

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

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

ANNUAL PERSONNEL UPDATE FORM

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

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

AGENCY IDENTIFICATION INFORMATION

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

Please check the applicable "Program" boxes below:

MCAH AFLP BIH FIMR CHVP

Fiscal Year: 2016-17 Update Effective: 09/27/16 (only required when submitting updates)

Agreement/Contract Number:	201610		
Federal Employer ID#:	94-6000512		
Complete Official Agency Name:	County of Fresno		
Business Office Address:	1221 Fulton Mall, Fresno, CA 93721		
Agency Phone:	(559) 600-3330	Agency Fax:	(559) 455-4705
Agency Website Address:	www.fcdph.org		

1 AGENCY DIRECTOR

Name:	David Pomaville						
Title:	Director						
Mailing Address:	P.O. Box 11867						
City:	Fresno	Zip:	93775				
Phone:	(559) 600-3200	Ext.		FAX:	(559) 600-7687		
E-Mail Address:	dpomaville@co.fresno.ca.us						

2 BOARD INFORMATION					
Clerk of the Board <input checked="" type="checkbox"/>			Chair Board of Supervisors <input type="checkbox"/>		
Title:	Bernice E. Seidel				
Mailing Address:	2281 Tulare St, #301, Hall of Records				
City:	Fresno			Zip:	93721
Phone:	(559) 600-1601	Ext.		FAX:	
E-Mail Address:					

3 OFFICIAL AUTHORIZED TO COMMIT AGENCY					
Name:	Brian Pacheco				
Title:	Chairman, Board of Supervisors				
Mailing Address:	2281 Tulare St, #301, Hall of Records				
City:	Fresno			Zip:	93721
Phone:	(559) 600-1000	Ext.		FAX:	(559) 600-1609
E-Mail Address:	district1@co.fresno.ca.us				

4 FISCAL OFFICER					
Name:	Evelyn Reimer				
Title:	Public Health Business Manager				
Mailing Address:	P.O. Box 11867				
City:	Fresno			Zip:	93775
Phone:	(559) 600-3200	Ext.		FAX:	(559) 600-7687
E-Mail Address:					

5 MCAH DIRECTOR (Please check box if MCAH and AFLP Director are the same) <input type="checkbox"/>					
Name:	Rose Mary Rahn				
Title:	MCAH Director/Division Manager				
Mailing Address:	P.O. Box 11867				
City:	Fresno			Zip:	93775
Phone:	(559) 600-3330	Ext.		FAX:	(559) 455-4705
E-Mail Address:	rrahn@co.fresno.ca.us				

6 MCAH COORDINATOR (Only complete if different from #5)					
Name:	Jennifer Day				
Title:	MCAH Coordinator/Perinatal Services Coordinator				
Mailing Address:	P.O. Box 11867				
City:	Fresno	Zip:	93775		
Phone:	(559) 600-3330	Ext.		FAX:	(559) 455-4705
E-Mail Address:	jday@co.fresno.ca.us				

7 MCAH BUDGET CONTACT					
Name:	Aphivanh Xayavath				
Title:	Staff Analyst				
Mailing Address:	P.O. Box 11867				
City:	Fresno	Zip:	93775		
Phone:	(559) 600-3330	Ext.		FAX:	(559) 455-4705
E-Mail Address:	axayavath@co.fresno.ca.us				

8 MCAH INVOICE CONTACT (Only complete if different from #7)					
Name:	Michael Chu				
Title:	Accountant				
Mailing Address:	P.O. Box 11867				
City:	Fresno	Zip:	93775		
Phone:	(559) 600-6426	Ext.		FAX:	(559) 600-7687
E-Mail Address:	mchu@co.fresno.ca.us				

9 PERINATAL SERVICES COORDINATOR (PSC)					
Name:	Jennifer Day				
Title:	MCAH Coordinator/Perinatal Services Coordinator				
Mailing Address:	P.O. Box 11867				
City:	Fresno	Zip:	93775		
Phone:	(559) 600-3330	Ext.		FAX:	(559) 455-4705
E-Mail Address:	jday@co.fresno.ca.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:	Fanta Nelson				
Title:	BIH Coordinator				
Mailing Address:	P.O. Box 11867				
City:	Fresno			Zip:	93775
Phone:	(559) 600-3330	Ext.		FAX:	(559) 455-4705
E-Mail Address:	fnelson@co.fresno.ca.us				

15 BIH BUDGET CONTACT					
Name:	Aphivanh Xayavath				
Title:	Staff Analyst				
Mailing Address:	P.O. Box 11867				
City:	Fresno			Zip:	93775
Phone:	(559) 600-3330	Ext.		FAX:	(559) 455-4705
E-Mail Address:	axayavath@co.fresno.ca.us				

16 BIH INVOICE CONTACT (Only complete if different from #15)					
Name:	Michael Chu				
Title:	Accountant				
Mailing Address:	P.O. Box 11867				
City:	Fresno			Zip:	93775
Phone:	(559) 600-6426	Ext.		FAX:	(559) 600-7687
E-Mail Address:	mchu@co.fresno.ca.us				

17 FETAL INFANT MORTALITY REVIEW (FIMR) COORDINATOR					
Name:	Lisa Poole				
Title:	FIMR Coordinator/SIDS Coordinator				
Mailing Address:	P.O. Box 11867				
City:	Fresno			Zip:	93775
Phone:	(559) 600-3330	Ext.		FAX:	(559) 455-4705
E-Mail Address:	lpoole@co.fresno.ca.us				

18 SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR / CONTACT					
Name:	Lisa Poole				
Title:	FIMR Coordinator/SIDS Coordinator				
Mailing Address:	P.O. Box 11867				
City:	Fresno			Zip:	93775
Phone:	(559) 600-3330	Ext.		FAX:	(550) 455-4705
E-Mail Address:	lpoole@co.fresno.ca.us				

19 CALIFORNIA HOME VISITING PROGRAM (CHVP) COORDINATOR/ NURSING SUPERVISOR					
Name:	Kathleen Kelley				
Title:	Supervising Public Health Nurse				
Mailing Address:	P.O. Box 11867				
City:	Fresno			Zip:	93775
Phone:	(559) 600-3330	Ext.		FAX:	(559) 455-4705
E-Mail Address:	kkelley@co.fresno.ca.us				

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

Chairman, Board of Supervisors

Title

Brian Pacheco

Name (Type or Print)

January 10, 2017

Date



Original Signature of MCAH/AFLP Director

MCAH Director/Division Manager

Title

Rose Mary Rahn

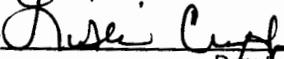
Name (Type or Print)

