,095	12,219	11.00%	1,344		25.00%	3,055	64.00%	7,820	89.0%	
9	MU PHN DURSING DIRECTOR	5.00%	107,814	5,391	62.40%	3,364		18.80%	1,014	18.80%	1,014	37.6%	
10													
11													
12													
13													
14													
15													
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Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health
Agency:	201309 El Dorado
SubK:	

(I) PERSONNEL DETAIL						BASE MEDI-CAL FACTOR %		37.6%		Use the following link to access the current AFA webpage and the current base MCF% for your agency: http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalDocuments.aspx		
TOTALS			3.85	613,001	256,207		126,543.00					
	INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL WAGES	BENEFIT RATE %	BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	LS	DIRECTOR, SUP PHN	80.00%	77,444	61,955	62.12%	38,486.45	MCAH	78.5%	Weighted	<u>YES</u>	Weighted Medi-Cal Factor based upon % worked in weighted activities
2	PM	PSC SLT, PHN II	10.00%	61,094	6,109	63.96%	3,907.32	MCAH	90.0%	Multiple	<u>YES</u>	Program works solely with Medi-Cal women and provider access.
3	PM	PHN II	30.00%	61,094	18,328	63.97%	11,725.00	MCAH	85.0%	Multiple	<u>YES</u>	Monthly tracking and justification of actual caseload logs documenting Medi-Cal eligibility.
4	CG	PHN II	80.00%	74,095	59,276	52.92%	31,371.23	MCAH	90.0%	Variable	<u>YES</u>	Monthly tracking and justification of actual caseload logs documenting Medi-Cal eligibility.
5	VB	PHN II	80.00%	70,726	56,581	23.65%	13,381.00	MCAH	85.0%	Variable	<u>YES</u>	Monthly tracking and justification of actual caseload logs documenting Medi-Cal eligibility.
6	MY	SENIOR OA	50.00%	32,280	16,140	80.07%	12,924.00	MCAH	37.6%	Base		Base Medi-Cal Factor
7	KR	PHN II	30.00%	67,359	20,208	45.22%	9,139.01	MCAH	90.0%	Variable	<u>YES</u>	Monthly tracking and justification of actual caseload logs documenting Medi-Cal eligibility.
8	SH	PHN II	20.00%	61,095	12,219	24.13%	2,948.00	MCAH	89.0%	Variable	<u>YES</u>	Monthly tracking and justification of actual caseload logs documenting Medi-Cal eligibility.
9	MU	PHN DURSING DIRECTOR	5.00%	107,814	5,391	49.36%	2,661.00	MCAH	37.6%	Base		Base Medi-Cal Factor
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(f) Justification

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health
Agency:	201309 El Dorado
SubK:	

(l) Justification

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health
Agency:	201309 El Dorado
SubK:	

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health
Agency:	201309 El Dorado
SubK:	

(II) OPERATING EXPENSES JUSTIFICATION		
TOTAL OPERATING EXPENSES		41,810
	TRAVEL	11,660 TRAVEL TO STATE-MANDATED MEETINGS, MCAH ACTION MEETINGS, PSC MEETINGS AND TRAININGS, ANNUAL SIDS CONFERENCE, STAFF MILEAGE
	TRAINING	1,500 REGISTRATION FOR CONTINUING EDUCATION TRAININGS, SIDS CONFERENCES, MCAH EDUCATIONAL DAYS, TRAININGS RELATED TO MCAH SCOPE OF WORK ACTIVITIES
1	COMMUNICATIONS	16,344 COSTS OF TELEPHONE COMPANY VENDOR; COUNTY PASS THROUGH TELEPHONE; USE OF TELEPHONE EQUIPMENT; COUNTY MAINFRAME SERVICES, NETWORK, PC, AND WEB SUPPORT; MCAH TOLL FREE LINE EXPENSE
2	POSTAGE	714 MAILINGS TO CLIENTS REGARDING ACCESSING CARE AND MEDI-CAL; CORRESPONDENCE WITH AGENCIES, PROVIDERS AND CLINICS; INTER-COUNTY MAIL SERVICES/COURIER
3	OFFICE	2,474 GENERAL OFFICE EXPENSE AND DESKTOP ITEMS, SOFTWARE LICENSING FOR CASE MANAGEMENT COMPUTER PROGRAM, MINOR EQUIPMENT ITEMS
4	DUPLICATION	1,970 USE OF CENTRAL DUPLICATING EQUIPMENT AND PRODUCTS, RENTAL/REPAIR OF COPY EQUIPMENT
5	EDUCATIONAL AND CLIENT SUPPORT MATERIALS	830 MEDICAL SUPPLIES FOR USE IN FIELD, GROWTH CHARTS, BMI WHEELS, PATIENT TEACHING MODELS
6	SUBSCRIPTIONS	600 PEDIATRICS JOURNAL SUBSCRIPTION, PEDIATRIC REFERENCE MANUALS
7	INSURANCE	2,275 PREMIUM FOR LIABILITY INSURANCE ONLY. NO MALPRACTICE INSURANCE.
8	PROFESSIONAL SERVICES	120 CONSULTATION SERVICES AND RENTAL/UPKEEP COST FOR SECURITY SYSTEM
9	MEDI-CAL OUTREACH ACTIVITIES	1,000 SPECIAL PROJECTS AIMED AT OUTREACH ACTIVITIES TO INCREASE ACCESS TO MEDI-CAL SERVICES
10	BUILDING COSTS	1,323 GENERAL UTILITIES CALCULATED BY FTE; ELECTRICAL, SEWAGE, WATER; BUILDING ASSOCIATION DUES
11	CLIENT SUPPORT MATERIALS	1,000 INFORMATIONAL PAMPHLETS FOR ACCESS TO MEDI-CAL SERVICES
12		
13		
14		
15		
(III) CAPITAL EXPENDITURE JUSTIFICATION		
TOTAL CAPITAL EXPENDITURES		
(IV) OTHER COSTS JUSTIFICATION		
TOTAL OTHER COSTS		1,100
SUBCONTRACTS		
1		
2		
3		
4		
5		