10/5/16

Date

ATTEST:

BERNICE E. SEIDEL, Clerk
Board of Supervisors

By 
Deputy

BUDGET SUMMARY	FISCAL YEAR 2016-17	BUDGET ORIGINAL	BUDGET STATUS ACTIVE	BALANCE
-----------------------	-------------------------------	---------------------------	--------------------------------	----------------

Version 4.5-150 Quarterly		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Program:	Maternal, Child and Adolescent Health												
Agency:	201610 Fresno												
SubK:		MCAH-TV		SIDS		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
	TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		
	ALLOCATION(S)	→	343,422		7,372								

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)
(I) PERSONNEL	4,671,879		343,422		7,372		850,284		1,851,451		1,619,349
(II) OPERATING EXPENSES	482,610						123,794		358,816		
(III) CAPITAL EXPENDITURES											
(IV) OTHER COSTS	1,117,954						405,773		712,181		
(V) INDIRECT COSTS	792,006						214,951		577,056		
BUDGET TOTALS*	7,064,449	4.86%	343,422	0.10%	7,372	22.58%	1,594,802	49.54%	3,499,504	22.92%	1,619,349
BALANCE(S)	→										

TOTAL TITLE V	343,422	→	343,422	
TOTAL SIDS	7,372	→	7,372	
TOTAL TITLE XIX	2,964,264	→		[50%] 1,749,752 [75%] 1,214,512
TOTAL AGENCY FUNDS	3,749,391	→		[50%] 1,749,752 [25%] 404,837

\$ 3,315,059	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>Roxhaly Kahn</i> MCAH/PROJECT DIRECTOR'S SIGNATURE	<i>Evelyn Reimer</i> AGENCY FISCAL AGENT'S SIGNATURE
<i>8/22/16</i> DATE	<i>8/24/16</i> 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 53107	SIDS 53112	AGENCY FUNDS	MCAH Cnty-N 53118	MCAH Cnty-E 53117
(I) PERSONNEL		343,422	7,372		925,726	1,214,512
(II) OPERATING EXPENSES					179,408	
(III) CAPITAL EXPENSES						
(IV) OTHER COSTS					356,091	
(V) INDIRECT COSTS					288,528	
Totals for PCA Codes	3,315,059	343,422	7,372		1,749,753	1,214,512

Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)				
Agency:	201610 Fresno		MCAH-TV		SIDS		AGENCY FUNDS		MCAH Crty-N		MCAH Crty-E			
SubK:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)	
	TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*			

(II) OPERATING EXPENSES DETAIL											% PERSONNEL MATCH							
TOTAL OPERATING EXPENSES											74.98%							
TOTAL OPERATING EXPENSES											482,610		123,794		358,816		Match Available	
	TRAVEL	69,298				25.02%	17,338	74.98%	51,960									
	TRAINING	17,203				25.02%	4,304	74.98%	12,899									
1	Facilities	148,765				25.02%	37,221	74.98%	111,544									
2	Utilities	36,485				25.02%	9,129	74.98%	27,356									
3	Security	12,011				25.02%	3,005	74.98%	9,006									
4	Household Expenses/Maintenance	21,938				25.02%	5,489	74.98%	16,449									
5	Telephones	13,560				25.02%	3,393	74.98%	10,167									
6	Office Supplies	16,027				25.02%	4,010	74.98%	12,017									
7	Postage	1,447				25.02%	362	74.98%	1,085									
8	Printing	5,815				25.02%	1,455	74.98%	4,360									
9	Medical Supplies	4,061				100.00%	4,061						74.98%					
10	Software	59,000				25.02%	14,762	74.98%	44,238									
11	Equipment	50,000				25.02%	12,510	74.98%	37,490									
12	IT Support	27,000				25.02%	6,755	74.98%	20,245									
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											74.98%		
SUBCONTRACTS											712,181		
1	Exceptional Parents Unlimited	1,017,401				30.00%	305,220	70.00%	712,181				
2	Nurse-Family Partnership	16,752				100.00%	16,752						
3	Resource Development Associates	15,000				100.00%	15,000						
4	Carol Melcher Consulting	25,000				100.00%	25,000						
5													
OTHER CHARGES											Match Available		
1	Books & Publications	2,660				100.00%	2,660						74.98%
2	Client Support Materials	10,529				100.00%	10,529						74.98%
3	Interpreters	30,612				100.00%	30,612						74.98%
4													
5													

Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)					
Agency:	201610 Fresno		MCAH-TV		SIDS		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E				
SubK:			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
			TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		

(V) INDIRECT COSTS DETAIL															
TOTAL INDIRECT COSTS			792,006						214,951		577,056				
15.00% of Total Direct Costs			792,006					27.14%	214,951	72.86%	577,056				

(I) PERSONNEL DETAIL															
TOTAL PERSONNEL COSTS			4,671,879		343,422		7,372		850,284		1,851,461		1,619,349		
FRINGE BENEFIT RATE			74.97%		2,001,700		147,142		3,158		364,310		793,267		693,822
TOTAL WAGES			2,670,179		196,281		4,213		485,974		1,058,184		925,528		
INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES										J-Perf MCF Per Staff	Total Match
1	RG Division Manager	20.00%	112,543	22,509				32.00%	7,203	57.00%	12,830	11.00%	2,476	69.1%	68.00%
2	RG MCAH Director	50.00%	112,543	56,272	32.00%	18,007				57.00%	32,075	11.00%	6,190	69.1%	68.00%
3	V MCAH Director -Physician	70.00%	122,408	85,686	0.00%			35.00%	29,990	15.00%	12,853	50.00%	42,843	69.1%	65.00%
4	BA Administrative Assistant	70.00%	37,324	26,127				31.00%	8,099	69.00%	18,028			69.1%	59.00%
5	AX Staff Analyst II	100.00%	58,978	58,978				39.00%	23,001	61.00%	35,977			69.1%	61.00%
6	MC Accountant II	10.00%	61,178	6,118	0.00%	(0)		77.00%	4,711	23.00%	1,407			69.1%	23.00%
7	DM Account Clerk I	100.00%	28,089	28,089				35.00%	9,831	65.00%	18,258			69.1%	65.00%
8	JD PHN II -MCAH Coordinator	100.00%	87,803	87,803	37.50%	32,926				30.50%	26,780	32.00%	28,097	69.1%	62.50%
9	EA PHN II -FIMR/SIDS Coord	50.00%	81,927	40,964	85.72%	35,112	10.29%	4,213		0.70%	287	3.30%	1,352	69.1%	4.00%
10	TZ MSW I	85.00%	47,580	40,443	0.00%			8.50%	3,438	42.50%	17,188	49.00%	19,817	94.0%	91.50%
11	EJ MSW I	50.00%	44,888	22,444	0.00%			9.00%	2,020	43.00%	9,651	48.00%	10,773	94.0%	91.00%
12	LM MHN II	100.00%	43,901	43,901	0.00%	(0)		7.00%	3,073	22.00%	9,658	71.00%	31,170	94.0%	93.00%
13	BV Epidemiologist	25.00%	72,846	18,212				31.00%	5,646	69.00%	12,566			69.1%	69.00%
14	V HEA	60.00%	33,732	20,239	0.00%	(0)		34.00%	6,881	66.00%	13,358			69.1%	66.00%
15	DV HEA	60.00%	43,100	25,860	0.00%	(0)		34.00%	8,792	66.00%	17,068			69.1%	66.00%
16	TT HEA	60.00%	43,100	25,860	0.00%	(0)		34.00%	8,792	66.00%	17,068			69.1%	66.00%
17	V HES	60.00%	41,492	24,895				50.00%	12,448	50.00%	12,448			69.1%	50.00%
18	V HES	100.00%	41,492	41,492				50.00%	20,746	50.00%	20,746			69.1%	50.00%
19	AV Health Educator	60.00%	61,662	36,997				36.50%	13,504	61.50%	22,753	2.00%	740	69.1%	63.50%
20	VW SOA	100.00%	49,777	49,777				50.00%	24,889	50.00%	24,889			69.1%	50.00%
21	RZ OA III	100.00%	37,925	37,925				10.00%	3,793	90.00%	34,133			94.0%	90.00%
22	CM OA III	100.00%	37,325	37,325				9.00%	3,359	91.00%	33,966			94.0%	91.00%
23	EP OA III	100.00%	37,325	37,325	0.00%	(0)		7.00%	2,613	93.00%	34,712			94.0%	93.00%
24	DC OA III	100.00%	35,135	35,135				14.00%	4,919	86.00%	30,216			94.0%	86.00%
25	LW OA III	100.00%	32,157	32,157				7.50%	2,412	92.50%	29,745			94.0%	92.50%
26	SR OA III	100.00%	37,925	37,925				11.00%	4,172	89.00%	33,753			94.0%	89.00%
27	YL OA III	100.00%	37,925	37,925				6.50%	2,465	93.50%	35,460			94.0%	93.50%
28	MG PHN II (1677)	100.00%	87,803	87,803	0.00%			81.50%	71,559	4.50%	3,951	14.00%	12,292	69.1%	18.50%
29	FT PHN I (1677)	100.00%	64,482	64,482	0.00%	(0)		91.50%	59,001	4.50%	2,902	4.00%	2,579	69.1%	8.50%
30	MM SPHN (1615)	77.00%	111,974	86,220	11.00%	9,484				21.00%	18,106	68.00%	58,630	91.0%	89.00%
31	BB PHN II (1615)	100.00%	87,803	87,803	9.00%	7,902				8.00%	7,024	83.00%	72,876	91.0%	91.00%
32	CP PHN I (1615)	100.00%	60,121	60,121	10.00%	6,012				87.00%	52,305	3.00%	1,804	91.0%	90.00%
33	SP PHN I (1615)	100.00%	74,324	74,324	10.00%	7,432				87.00%	64,662	3.00%	2,230	91.0%	90.00%
34	PC PHN II (1615)	100.00%	87,803	87,803	23.00%	20,195				14.00%	12,292	63.00%	55,316	91.0%	77.00%
35	V PHN I (1501)	45.00%	60,121	27,054				20.00%	5,411	25.00%	6,764	55.00%	14,880	94.0%	80.00%
36	MM SPHN (1670)	23.00%	111,974	25,754	33.00%	8,499				17.00%	4,378	50.00%	12,877	92.5%	67.00%
37	VP PHN II (1670)	100.00%	77,718	77,718	19.00%	14,766				16.00%	12,435	65.00%	50,517	92.5%	81.00%
38	MV PHN II (1670)	100.00%	87,803	87,803	20.00%	17,561				10.00%	8,780	70.00%	61,462	92.5%	80.00%
39	LH SPHN	90.00%	103,323	92,991	6.00%	5,579				59.50%	55,330	34.50%	32,082	94.0%	84.00%
40	DO PHN I	60.00%	61,648	36,989	0.00%			23.50%	8,692	7.50%	2,774	69.00%	25,522	94.0%	76.50%
41	LP PHN I	60.00%	64,633	38,780	0.00%			23.50%	9,113	7.50%	2,909	69.00%	26,758	94.0%	76.50%

Program: Maternal, Child and Adolescent Health					UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)						
Agency: 201610 Fresno					MCAH-TV		SIDS		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E				
SubK:					(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
					TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		
42	JC	PHN I	60.00%	60,121	36,073					12.50%	4,509	61.50%	22,185	26.00%	9,379	94.0%	87.50%
43	EL	PHN II (1720)	100.00%	87,803	87,803					21.00%	18,439	23.50%	20,634	55.50%	48,731	94.0%	79.00%
44	AA	PHN II (1720)	100.00%	87,803	87,803					20.00%	17,561	24.50%	21,512	55.50%	48,731	94.0%	80.00%
45	NC	PHN II (1720)	100.00%	67,028	67,028	0.00%				19.00%	12,735	40.00%	26,811	41.00%	27,481	94.0%	81.00%
46	DK	SPHN	65.00%	111,974	72,783	13.17%	9,585			7.83%	5,700	56.00%	40,758	23.00%	16,740	94.0%	79.00%
47	DK	SPHN (1719)	25.00%	111,974	27,994	11.50%	3,219					73.50%	20,576	15.00%	4,199	94.0%	88.50%
48	SC	PHN II (1719)	100.00%	75,724	75,724	0.00%	(0)			31.00%	23,474	20.00%	15,145	49.00%	37,105	94.0%	69.00%
49	KB	PHN II (1719)	100.00%	87,803	87,803	0.00%				21.00%	18,439	30.00%	26,341	49.00%	43,023	94.0%	79.00%
50	V	PHN I	60.00%	60,121	36,073	0.00%				10.00%	3,607	30.00%	10,822	60.00%	21,644	94.0%	90.00%