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health
Agency:	201309 El Dorado
SubK:	

6			
7			
8			

OTHER CHARGES

1	COMPUTER	1,100	TO REPLACE OBSOLETE COMPUTER
2			
3			
4			
5			
6			
7			
8			

(V) INDIRECT COSTS JUSTIFICATION			
TOTAL INDIRECT COSTS		49,643	
% OF TOTAL WAGES (10% MAX.)	10.00%	25,621	
AGENCY'S OTHER INDIRECT COSTS		24,022	

Maternal, Child and Adolescent Health (MCAH) Program Scope of Work (SOW)

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

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

The development of this SOW was guided by several public health frameworks including the 10 Essential Services of Public Health and the three core functions of assessment, policy development and assurance; the Spectrum of Prevention; the Life Course Perspective; the Socioecological Model, and the Social Determinants of Health. Please consider integrating these approaches when conceptualizing and organizing objectives, activities and evaluation measures.

- o The 10 Essential Services of Public Health <http://www.cdc.gov/nphpsp/essentialServices.html>; <http://www.publichealth.lacounty.gov/qi/corefncns.htm>
- o The Spectrum of Prevention http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=105&Itemid=127
- o Life Course Perspective <http://mchb.hrsa.gov/lifecourseresources.htm>
- o The Social-Ecological Model http://www.cdc.gov/ncipc/dvp/social-ecological-model_dvp.htm
- o Social Determinants of Health <http://www.cdc.gov/socialdeterminants/>
- o Strengthening Families: <http://www.cssp.org/reform/strengthening-families>

Although the State MCAH Division wants each LHJ to make progress towards Title V State Performance Measures and Healthy People (HP) 2020 goals, it is understood that these goals involve complex issues and are difficult to achieve, particularly in the short term. The MCAH Division recognizes the importance of monitoring progress toward reaching long term objectives and that LHJs can only be held accountable for the objectives and activities they can realistically achieve given the scope and resources of individual local MCAH programs.

LHJs are also required to comply with requirements as stated in the MCAH Program Policies and Procedures manual such as attending statewide meetings, conducting a Needs Assessment every five years, submitting Agreement Funding Applications and completing Annual Reports.
<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAMCMCI-MCAHProgramPoliciesandProcedures.doc>

Additional fiscal requirements are located in the MCAH Fiscal Policies and Procedures Manual at: <http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAHFI-AdminFiscalPolicyProcedures-2010-11.doc> Title V Requirement

Goal 1: Improve Outreach and Access to Quality Health and Human Services

- **Link the MCAH population to needed medical, mental, social, dental, and community services to promote equity in access to quality services, especially for those who are eligible for Medi-Cal or other publicly provided health care programs¹**
 - **Outreach services will be targeted to identify pregnant women, women of reproductive age, infants, children and adolescents and their families who are eligible for Medi-Cal assistance or other publicly provided health care programs and assist them in applying for these benefits²**

Long Term Outcome Objectives

- 1.a Increase the percentage of children and adolescents age 0 to 19 with health insurance from a baseline of **91.5%** to **96.1%** by 2015. **HP 2020 AHS-1.1**. Source: http://fhop.ucsf.edu/fhop/data/SOW/t5_16_health_ins_2009-NEW.xls
- 1.b Decrease the percentage of children age 2-11 without dental insurance from a baseline of **15.7%** to **14.9%** by 2015. **HP 2020 AHS-1.2 (Developmental)**. Source: http://familymedicine.medschool.ucsf.edu/fhop/docs/excel/mcah_t5/t5_17_dental_ins.xls
- 1.c Increase the percentage of women age 19-44 with health insurance from a baseline of **85%** to **89.3%** by 2015. **HP 2020 AHS-1.1**. Source: http://fhop.ucsf.edu/fhop/data/SOW/CHIS_Health_Insurance_Women_20-44_2009-NEW.xls
- 1.d Decrease the percentage of unenrolled children age 0-17 who are eligible for Medi-Cal/MCMC from a baseline of **64.3%** to **61.1%** by 2015. Source: http://fhop.ucsf.edu/fhop/data/SOW/MediCal_Eligibility_0-17_2009_CA_MCAH_County_Groups-NEW.xlsx
- 1.e Decrease the percentage of unenrolled women, ages 19-44 , who are eligible for Medi-Cal from a baseline of **5.4%** to **5.1%** by 2015. Source: http://fhop.ucsf.edu/fhop/data/SOW/MediCal_Eligibility_19-44%202007-2009_CA_MCAH_County_Groups%20-%20NEW.xlsx
- 1.f Insert specific LHJ data collected, if applicable

Data Source

California Health Interview Survey (CHIS), Medi-Cal Statistical Reports, LHJ specific statistics, if applicable

Healthy People 2020 Objectives

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

Timelines

All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

¹ 2011-2015 Title V State Priorities

² Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures <i>(Report on these measures in the Annual Report)</i>	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
1.1-1.8 All women and children will have access to needed medical, mental, dental care and available social support services.	Assessment	Assessment	
	1.1 Identify and monitor trends in health, including disparities, social determinants and barriers to the provision of health and human services to the MCAH population.	1.1 List and briefly describe trends in health, including disparities, social determinants and barriers to the provision of health and human services.	
	1.2 Identify and monitor local geographic areas and/or population groups that have insufficient access to health and human services.	1.2 Briefly describe geographic areas or population groups that have insufficient access to health and human services.	
	1.3 Participate in collaboratives, coalitions, networks, etc., to review data and develop policies and products that address unmet needs and promote increased local access to health and human services.	1.3 Submit Collaborative Form to document participation, objectives, activities and accomplishments of MCAH-related collaboratives to improve infrastructure and access to health and human services:	1.3 List products and policies developed to improve infrastructure and access to health and human services and describe outcomes of dissemination