Program: Maternal, Child and Adolescent Health				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)				
Agency: 201610 Fresno				MCAH-TV		SIDS		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E				
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
				TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		
51	LV	PHN II	60.00%	77,718	46,631				6.00%	2,798	12.00%	5,596	82.00%	38,237	94.0%	94.00%
52	BB	PHN II	60.00%	75,363	45,218				9.00%	4,070	27.00%	12,209	64.00%	28,940	94.0%	91.00%
53	EB	PHN I	60.00%	75,363	45,218	0.00%			9.00%	4,070	29.00%	13,113	62.00%	28,035	94.0%	91.00%
54																
55																
56																
57																
58																
59																
60																
61																
62																
63																
64																
65																
66																
67																
68																
69																
70																
71																
72																
73																
74																
75																
76																
77																
78																
79																
80																
81																
82																
83																
84																
85																
86																
87																
88																
89																
90																
91																
92																
93																
94																
95																
96																
97																
98																
99																
100																
101																
102																
103																
104																
105																
106																
107																

Program: Agency: SubK:	Maternal, Child and Adolescent Health 201610 Fresno			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		(16)	(17)		
				MCAH-TV		SIDS		AGENCY FUNDS		MCAH Cnty-N				MCAH Cnty-E	
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)			(11)	(14)
	TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*				
108															
109															
110															
111															
112															
113															
114															
115															
116															
117															
118															
119															
120															
121															
122															
123															
124															
125															
126															
127															
128															
129															
130															
131															
132															
133															
134															
135															
136															
137															
138															
139															
140															
141															
142															
143															
144															
145															
146															
147															
148															
149															
150															

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

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

All LHJs must perform the activities in the shaded areas in Goals 1-3 and monitor and report on the corresponding evaluation/performance measures. In addition, each LHJ is required to develop at least one objective in each of Goals 1 and 2 and 2 objectives for Goal 3, a SIDS objective and an objective to improve infant health. LHJs that receive FIMR funding will perform the activities in the shaded area in Goal 3, Objectives 3.5-3.7 and 3.8. In the second shaded column, Intervention Activities to Meet Objectives, insert the number and percent of cases you will review for the fiscal year. If resources allow, LHJs should also develop additional objectives, which they may place under any of the Goals 1-6. All activities in this SOW must take place within the fiscal year. Please see the MCAH Policies and Procedures Manual for further instructions on completing the SOW.

<http://www.cdph.ca.gov/services/funding/mcah/Pages/LocalMCAHProgramDocuments.aspx>

The development of this SOW was guided by several public health frameworks listed below. Please consider integrating these approaches when conceptualizing and organizing local program, policy, and evaluation efforts.

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

All Title V programs must comply with the MCAH Fiscal Policies and Procedures Manual which is found on the CDPH/MCAH website at:

<http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalDocuments.aspx>

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

LHJs are required to comply with requirements as stated in the MCAH Program Policies and Procedures Manual, such as attending statewide meetings, conducting a Needs Assessment every five years, submitting Agreement Funding Applications, and completing Annual Reports.

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

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

- Increase access to oral health services¹
- Increase screening and referral for mental health and substance use services¹
- Increase utilization of preventive health services¹
- 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 benefits²
- Provide developmental screening for all children¹

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>1.1-1.6 All women of reproductive age, pregnant women, infants, children, adolescents and children and youth with special health care needs (CYSHCN) will have access to:</p> <ul style="list-style-type: none"> • Needed and preventive medical, dental, mental health, substance use services, and social services • Early and comprehensive perinatal care • An environment that maximizes their health 	<p>Assessment</p> <p>1.1 Identify and monitor the health status of women of reproductive age, pregnant women, infants, children, adolescents, and CYSHCN, including the social determinants of health and access/barriers to the provision of:</p> <ol style="list-style-type: none"> 1. Preventive, medical, dental, mental health, substance use services, and social services 2. Early and comprehensive perinatal care <p>Monitor trends over time, geographic areas and population group disparities.</p> <p>Annually, share your data with your key health department leadership.</p>	<p>Assessment</p> <p>1.1 This deliverable will be fulfilled by completing and submitting your Community Profile with your Agreement Funding Application each year</p> <p>Report date data shared with the key health department leadership. Briefly describe their response, if significant.</p>	<p>Assessment</p>

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>1.2 Participate in collaboratives, coalitions, community organizations, etc., to review data and develop policies and products to address social determinants of health and disparities.</p>	<p>1.2 Report the total number of collaboratives with MCAH staff participation. Submit Collaborative Surveys that document participation, objectives, activities and accomplishments of MCAH – related collaboratives.</p>	<p>1.2 List policies or products developed to improve infrastructure and address MCAH priorities.</p>
	<p>Policy Development 1.3 Review, revise and enact policies that facilitate access to Medi-Cal, Medi-Cal Access Program (MCAP), California Children's Services (CCS), Covered CA, Child Health and Disability Prevention Program (CHDP), Women, Infants, and Children (WIC), Family Planning, Access, Care, and Treatment (Family PACT), Text 4 Baby, and other relevant programs.</p>	<p>Policy Development 1.3 Describe efforts to develop policy and systems changes that facilitate access to Medi-Cal, MCAP, Covered CA, CHDP, WIC, CCS, Family PACT, Text 4 Baby, and other relevant programs. List formal and informal agreements, including Memoranda of Understanding with Medi-Cal Managed Care (MCMC) plans or other organizations that address the needs of mothers and infants.</p>	<p>Policy Development 1.3 Describe the impact of policy and systems changes that facilitate access to Medi-Cal, MCAP, Covered CA, CHDP, WIC, CCS, Family PACT, and other relevant programs.</p>
	<p>Assurance 1.4 Participate in and/or deliver trainings in MCAH and public health competencies and workforce development as resources allow.</p>	<p>Assurance 1.4 List trainings attended or provided and numbers attending.</p>	<p>Assurance 1.4 Describe outcomes of workforce development trainings in MCAH and public health competencies, including but not limited to, knowledge or skills gained, practice changes or partnerships developed.</p>

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	1.5 Conduct activities to facilitate referrals to Medi-Cal, MCAP, Covered CA, CCS, and other low cost/no-cost health insurance programs for health care coverage ²	1.5 Describe activities to facilitate referrals to health insurance and programs.	1.5 Report the number of referrals to Medi-Cal, MCAP, Covered CA, CCS, or other low/no-cost health insurance or programs.
	1.6 Provide a toll-free or “no-cost to the calling party” telephone information service and other appropriate methods of communication, e.g. local MCAH Program web page to the local community ² to facilitate linkage of MCAH population to services	1.6 Describe the methods of communication, including the, cultural and linguistic challenges and solutions to linking the MCAH population to services.	1.6 Report the following: 1. Number of calls to the toll-free or “no-cost to the calling party” telephone information service 2. The number of web hits to the appropriate local MCAH Program webpage

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>1.7 Increase the rate of:</p> <ul style="list-style-type: none"> Developmental screening for children ages 0-5 years according to AAP guidelines – 9 months, 16 months and 30 months All children, including CYSHCN, receive a yearly preventive medical visit 	<p>1.7 Perform activities at the individual, provider, and/or community level. Promote the American Academy of Pediatrics (AAP) developmental screening guidelines.</p> <p>Choose one or more:</p> <ol style="list-style-type: none"> Promote the use of Birth to 5: Watch Me Thrive or other screening materials consistent with AAP guidelines Participate in Help Me Grow (HMG) or programs that promote the core components of HMG Work with health plans (HPs), including MCMC, to identify and address barriers to screening, referral, linkage and increase the: <ul style="list-style-type: none"> Number of HPs requiring screening per AAP guidelines Knowledge of appropriate Medi-Cal billing code for developmental screening Promote the yearly medical visit for children, including CYSHCN Adopt policies to screen, refer, and link all children in MCAH programs Develop quality assurance (QA) activities to ensure children are screened, referred and linked Other activities to promote developmental screening, referral and linkages and improve services for CYSHCN (specify activity here) <ol style="list-style-type: none"> Promotes the use of 	<p>1.7 Describe outreach efforts, barriers and opportunities for solutions</p> <p>Report the following based on the activities you chose to implement in the second column:</p> <ol style="list-style-type: none"> Number of providers receiving information about Birth to 5 or other screening materials Describe participation in HMG or HMG like programs Describe barriers and strategies to increase screening, referral and linkage <ul style="list-style-type: none"> Number of HPs requiring screenings per AAP guidelines Number of providers stating knowledge of the appropriate billing code Activities to promote the yearly preventive medical visit Number of local programs that adopted policies to screen, refer and link all children in MCAH programs List QA process developed to ensure screening, referral and linkage List process or performance measures for other activities here <ol style="list-style-type: none"> ASQ-3 and ASQ-SE will be utilized One-Call Line for Kids MOCPOC meetings and work groups. 	<p>1.7 Describe the following based on the activities you chose to implement in the second column:</p> <ol style="list-style-type: none"> Number and types of targeted providers using Birth to 5 or other AAP recommended screening materials. <ul style="list-style-type: none"> List other materials used Outcomes of participation in HMG or HMG like programs. Describe results of work to implement HMG core components Outcomes of activities with HPs Number of children, including CYSHCN, receiving a yearly preventive medical visit Number of children in local MCAH programs receiving developmental screening/all children in MCAH programs <ul style="list-style-type: none"> Number of children with positive screens linked to services/all children in MCAH programs with positive screens Outcomes of policies/protocols and QA activities to ensure screening, referral and linkage List outcomes of other activities here

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	standardized developmental screening in pediatric settings per AAP guidelines. b) creates and participates in family and community networking opportunities that promote early detection and referral, c) provides a centralized access point that offers child development information and links families to needed services, and d) facilitates greater access to community services through collaboration and use of data.		
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
1.8 By June 30, 2017, 90% of community partners identified as providing services to women of reproductive age will participate in a survey to assess the collection of insurance related data elements and referral process to identify gaps and opportunities to link women to available health services.	1.8 Develop a list of desired outcomes of collaboration with partners. Develop a list of community partners available to participate in an assessment of access to insurance and a medical home and to evaluate barriers and challenges to access Develop a survey to utilize with community partners to assess collection of related data elements and referral to services to evaluate barriers and challenges to access Establish a QI/QA system to improve the process and plan to evaluate the impact.	1.8 Select and describe a logic model for developing list of desired outcomes. Briefly describe process to identify and survey community partners for project. Briefly describe data collected to identify barriers to access. Briefly describe barriers and challenges identified. Briefly describe QI/QA process utilized.	1.8. Total number of organizations surveyed./Total number of community partners identified as providing services to women of reproductive age. A summary of survey findings.

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

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

- Decrease unintended pregnancies¹
- Decrease the burden of chronic disease¹
- Decrease intimate partner violence¹
- Assure that all pregnant women will have access to early, adequate, and high quality perinatal care with a special emphasis on low-income and Medi-Cal eligible women²

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
2.1-2.3 All women will have access to quality maternal and early perinatal care, including CPSP services for Medi-Cal eligible women.	Assurance 2.1 Develop MCAH staff knowledge of the system of maternal and perinatal care. Conduct local activities to facilitate increased access to early and quality perinatal care.	Assurance 2.1 Report the following: 1. List of trainings received by staff on perinatal care 2. List activities implemented to increase access of women to early and quality perinatal care 3. Barriers and opportunities to improve access to early and quality perinatal care	Assurance 2.1 Describe outcomes of the following: 1. Behavior or practice change following receipt of training 2. Activities implemented to increase access to and improve the quality of perinatal care 3. Activities addressing the barriers to improve access to early and quality perinatal care
	2.2 Maintain and manage a network of perinatal providers, including certified CPSP providers. Provide technical assistance or education to improve perinatal care access and quality of	2.2 Describe local network of perinatal providers, including CPSP providers (e.g. concentration of Medi-Cal Managed Care, Fee-for Service, etc) List technical assistance activities provided to perinatal and CPSP providers (e.g. resources,	2.2 Describe adequacy of current network of perinatal providers in meeting the needs of local maternal population. Describe improvement/s in provider knowledge or practice following technical assistance on

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

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

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
2.4 By June 30, 2017, 90% of identified CBO's and health plans will participate in a survey to assess knowledge of preconception health as an intervention to promote optimal reproductive health.	2.4 Assess CBOs/agencies knowledge of current preconception health activities. Link CBOs/agencies to materials and trainings related to preconception health, life course theory, and social determinants of health. CBOs/agencies will identify priorities and goals for integrating preconception care services into public health programs.	2.4 Briefly describe evaluation method used, available resources and materials provided. Top 3 priorities identified by CBOs for integrating preconception care services into public health programs.	2.4 Number of organizations that have implemented policies to promote preconception health/ Number of organizations evaluated. Number of CBOs that demonstrate adequate knowledge of preconception health as an intervention.