¹ 2011-2015 Title V State Priorities

² Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>Policy Development</p> <p>1.4 Review, revise and enact policies that facilitate access to Medi-Cal, Covered CA, Access for Infants and Mothers (AIM), Child Health and Disability Prevention Program (CHDP), Women, Infants, and Children (WIC), Family Planning, Access, Care, and Treatment (Family PACT), and health and developmental disability programs.</p>	<p>Policy Development</p> <p>1.4 Describe participation in review and development of policy changes and corresponding systems changes that facilitate access to Medi-Cal, Covered CA, AIM, CHDP, WIC, Family PACT, and health and developmental disability programs.</p> <p>List formal and informal agreements, including Memoranda of Understanding (MOUs) with MCMC plans, or other organizations that address the needs of mothers and infants</p>	<p>Policy Development</p> <p>1.4 Describe the impact of policy changes and corresponding systems changes that facilitate access to Medi-Cal, Covered CA, AIM, CHDP, WIC, Family PACT, and health and developmental disability programs.</p>
	<p>1.5 Work with community organizations to influence policy and address social determinants of health and disparities regarding access to health and human services and/or publicly provided health care programs.</p>	<p>1.5 Describe efforts to work with community organizations to influence policy and address social determinants of health and disparities regarding access to health and human services and/or publicly provided health care programs.</p>	<p>1.5 Describe results of work with community organizations to influence policy and address² social determinants of health and disparities regarding access to health and human services and/or publicly provided health care programs.</p>

¹ 2011-2015 Title V State Priorities

² Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	Assurance 1.6 Promote MCAH and public health competencies, participation in trainings, and workforce development as resources allow.	Assurance 1.6 List trainings and educational events that promoted MCAH and public health competencies and workforce development.	Assurance 1.6 Describe outcomes of trainings and educational events that promoted MCAH and public health competencies and workforce development.
	1.7 Conduct activities that promote referrals to Covered CA, Medi-Cal, AIM, and other low cost/no cost health insurance programs for health care coverage and local MCAH programs, EPSDT/CHDP, WIC, and health, developmental disability and family planning programs ²	1.7 Describe activities that promote referrals to referrals to Covered CA, Medi-Cal, AIM, or other no/low cost health insurance programs for health care coverage and local MCAH programs, EPSDT/CHDP, WIC, and health, developmental disability and family planning programs. <ul style="list-style-type: none"> • Provide the number of referrals to Covered CA, Medi-Cal, AIM, EPSDT/CHDP, WIC, FamilyPACT, or other no/low cost health insurance programs 	1.7 Describe outcomes of activities that promote referrals to Covered CA, Medi-Cal, AIM, or other no/low cost health insurance programs for health care coverage and local MCAH programs, EPSDT/CHDP, WIC, and health, developmental disability and family planning programs.
	1.8 Provide a toll-free or "no cost to the calling party" telephone information service and other appropriate methods of communication, e.g. local MCAH Program web page to the local community ² . The requirements	1.8 Report the following: <ul style="list-style-type: none"> • Number of calls and the success/barriers toll-free or "no cost to the calling party" telephone information service • Report the number of web hits to the appropriate local MCAH 	1.8 Describe outcomes of community information services.

¹ 2011-2015 Title V State Priorities

² Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	are as follows: <ul style="list-style-type: none"> The service must provide culturally and linguistically appropriate information and referrals to health care providers and practitioners regarding access to prenatal care, and other relevant information The telephone number must be disseminated widely The toll free line must be operated during normal business hours. After hours messages must be answered by end of the next business day. 	Program webpage	
Insert Short and/or Intermediate Outcome Objective(s), activities, Evaluation/Performance Measures in the appropriate column below			
1.9 Short and/or Intermediate SMART Outcome Objective(s) to increase access to health and human services. 1.9 By June 30, 2014, 50 eligible individuals living on the Divide (geographically isolated area) will be assisted by the permanently stationed	1.9 Implement or participate in specific LHJ activities to address health disparities, social determinants and barriers to increased access to health and human services: 1.9 Intervention activities include: <ul style="list-style-type: none"> MCAH Director will meet with Human Services Income Maintenance Manager and contract representative to 	1.9 Develop process measures for the specific LHJ defined objectives and activities that were implemented to increase access to health and human services: 1.9 Process measures include: <ul style="list-style-type: none"> Number of meetings regarding EW placement at the Divide Wellness Center 	1.9 Develop short and/or intermediate related performance measures for the specific LHJ defined objectives and activities that were implemented to increase access to health and human services: 1.9 Number of eligible individuals assisted to access needed health and human services/ 50

¹ 2011-2015 Title V State Priorities

² Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>Eligibility Worker (EW) to access needed medical care and health and human services (cash aid, EBT and other welfare benefits as applicable).</p>	<p>facilitate the placement of the EW permanently stationed on the Divide at the Divide Wellness Center.</p> <ul style="list-style-type: none"> • MCAH Director will meet with Divide Wellness Center representative to assess for any logistical challenges related to EW placement. • MCAH Director will help address any logistical challenges identified. • MCAH Director will develop reporting mechanism to capture results of EW activities and individuals served. • MCAH Director will call the Income Maintenance Manager and/or email monthly to check on status of EW placement. • MCAH Director will call the Divide Wellness Manager and/or email monthly to check on status and performance of EW placement. • MCAH Director will address with both parties any barriers to implementation of this objective and address them. • A call and/or meeting facilitated by the MCAH 	<p>and who was in attendance.</p> <ul style="list-style-type: none"> • Number of telephone calls and/or emails regarding EW placement at the Divide Wellness Center and who participated on file. • Any barriers to implementation listed as well as solutions corresponding to these challenges. 	<p>Briefly describe duties of EW and mechanism developed to capture results and impact of work.</p>

¹ 2011-2015 Title V State Priorities

² Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures <i>(Report on these measures in the Annual Report)</i>	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>Director will verify the placement of the EW at the Divide Wellness Center.</p> <ul style="list-style-type: none"> EW worker placed will assist eligible individuals to access medical care and health and human services (cash aid, EBT and other welfare benefits as applicable). 		