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Goal 3: Reduce infant morbidity and mortality

- Reduce pre-term births and infant mortality¹
- Increase infant safe sleep practices¹
- Increase breastfeeding initiation and duration¹

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

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

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
<p>3.3 By June 30, 2017, collaborate with Medi-Cal managed-care health plans to adopt and distribute SIDS/Infant safe sleep materials to 90% of program participants.</p>	<p>3.3 SIDS coordinator provides infant safe sleep education and SIDS risk reduction materials to Medi-Cal managed care plans.</p> <p>SIDS coordinator/public health professional to assess the number of culturally and linguistically appropriate infant safe sleep and SIDS risk reduction materials distributed by the health plan and provide technical assistance to local Medi-Cal managed care health plans as needed.</p> <p>SIDS Coordinator works to promote activities on infant safe sleep education and SIDS risk reduction.</p> <p>Encourage Medi-Cal managed care providers to share the educational materials with parents to promote the infant safe sleep education and SIDS risk reduction.</p> <p>Develop and implement a Continuous Quality Improvement/Quality Assurance (CQI/QA) process to monitor implementation of policies/process, and a plan to evaluate its impact.</p>	<p>3.3 Briefly describe collaboration with Medi-Cal managed care.</p> <p>Briefly describe assessment process and tools developed to assess culturally and linguistically appropriate infant safe sleep and SIDS risk reduction materials distributed.</p> <p>Briefly describe key infant safe sleep education and SIDS risk reduction accomplishments and barriers.</p> <p>List technical assistance provided. Briefly describe the CQI/QA process developed.</p>	<p>3.3 Number of presentation/training given to managed health care insurers</p> <p>Number of Medi-Cal managed care providers (health education units who adopt infant safe sleep practices and SIDS risk reduction materials/Total number of Medi-Cal managed care providers educated.</p> <p>Number of health insurers who adopt, promote and distribute infant safe sleep and SIDS risk reduction materials/total number of managed care insurers educated.</p> <p>Number of parents/families/provider partners receiving infant safe sleep and SIDS risk reduction materials.</p> <p>Describe the outcomes of the CQI/QA process including methods of measurements and results.</p>

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>3.4 By June 30, 2017, collaborate with a local WIC agency to implement at least 3 strategic activities targeted to pregnant African American women and their families to increase breastfeeding initiation and duration rates.</p>	<p>3.4 BIH Coordinator/Public Health professional and an identified WIC leader and their respective staff will implement African American baby showers/breastfeeding workshops to engage and inform women and families about the importance of breastfeeding.</p>	<p>3.4 Briefly describe: • Collaboration process with local WIC agency • Evaluation method/survey used • Objectives, key activities and timelines</p> <p>Briefly describe barriers, challenges and successes implementing targeted activities and evaluation of impact.</p> <p>Briefly describe collaboration with Medi-Cal managed care</p>	<p>3.4</p> <ul style="list-style-type: none"> • Number of strategic activities implemented. • Number of participants/families served • Results of pre/post workshop evaluation • Describe the outcomes of the CQI/QA process including methods of measurement and results
<p>For FIMR LHJs Only: 3.5-3.7 Preventable fetal, neonatal and postneonatal deaths will be reduced.</p>	<p>For FIMR LHJs Only: Assessment 3.5 Complete the review of at least 20 cases, which is approximately 10% of all fetal, neonatal, and postneonatal deaths.</p>	<p>For FIMR LHJs Only: Assessment 3.5 Submit number of cases reviewed as specified in the Annual Report table.</p>	<p>For FIMR LHJs Only: Assessment 3.5 Submit periodic local summary report of findings and recommendations (periodicity to be determined by consulting with MCAH).</p>
	<p>Assurance 3.6 Establish, facilitate, and maintain a Case Review Team (CRT) to review selected cases, identify contributing factors to fetal, neonatal, and postneonatal deaths, and make</p>	<p>Assurance 3.6-3.7 Submit FIMR Tracking Log and FIMR Committee Membership forms for CRT and CAT with the Annual Report.</p>	

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>recommendations to address these factors.</p> <p>3.7 Establish, facilitate, and maintain a Community Action Team (CAT) to recommend and implement community, policy, and/or systems changes that address review findings.</p>		
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
<p>For FIMR LHJs Only: 3.8 By June 30, 2017, at least 75% of Medi-Cal Managed Care and WIC agencies who received prematurity awareness materials and training will demonstrate intent to educate and distribute prematurity awareness materials to pregnant and/or parenting program participants</p>	<p>For FIMR LHJs Only: 3.8 FIMR Coordinator/Public Health Professional will link Medi-Cal managed care plans and WIC agencies to available prematurity awareness materials and provide technical assistance as needed.</p> <p>FIMR Coordinator/Public Health Professional works to promote activities on preterm birth risk factors, ways to reduce risk of preterm birth and prematurity efforts.</p> <p>Encourage Medi-Cal managed care providers and WIC agencies</p>	<p>For FIMR LHJs Only: 3.8 Briefly describe collaboration with Medi-Cal managed care and local WIC agencies.</p> <p>Briefly describe key prematurity education, accomplishments and barriers including timelines.</p> <p>List technical assistance provided.</p> <p>Briefly describe the CQI/QA process developed.</p>	<p>For FIMR LHJs Only: 3.8 Number of Healthy Babies/Healthy Future presentation/trainings given to managed health care insurers and local WIC agencies.</p> <p>Number of Medi-Cal managed care providers/WIC agencies who adopt prematurity awareness practices and prematurity awareness/prevention education materials / Total number of Medi-Cal managed care and WIC providers educated.</p> <p>Number of health insurers and</p>

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>to share the educational materials with pregnant and parenting women and their families to understand risk factors for preterm birth.</p> <p>Develop and implement a Continuous Quality Improvement/Quality Assurance (CQI/QA) process to monitor implementation of policies/process, and a plan to evaluate its impact.</p>	.	<p>WIC agencies who adopt, promote and distribute prematurity awareness/prevention materials/total number of managed care insurers and WIC agencies educated.</p> <p>Number of parents/families/provider partners receiving prematurity awareness/prevention materials.</p> <p>Describe the outcomes of the CQI/QA process including methods of measurements and results.</p>

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

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

- Increase consumption of a healthy diet¹
- Increase physical activity¹

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>4.1 By June 30, 2017, 3 labor and delivery hospitals will have implemented the model hospital policies or the Baby-Friendly USA Hospital requirements to comply with the Infant Feeding Act [Health and Safety Code Section 123360-123367].</p>	<p>4.1 Continue relationships with birthing hospital administrators and staff.</p> <p>Provide technical assistance and support to hospitals to meet the requirements of the Infant Feeding Act.</p> <p>Participate in a collaborative of counties (San Joaquin, Merced, Fresno) to develop “Best Practices” for achieving “Baby Friendly” status.</p> <p>Develop and implement a Continuous Quality Improvement/Quality Assurance (CQI/QA) process to monitor implementation of policies/process, and a plan to evaluate its impact.</p>	<p>4.1 Number and names of hospitals contacted and types of technical assistance provided.</p> <p>Briefly describe barriers, challenges and solutions to implementing the Infant Feeding Act.</p> <p>Briefly describe the CQI/QA process developed.</p>	<p>4.1 Number of hospitals that have implemented the model hospital policies or the Baby-Friendly USA Hospital requirements/ 3 hospitals.</p> <p>Describe the outcome of the CQI/QA process including methods of measurements and results.</p>

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

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

- Reduce unintentional injuries¹
- Reduce child abuse and neglect¹
- Provide developmental screening for all children¹

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>5.1 By June 30, 2017, 120 children identified through referrals from Community Partners at high risk for unintentional injuries, child abuse and neglect, will receive Public Health Nursing home visitation, including developmental screening.</p> <p>By June 30, 2017, 150 children receiving services from Nurse-Family Partnership (NFP) and Babies First will receive developmental screening.</p>	<p>5.1 Through Public Health Nurse home visitation case management services:</p> <ul style="list-style-type: none"> • Monitor, screen and refer as needed all children for physical, emotional and cognitive delays. • Assess, monitor and refer as needed all home environments for inadequate, unsafe and or unhealthy living conditions. • Educate all families served on the optimal emotional, physical and cognitive environments for children with a focus on the positive characteristics of each family. Screen all families for maternal depression and domestic violence. <p>Continue to support home visitation staff with self-care reflective practice sessions and educational opportunities for increased knowledge of medical and emotional needs of families.</p>	<p>5.1 Number of families assessed/screened for maternal depression /DV / Total number of families screened</p> <p>Number of home environments assessed for inadequate living conditions and referred to community resources / Total number of home environments assessed.</p> <p>Documentation of home visitation will be maintained in the Electronic Charting System.</p> <p>Maintain documentation of referrals to community resources and outcomes.</p> <p>NFP and Babies First data will be collected in the Management Information System (MIS)</p>	<p>5.1 At least 35% of clients referred will complete referrals made to community services.</p> <p>Preventable re-hospitalization rate will be less than 10%</p> <p>Number of children at high risk for unintentional injuries, child abuse and neglect received public health nursing home visitation, including developmental screening / 120</p> <p>Number of children from NFP and Babies First received developmental screening / 150</p>

¹ 2001-2015 Title V State Priorities

² Tittle V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>Children will be assessed using the ASQ-3 and the ASQ-SE per program protocol and PRN.</p> <p>The Infant Motor Screen (IMS) will also be used per program protocol to screen for neuro-motor delays. (Utilized by HRIP and Liaison Programs only)</p> <p>Environments will be monitored per program protocol for health and safety, including education on: housing integrity, accident prevention, car seat safety, lead poisoning,</p> <p>All mothers or primary care givers will be screened for PMAD and IPV according to program protocol and referred as needed.</p> <p>All charts are reviewed after initial home visit, every three months and closure of services for quality of services, interventions appropriate to family needs, outgoing referrals and documentation (HRIP and Liaison Program only)</p>		
<p>5.2 By June 30, 2017 maintain collaborative agreement with First 5, and SMART Model of Care to support comprehensive system of</p>	<p>5.2 Continue to participate in Model of Care Oversight Committee (MOCPOC) Leadership team.</p>	<p>5.2 Maintain meeting agendas, minutes on file. Document attendance in annual report.</p>	<p>5.2 Document on Collaborative Form. Summarize outcomes and activities in Annual Report.</p>

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
services for children with special health care needs. (CSHCN)	<p>Continue collaboration with partner and community agencies to support local services for CSHCN.</p> <p>Maintain annual local agreements with First 5, State MCAH and partner agencies to support funding for SMART Model of Care.</p>	<p>Describe collaborative and capacity building activities.</p> <p>Submit local agreements for state approval of pass through funding.</p>	<p>Describe state and locally approved 2016-17 MCAH, First 5 and SMART Model agreement.</p>

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

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

- Decrease teen pregnancies¹
- Reduce teen dating violence, bullying and harassment¹

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>6.1 Add specific short and/or intermediate SMART outcome objective(s) here.</p> <p>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</p> <p>List activities to meet the Outcome Objective(s) here.</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>6.1</p> <p>Develop process measures for applicable intervention activities here.</p>	<p>6.1</p> <p>Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p>

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

BUDGET SUMMARY

FISCAL YEAR
2016-17

BUDGET
ORIGINAL

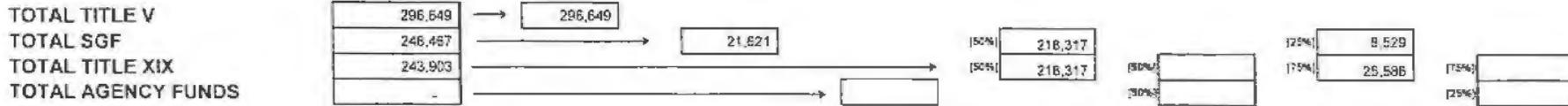
BUDGET STATUS
ACTIVE

BALANCE
1

Version 4.5 - 4Q Quarterly

Program: Agency: SubK:	UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				(16)	(17)
	TITLE V		BIH - SGF		AGENCY FUNDS			BIH - N		BIH Cnty - N		BIH - E		BIH Cnty - E			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
TOTAL FUNDING	%	TITLE V	%	SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*			
Black Infant Health 201610 Fresno			296,649		248,467												
ALLOCATION(S) →			296,649		248,467												

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	576,705		179,689		21,621				341,281				34,114		
(II) OPERATING EXPENSES	52,000		18,049						33,951						
(III) CAPITAL EXPENDITURES															
(IV) OTHER COSTS	57,395		57,395												
(V) INDIRECT COSTS	102,915		41,516						51,402						
BUDGET TOTALS*	789,015	37.60%	296,649	2.74%	21,621			55.34%	436,634			4.32%	34,114		
BALANCE(S) →															



\$ 789,018 Maximum Amount Payable from State and Federal resources

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

[Signature] 6-15-16 MCAH PROJECT DIRECTOR'S SIGNATURE DATE

[Signature] Evelyn Reimer AGENCY FISCAL AGENT'S SIGNATURE

6-15-2016 DATE

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	TITLE V	BIH - SGF	AGENCY FUNDS	BIH - N	BIH Cnty - N	BIH - E	BIH Cnty - E
(I) PERSONNEL	53113	179,689	21,621		341,281		34,114	
(II) OPERATING EXPENSES		18,049			33,951			
(III) CAPITAL EXPENSES								
(IV) OTHER COSTS		57,395						
(V) INDIRECT COSTS		41,516			51,402			
Totals for PCA Codes	789,018	296,649	21,621		436,634		34,114	