¹ 2011-2015 Title V State Priorities

² Title V Requirement

Goal 2: Improve Maternal and Women's Health

- **Improve maternal health by optimizing the health and well-being of girls and women across the lifecycle¹**
- **Reduce maternal morbidity and mortality and the increasing disparity in maternal health outcomes¹**
 - **Assure that all pregnant women will have access to early, adequate and high quality perinatal care with a special emphasis on low-income and Medi-Cal eligible women²**

Long Term Outcome Objectives

- 2.a** Decrease the percentage of births within 24 months of a previous birth among women age 15 to 44 from a baseline of **14.7** to **14%** by 2015. **HP 2020 FP -5 (18 mths.)**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 2.b** Decrease the percentage of births within 24 months of a previous birth among women age 12 to 19 from a baseline of **9.1%** to **8.6%** by 2015. **HP 2020 FP -5 (18 mths.)**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 2.c** Increase the percentage of live born infants whose mothers received prenatal care in the first trimester of pregnancy from a baseline of **77.7%** to **73.8%** by 2015. **HP 2020 MICH-10.1**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 2.d** Increase the percentage of women age 15 to 44 with a live birth during the reporting year whose observed to expected prenatal visits are equal to 80 to 109 percent on the Kotelchuck Index from a baseline of **68.3%** to **71.7%** (APNCU Index- FHOP) by 2015. **HP 2020 MICH-10.2**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 2.e** Decrease the rate of domestic violence calls for assistance per 10,000 from a baseline of **70.9%** to **67.4%** by 2015. **HP 2020 IVP-39 (Developmental)**. Source: <http://fhop.ucsf.edu/fhop/docs/pdf/mcah/DV1987-2009%20by%20LHJ1.pdf>
- 2.f** Insert specific LHJ data collected, if applicable

Data Source

Birth Statistical Master File, Department of Justice statistics, LHJ specific statistics, if applicable

Healthy People 2020 Objectives

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

Timelines

All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

Nothing is entered in the shaded areas.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
2.1-2.5 All women will have access to early, adequate and comprehensive perinatal care and maternal medical and mental health care and social support services	Assessment 2.1 Identify and monitor trends in disparities and barriers in access to early, adequate and quality perinatal care and maternal medical and mental health care and social support services.	Assessment 2.1 List and briefly describe trends in disparities and barriers in access to early, adequate and quality perinatal care and maternal medical and mental health care and social support services.	
	2.2 Identify and monitor local geographic areas and/or population groups that have insufficient access to early, adequate and quality perinatal care and poor maternal health.	2.2 Briefly describe geographic areas and/or population groups that have insufficient access to early, adequate and quality perinatal care and poor maternal health.	
	2.3 Conduct the following activities: a. Collaborate with providers and other third party payers to improve maternal medical and mental health care and extend comprehensive perinatal care to all pregnant women b. Participate in collaboratives, coalitions, networks, etc., and develop products that address unmet needs to provide access to early perinatal care and CPSP services for all women	2.3 a & b. Submit Collaborative Form to document participation, objectives, activities and accomplishments of collaboratives and coalitions that improve maternal medical and mental health care and address access to early, adequate and quality perinatal care.	2.3 b List products developed to improve access to early, adequate and quality perinatal care and maternal medical and mental health care and describe outcomes of dissemination.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>Policy Development</p> <p>2.4 Review, revise and enact policies that facilitate access to early, adequate and quality perinatal care and support services and improve maternal medical and mental health care.</p>	<p>Policy Development</p> <p>2.4 Describe participation in the review and development of policy changes and corresponding systems changes that facilitate access to early, adequate and quality perinatal care and support services and improve maternal medical and mental health care.</p>	<p>Policy Development</p> <p>2.4 Describe the impact of policy changes and corresponding systems changes that facilitate access to early, adequate and quality perinatal care and support services and improve maternal medical and mental health care.</p>
	<p>2.5 Work with community organizations to influence policy and address disparities regarding access to early, adequate and quality perinatal care and support services and maternal medical and mental health care.</p>	<p>2.5 Describe efforts to work with community organizations to influence policy and address disparities regarding access to early, adequate and quality perinatal care and support services and maternal medical and mental health care.</p>	<p>2.5 Describe results of work with community organizations to influence policy and address disparities regarding access to early, adequate and quality perinatal care and support services and maternal medical and mental health care.</p>
2.6-2.8 All Medi-Cal eligible women will have access to quality CPSP services	<p>Assurance</p> <p>2.6 Develop MCAH staff knowledge of CPSP. Recruit and assist Medi-Cal providers to complete applications to become CPSP providers.</p>	<p>Assurance</p> <p>2.6 Report the number of current and newly enrolled providers in CPSP and number of Medi-Cal Obstetrical (OB) providers. List barriers to recruitment and retention of OB and CPSP providers.</p>	<p>Assurance</p> <p>2.6 Describe the impact on access to and quality of CPSP services.</p>
	<p>2.7 Provide consultation and technical assistance to CPSP providers and Medi-Cal Managed Care Plans related</p>	<p>2.7 List consultation and/or technical assistance provided to CPSP providers and MCMC plans.</p>	<p>2.7 Describe outcomes of consultation and/or technical assistance provided to CPSP providers and</p>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	to the provision of CPSP services.		MCMC plans.
	<p>2.8 At a minimum, conduct annual continuous quality improvement (CQI) and quality assurance (QA) activities for local CPSP providers to ensure that the program is being implemented according to Policies and Procedures and clients are receiving the required nutrition, psychosocial and health education services. Conduct QA in collaboration with MCMC plan staff, if applicable</p>	<p>2.8 List CPSP provider CQI/QA activities that were conducted. Report the number of site visits and face to face contacts with current and potential CPSP providers and MCMC providers and plans.</p>	<p>2.8 Describe the results of CQI/QA activities that were conducted.</p>
<p>2.9 All CPSP providers will improve the quality and utilization of CPSP postpartum care.</p>	<p>2.9 Work with MCAH and CPSP providers to maximize the quality of postpartum care, including revising the Postpartum Assessment forms and provider protocols to incorporate the Preconception Health Council of California (PHCC) Interconception Guidelines, improve screening for perinatal depression, reproductive coercion and birth control sabotage, and improving support for breastfeeding. http://www.everywomancalifornia.org/content_display.cfm?categoriesID=97</p>	<p>2.9 Describe the process to maximize the quality of CPSP postpartum care.</p>	<p>2.9 Number of CPSP providers revising postpartum assessment forms and protocols/number of CPSP providers in the LHJ.</p>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	&contentID=360		
Insert Short and or Intermediate Outcome Objective(s), activities, Evaluation/Performance Measures in the appropriate column below			
<p>2.10 Short and/or Intermediate SMART Outcome Objective(s) to improve access to early, adequate and high quality perinatal care and maternal health</p> <p>2.10 By June 30, 2014, El Dorado County PH Nursing in partnership with Marshall Hospital will develop and implement policies that remove barriers and increase access to early entry into prenatal care for pregnant individuals.</p>	<p>2.10 Implement or participate in specific LHJ defined activities to improve access to early, adequate and high quality perinatal care and maternal health:</p> <p>2.10 Intervention activities include:</p> <ul style="list-style-type: none"> • Survey OBGYN providers to determine the number of providers accepting Presumptive Eligibility (PE), what their definition of 1st PNC visit is, and what is the target month is to get pregnant individuals into their practice for 1st PN visit. • Develop policies to streamline patients with PE getting into their 1st PN visit. • Collaborate with Social Services to develop policies to facilitate completion of Medi-Cal eligibility process for clients (to eliminate non-PE providers' concern of 	<p>2.10 Develop process measures for the specific LHJ defined objectives and activities that were implemented to improve access to early, adequate and high quality perinatal care and maternal health:</p> <p>2.10 Briefly describe:</p> <ul style="list-style-type: none"> • Provider survey date and results • Collaboration process with Marshall Medical OB • Collaboration process with Social Services • OBGYN and staff education provided • Briefly describe the CQI process developed 	<p>2.10 Develop short and/or intermediate related performance measures for the specific LHJ defined objectives and activities that were implemented to improve access to early, adequate and high quality perinatal care and maternal health:</p> <p>2.10 Numbers of policies developed and implemented.</p> <p>Briefly describe policies developed and implemented to remove barriers to 1st PN visit</p> <p>Briefly describe barriers to 1st trimester PNC visit and ways these barriers have been addressed to help eliminate them.</p> <p>Briefly describe OBGYN knowledge change and intent to change practice guidelines.</p> <p>Describe the outcome of the CQI process including methods of</p>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures <i>(Report on these measures in the Annual Report)</i>	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>non-reimbursement if client does not complete eligibility process).</p> <ul style="list-style-type: none"> • Educate OBGYNs and their staff on best timing for 1st PNC visit timing and begin to remove any barriers to this occurring. • Develop and implement a CQI process to monitor implementation of policies/processes, a regular feedback mechanism to continually improve the process and a plan to evaluate the impact 		measurements and results

Goal 3: Improve Infant Health

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

Long Term Outcome Objectives

- 3.a** Decrease the percentage of Low Birth Weight Live Births from a baseline of **6.5%** to **6.2%** by 2015. **HP 2020 MICH-8.1.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 3.b** Decrease the percentage of Very Low Birth Weight Live Births from a baseline of **1.2%** to **1.1%** by 2015. **HP 2020 MICH-8.2.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 3.c** Decrease the percentage of Preterm Births (less than 37 weeks gestation) from a baseline of **7.6%** to **7.2%** by 2015. **HP 2020 MICH-9.1-9.4.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 3.d** Decrease the rate of perinatal deaths (fetal and infant deaths from 28 wks gestation through 7 days after birth) from a baseline of **5.4%** to **5.13%** per 1,000 live births by 2015. **HP 2020 MICH-1.2.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 3.e** Decrease the rate of neonatal deaths (within the first 28 days of life) from a baseline of **2.6%** to **2.37%** per 1,000 live births by 2015. **HP 2020 MICH- 1.4.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 3.f** Decrease the rate of postneonatal deaths (between 28 days and 1 year) from a baseline of (too small to calculate) to (too small to calculate) per 1,000 live births by 2015. **HP 2020 MICH-1.5.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 3.g** Decrease the rate of infant deaths (birth to 1 year) from a baseline of **4.0** to **3.8** per 1,000 live births by 2015. **HP 2020 MICH -1.3.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 3.h** Maintain the status of no infant deaths due to SIDS by 2015. **HP 2020 MICH-1.8.** Source: LHJ statistics
- 3.i** Insert specific LHJ data collected, if applicable

Data Source

LHJ Coroner's Notification Card (CDPH 4411), California SIDS Program compliance monitoring reports, Death Statistical Master File, Birth Statistical Master File, LHJ specific statistics, if applicable

Healthy People 2020 Objectives

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

Timelines

All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

Nothing is entered in the shaded areas.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures <i>(Report on these measures in the Annual Report)</i>	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
3.1-3.5 All infants will develop in an environment that maximizes their health	Assessment	Assessment	
	3.1 Identify, and monitor trends in perinatal, neonatal, postneonatal and infant health outcomes.	3.1 List and briefly describe trends in disparities and barriers related to perinatal, neonatal, postneonatal and infant health outcomes.	
	3.2 Identify and monitor local geographic areas and/or population groups that have high rates of poor perinatal, neonatal, postneonatal and infant health outcomes.	3.2 Briefly describe local geographic areas and/or population groups that have high rates of poor perinatal, neonatal, postneonatal and infant health outcomes.	
	3.3 Participate in collaboratives, coalitions, networks, etc., and develop products that address unmet needs to prevent poor perinatal, neonatal, postneonatal and infant health outcomes.	3.3 Submit Collaborative Form to document participation, objectives, activities and accomplishments of collaboratives and coalitions that address poor perinatal, neonatal, postneonatal and infant health outcomes.	3.3 List products developed to improve infant health outcomes and describe outcomes of dissemination. (List below)
	Policy Development	Policy Development	Policy Development
	3.4 Review, revise and enact policies that enable the implementation of appropriate interventions to improve infant health.	3.4 Describe participation in the review and development of policy changes and corresponding systems changes that improve infant health.	3.4 Describe the impact of policy changes and corresponding systems changes that improve infant health.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	3.5 Work with community organizations to influence policy and address disparities in infant health.	3.5 Describe efforts to work with community organizations to influence policy and address disparities regarding infant health.	3.5 Describe results of efforts to address disparities in infant health outcomes.
3.6 All parents/caregivers of infants will provide a safe sleep environment for their infant	Assurance 3.6 Establish contact with parents/caregivers of infants with presumed SIDS death to provide grief and bereavement support services.	Assurance 3.6 (Insert number) of parents/caregivers who experience a presumed SIDS death and the number who are contacted for grief and bereavement support services.	
	3.7 Attend the SIDS Annual Conference/ SIDS training(s) and other conferences/trainings related to infant health.	3.7 Provide staff member name and date of attendance at SIDS Annual Conference/training(s) and other conferences/trainings related to infant health.	3.7 Describe results of improved knowledge of staff trainings related to infant health
Insert Short and or Intermediate Outcome Objective(s), activities, Evaluation/Performance Measures in the appropriate column below			
3.8 Short and/or Intermediate SMART Outcome Objective(s) to promote infant health. One objective addressing SIDS risk reduction and community health education is required here.	3.8 Implement or participate in specific LHJ defined activities to promote SIDS risk reduction and health education materials to the community:	3.8 Develop process measures for the specific LHJ defined objectives and activities that were implemented to promote SIDS risk reduction and health education materials to the community:	3.8 Develop short and/or intermediate related performance measures for the specific LHJ defined objectives and activities that were implemented to promote SIDS risk reduction and health education materials to the community:

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>3.8 By June 30, 2014, 50 women or guardians in the MCAH Perinatal Home Visitation Program will demonstrate increased knowledge of and intent to change behavior of SIDS risk reduction including safe infant sleeping practices.</p>	<p>3.8 Intervention activities include:</p> <ul style="list-style-type: none"> • PHNs will provide AAP safe sleeping information on all applicable MCAH perinatal home visits. • PHNs will educate parents and or guardians about the need for a smoke-free environment for their infants. • Relevant education information, <i>Safe Sleep for Your Baby</i> and <i>What does a safe sleep environment look like</i> found at the National Institutes of Health's SIDS campaign website, http://www.nichd.nih.gov/sids/Pages/sids.aspx, will be given to the infant's parent and/or guardian in the appropriate language. • Utilize materials located at the State web site as needed at: http://www.cdph.ca.gov/programs/SIDS/Pages/default.aspx • And the California SIDS Foundation web site as needed at: http://www.californiasids.com/Universal/MainPage.cfm? 	<p>3.8 Process Measures include:</p> <ul style="list-style-type: none"> • PHN logs document the number of home visits. • Number of PHN postpartum and newborn client charts randomly selected and reviewed will reflect safe sleeping and smoke-free environment anticipatory guidance provided by the PHNs. <p>Parent/Guardian education understanding will be determined by one of the below nursing assessments on the charts reviewed:</p> <ul style="list-style-type: none"> • Number of parents/guardians returning demonstration of correct sleep position and crib set-up • Number of parents/guardians verbalizing understanding of correct sleep position and crib set-up • Number of nursing observations of infant's correct sleep position and crib set-up • Number of nursing observations of a smoke- 	<p>3.8 Number of parents and/or guardians that are educated and demonstrate an understanding of AAP infant safe sleeping practices at all applicable MCAH perinatal home visits/50</p> <p>Briefly describe the knowledge change and intent to change behavior</p>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures <i>(Report on these measures in the Annual Report)</i>	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>p=10</p> <ul style="list-style-type: none"> • Contact the State SIDS Coordinator as needed. 	free household	

Goal 4: Improve Nutrition and Physical Activity

- **Promote healthy nutrition and physical activity among MCAH populations throughout the lifespan beginning with exclusive breastfeeding of infants to six months of age**

Long Term Outcome Objectives

(Choose one or more. Delete those not chosen.)

- 4.a** Increase the percentage of any breastfeeding at the hospital from a baseline of (insert ____%) to (insert ____%) by 2015. **HP 2020 MICH -21**. Source: <http://fhop.ucsf.edu/fhop/data/SOW/MO-BFP-CountyofResidenceBreastfeedingbyRaceReport-2009.pdf>
- 4.b** Decrease the percentage of children less than age 5 who are overweight from a baseline of (insert ____%) to (insert ____%) by 2015. **HP 2020 NWS 10.0 (children age 2-5 yrs)**. Source: <http://fhop.ucsf.edu/fhop/data/SOW/PEDNSS 2-5 2009 final.xlsx>
- 4.c** Decrease the percentage of children age 5-19 who are overweight from a baseline of (insert ____%) to (insert ____%) by 2015. **HP 2020 NWS-10.4 (children and adolescents 5-19 yrs)**. Source: <http://fhop.ucsf.edu/fhop/data/SOW/PEDNSS 5-19 2009 final.xlsx>
- 4.d** Insert specific LHJ data collected, if applicable

Data Source

California Pediatric Nutrition Surveillance System, Genetic Disease Branch, LHJ specific statistics, if applicable

Healthy People 2020 Objectives

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

Timelines

All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Descriptions and Measures	Short and/or Intermediate Outcome Measure(s)
<p>Insert Short and/or Intermediate SMART Outcome Objective(s) to promote healthy nutrition and physical activity in the MCAH population.</p> <p>Add specific LHJ short and/or intermediate outcome objective(s) here. Consider addressing local problems related to:</p> <ul style="list-style-type: none"> • Exclusive breastfeeding initiation and duration • Overweight/obesity – children, adolescents, or women 	<p>4.1 Place any specific LHJ defined intervention activities to meet the Outcome Objective(s) here. Number each intervention activity sequentially, such as, 4.1, 4.2, 4.3, 4.4, etc.</p> <p>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance. http://www.publichealth.lacounty.gov/qi/corefcns.htm</p>	<p>Develop process measures for each specific LHJ defined intervention activity. Number sequentially to correspond with each intervention activity, such as, 4.1, 4.2, 4.3, 4.4, etc.</p>	<p>4.1 Develop short and/or intermediate outcome related performance measures for the specific LHJ defined objectives and activities</p>

Goal 5: Improve Child Health

- **Support the physical, socio-emotional, and cognitive development of children, including the prevention of injuries, through the implementation of prevention, early identification and intervention strategies¹**

**Long Term Outcome Objectives
(Choose one or more. Delete those not chosen.)**

- 5.a** Decrease the rate of deaths age 1-14 per 100,000 from a baseline of (insert rate___) to (Insert rate ___) by 2015. **HP 2020 MICH 3-4.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 5.b** Increase the percentage of children age 2-11 who have been to the dentist in the past year from a baseline of (insert ___%) to (insert ___%) by 2015. **HP 2020 OH-7.** Source: http://familymedicine.medschool.ucsf.edu/fhop/docs/excel/mcah_t5/t5_18_dental_vis.xls
- 5.c** Decrease the rate of asthma hospitalizations for children age 0-4 per 10,000 from a baseline of (insert rate ___) to (insert rate___) by 2015. **HP 2020 RD -2.1.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 5.d** Decrease the rate of asthma hospitalizations for children age 5-17 per 10,000 from a baseline of (insert rate ___) to (insert rate___) by 2015. **HP 2020 RD -2.2.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 5.e** Decrease the rate of mental health hospitalizations for children age 5-14 per 10,000 from a baseline of (insert rate ___) to (insert rate ___) by 2015. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 5.f** Decrease the rate of non-fatal injury hospitalizations for children age 0-14 per 10,000 from a baseline of (insert rate ___) to (insert rate___) by 2015. **HP 2020 IVP 1.2.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 5.g** Decrease the rate of non-fatal motor vehicle accident injuries for children age 0-14 per 100,000 from a baseline of (insert rate ___) to (insert rate___) by 2015. **HP 2020 IVP 14.** Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm (see Workbook B indicator 24a)
Decrease the rate of non-fatal injury hospitalizations for motor vehicle accidents age 0-14 per 10,000 from a baseline of (insert rate ___) to (insert rate___) by 2015. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 5.h** Decrease the rate of children living in foster care each January per 1,000 from a baseline of (insert rate ___) to (insert rate___) by 2015. Source: <http://fhop.ucsf.edu/fhop/data/SOW/Children in Foster Care 2010.xls>
- 5.i** Decrease the percentage of children age 0-17 living in poverty from a baseline of (insert ___%) to (Insert %___) by 2015. Source: <http://fhop.ucsf.edu/fhop/data/SOW/Poverty Rates CA Counties 0-17 2009.xlsx>
- 5.j** **Specific LHJ data: Decrease the percentage of Kindergartners with Personal Belief Exemptions from 7.64% to 7.26% by 2015.**

Data Source

OSHPD Patient Discharge Data, California Highway Patrol Statewide Integrated Traffic Records System, California Department of Social Services, Child Welfare Dynamic Report System, LHJ specific statistics, if applicable

Healthy People 2020 Objectives

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

Goal 5: Improve Child Health

- **Support the physical, socio-emotional, and cognitive development of children, including the prevention of injuries, through the implementation of prevention, early identification and intervention strategies¹**

Timelines

All the intervention activities identified in this SOW are to be conducted within the term of the Agreement's fiscal year.

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 <i>(Report on these measures in the Annual Report)</i>	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>Insert Short and/or Intermediate SMART Outcome Objective(s) to improve the physical, socio-emotional, and cognitive development of children.</p> <p>5.1 By June 30, 2014, 2 medical providers will demonstrate increased knowledge of Personal Belief Exemption (PBE) rates in EDC and state they will implement at least one practice change to improve IZ compliance</p>	<p>5.1 Place specific LHJ defined intervention activities to meet the Outcome Objective(s) here. Number each intervention activity sequentially, such as, 5.1, 5.2, 5.3, 5.4, etc.</p> <p>5.1 Intervention activities include:</p> <ul style="list-style-type: none"> • Develop a PowerPoint presentation to include PBE rates, survey results, and steps providers can take to increase vaccination compliance in their practices • Provide education and information to least 2 medical providers and their office staff on El Dorado County's high PBE rates, Public Health's immunization survey results, and what they can do to increase immunization compliance in their practices. • Set up training in collaboration with local health systems: *Determine date, time, location and who will 	<p>Develop process measures for each specific LHJ defined intervention activity. Number sequentially to correspond with each intervention activity, such as, 5.1, 5.2, 5.3, 5.4, etc.</p> <p>5.1 Process Measures include: Report on:</p> <ul style="list-style-type: none"> • Description of trainings • Log of persons in attendance on file • Agreed upon strategies • Number of medical provider trainings conducted • Evaluation results • Actual practice changes implemented by providers 	<p>5.1 Develop short and/or intermediate outcome related performance measures for the specific LHJ defined objectives and activities</p> <p>5.1 Number of medical providers that reported they implemented at least one practice change to improve IZ rates in their practice/2</p> <p>Brief description of the intent to change practice as noted by the evaluation question developed for this purpose.</p> <p>Brief narrative to describe if the intent to change practice actually occurred.</p>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures <i>(Report on these measures in the Annual Report)</i>	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	be in attendance *Develop evaluation of presentation to administer after each training and include a question that asks what practice change they will implement to improve IZ rates at their site. *Call providers and/or their practice representative 2-3 months after training to determine if practice change occurred.		

Goal 6: Improve Adolescent Health

- **Promote positive youth development strategies to support the physical, mental, sexual and reproductive health of adolescents ¹**

Long Term Outcome Objectives

(Choose one or more. Delete those not chosen.)

- 6.a Decrease the birth rate among adolescent females age 10-14 from a baseline of (insert rate ___) to (insert rate ___) by 2015. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 6.b Decrease the birth rate among adolescent females age 15-17 from a baseline of (insert rate ___) to (insert rate ___) by 2015. **HP 2010 FP 8.1 (pregnancy rate)**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 6.c Decrease the birth rate among adolescent females age 18-19 from a baseline of (insert rate ___) to (insert rate ___) by 2015. **HP 2010 FP 8.1 (pregnancy rate)**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 6.d Decrease the birth rate among adolescent females age 15-19 from a baseline of (insert rate ___) to (insert rate ___) by 2015. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 6.e Decrease the rate of Chlamydia per 1,000 females age 15-19 from a baseline of (insert rate ___) to (insert rate ___) by 2015. **HP 2020 STD 1.1 (females 15-24 yrs.)**. Source: http://familymedicine.medschool.ucsf.edu/fhop/docs/pdf/mcah_t5/CA_LHJ_STDDATA_2009.pdf
OR
Decrease the rate of Chlamydia per 100,000 females age 15-24 from a baseline of (insert rate ___) to (insert rate ___) by 2015. **HP 2020 STD 1.1 (females 15-24 yrs.)**. Source: http://familymedicine.medschool.ucsf.edu/fhop/docs/pdf/mcah_t5/STD-Data-Chlamydia-Provisional-Tables_4.pdf
- 6.f Decrease the rate of asthma hospitalizations for children age 5-17 per 10,000 from a baseline of (insert rate ___) to (insert rate ___) by 2015. **HP 2020 RD 2.2**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 6.g Decrease the rate of deaths age 15-19 per 100,000 from a baseline of (insert rate ___) to (insert rate ___) by 2015. **HP 2020 MICH 4.2**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 6.h Decrease the rate of mental health hospitalizations for adolescents age 15-19 per 10,000 from a baseline of (insert rate ___) to (insert rate ___) by 2015. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 6.i Decrease the rate of non-fatal injury hospitalizations for adolescents age 15-24 per 10,000 from a baseline of (insert rate ___) to (insert rate ___) by 2015. **HP 2020 IVP 1.2**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 6.j Decrease the rate of non-fatal motor vehicle accident injuries age 15-24 per 100,000 from a baseline of (insert rate ___) to (insert rate ___) by 2015. **HP 2020 IVP – 14**. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm (see Workbook B indicator 24b)
- 6.k Decrease the rate of non-fatal injury hospitalizations for motor vehicle accidents age 15-24 per 10,000 from a baseline of (insert rate ___) to (insert rate ___) by 2015. Source: http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm
- 6.l Decrease the percentage of children age 0-17 living in poverty from a baseline of (insert ___ %) to (insert % ___) by

Goal 6: Improve Adolescent Health

- **Promote positive youth development strategies to support the physical, mental, sexual and reproductive health of adolescents ¹**

2015. Source: <http://fhop.ucsf.edu/fhop/data/SOW/Poverty Rates CA Counties 0-17 2009.xlsx>
6.m Insert specific LHJ data collected, if applicable

Data Source

OSHPD Patient Discharge Data, California Highway Patrol Statewide Integrated Traffic Records System, California Department Social Services, Child Welfare Dynamic Report System, U.S. Census Bureau, LHJ specific statistics, if applicable

Healthy People 2020 Objectives

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

Timelines

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Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>Insert Short and/or Intermediate SMART Outcome Objective(s) to promote positive youth development.</p> <p>Add specific LHJ short and/or intermediate outcome objective(s) here. Consider addressing local problems related to:</p> <ul style="list-style-type: none"> • Adolescent sexual health • Adolescent pregnancy • Adolescent injuries • Adolescent violence • Adolescent mental health 	<p>6.1 Place specific LHJ defined intervention activities to meet the Outcome Objective(s) here. Number each intervention activity sequentially, such as, 6.1, 6.2, 6.3, 6.4, etc.</p> <p>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance. http://www.publichealth.lacounty.gov/qi/corefcns.htm</p>	<p>Develop process measures for each specific LHJ defined intervention activity. Number sequentially to correspond with each intervention activity, such as, 6.1, 6.2, 6.3, 6.4, etc.</p>	<p>6.1 Develop short and/or intermediate outcome related performance measures for the specific LHJ defined objectives and activities</p>