Program: Black Infant Health	UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency: 201610 Fresno	TITLE V		BIH - SGF		AGENCY FUNDS			BIH - R		BIH Only - R		BIH - E		BIH Only - E			
SubK:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
	TOTAL FUNDING	%	TITLE V	%	SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		

(II) OPERATING EXPENSES DETAIL																% PERSONNEL MATCH																	
TOTAL OPERATING EXPENSES																52,000	18,049												66.57%				
TRAVEL																15,000	35.43%	5,015					66.57%	8,986								Match Available	
TRAINING																20,000	33.43%	6,986					66.57%	13,314									
1	Building Rents & Leases																700	33.43%	234					66.57%	466								
2	Office Supplies																3,000	33.43%	1,003					66.57%	1,997								
3	Postage																500	33.43%	167					66.57%	333								
4	Printing																7,000	33.43%	2,340					66.57%	4,660								
5	Memberships																1,000	100.00%	1,000														66.57%
6	IT Support																4,800	33.43%	1,605					66.57%	3,195								
7																																	
8																																	
9																																	
10																																	
11																																	
12																																	
13																																	
14																																	
15																																	

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

(III) CAPITAL EXPENDITURE DETAIL																											
TOTAL CAPITAL EXPENDITURES																											

(IV) OTHER COSTS DETAIL																% PERSONNEL MATCH																			
TOTAL OTHER COSTS																57,395	57,395														66.57%				
SUBCONTRACTS																																			
1	Reading and Beyond																7,750	100.00%	7,750																
2																																			
3																																			
4																																			
5																																			
6																																			
7																																			
8																																			
OTHER CHARGES																																			
1	Client Support Materials																19,645	100.00%	19,645																66.57%
2	Media																30,000	100.00%	30,000																66.57%
3																																			
4																																			
5																																			
6																																			
7																																			
8																																			

Program:	Black Infant Health	UNMATCHED FUNDING						NON-ENHANCED MATCHING [50/50]				ENHANCED MATCHING [75/25]						
Agency:	201610 Fresno	TITLE V		BH - SGF		AGENCY FUNDS		BH - N		BH Cnty - N		BH - E		BH Cnty - E				
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
		TOTAL FUNDING	%	TITLE V	%	SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		

(V) INDIRECT COSTS DETAIL																	
TOTAL INDIRECT COSTS		102,915		41,516						51,402							
15.00% of Total Direct Costs		102,915	40.34%	41,515					59.66%	51,402							

(I) PERSONNEL DETAIL																	
TOTAL PERSONNEL COSTS		576,705		179,689		21,521				341,281					34,114		
FRINGE BENEFIT RATE		78.20%		78,854		9,488				149,766					14,970		
TOTAL WAGES		323,628		100,836		12,133				191,516					19,143		

INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES													J-Base MCF Per Staff	Total Match
1	EA Public Health Nurse II	50.00%	81,927	40,964	35.00%	14,337				46.00%	18,643			19.00%	7,783		91.2%	65.00%
2	FN BH Coordinator -HE	100.00%	48,802	48,802	9.91%	4,838	20.09%	9,802		55.00%	26,641			15.00%	7,026		91.2%	79.00%
3	SB Community Liaison -HES	100.00%	50,505	50,505	27.00%	13,636				73.00%	36,669						91.2%	73.00%
4	DS FHA Group Facilitator -HES	100.00%	53,015	53,015	40.00%	21,206				60.00%	31,809						91.2%	60.00%
5	MB FHA Group Facilitator -HES	100.00%	41,492	41,492	44.00%	18,256				56.00%	23,236						91.2%	56.00%
6	KM FHA Group Facilitator -HEA	100.00%	43,100	43,100	47.00%	20,257				53.00%	22,643						91.2%	53.00%
7	MM Data Entry Manager -OA	100.00%	23,306	23,306			10.00%	2,331		90.00%	20,975						91.2%	80.00%
8	EJ Mental Health Professional -MSW	50.00%	44,888	22,444	37.00%	5,304				45.00%	10,100			15.00%	4,040		91.2%	63.00%
9																		
10																		
11																		
12																		
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																		

Budget:	ORIGINAL
Program:	Black Infant Health
Agency:	201610 Fresno
SubK:	

Base Medi-Cal Factor % cannot be changed. This value is valid for FY 16/17 for the select

Version 4.5 - 4Q Quarterly

(I) PERSONNEL DETAIL						BASE MEDICAL FACTOR %		91.18%							
TOTALS						7.00	387,035	323,628		253,077.10	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				
	INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	Personnel/MCF % Justification Maximum characters = 1024			
1	EA	Public Health Nurse II	50.00%	81,927	40,964	78.20%	32,033.85		91.18%	Base					
2	FN	BIH Coordinator -HE	100.00%	48,802	48,802	78.20%	38,153.16		91.18%	Base					
3	SB	Community Liaison -HES	100.00%	50,505	50,505	78.20%	39,494.91		91.18%	Base					
4	DS	FHA Group Facilitator -HES	100.00%	53,015	53,015	78.20%	41,457.73		91.18%	Base					
5	MB	FHA Group Facilitator -HES	100.00%	41,492	41,492	78.20%	32,446.74		91.18%	Base					
6	KM	FHA Group Facilitator -HEA	100.00%	43,100	43,100	78.20%	33,704.20		91.18%	Base					
7	MM	Data Entry Manager -OA	100.00%	23,306	23,306	78.20%	18,225.29		91.18%	Base					
8	EJ	Mental Health Professional -MSW	50.00%	44,888	22,444	78.20%	17,551.21		91.18%	Base					
9															
10															
11															
12															
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															

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

Black Infant Health Program

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

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

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

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

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

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

It is the responsibility of the Local Health Jurisdiction (LHJ) to meet the goals and objectives of this SOW. The LHJ shall strive to develop systems that protect and improve the health of California's women of reproductive age, infants, children, adolescents, and their families.

The goals in this SOW incorporate local problems identified by LHJs 5-Year Needs Assessments and reflect the Title V priorities of the MCAH Division.

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

- o The Ten Essential Services of Public Health: <http://www.cdc.gov/nphpsp/essentialServices.html>; <http://www.publichealth.lacounty.gov/qj/corefcns.htm>
- o The Spectrum of Prevention: <http://www.preventioninstitute.org/component/taxonomy/term/list/94/127.html>
- o Life Course Perspective: <http://mchb.hrsa.gov/lifecourse/resources.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>

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

Deliverables for each FY

Due Date for each FY

Annual Progress Report

Aug. 15

Coordinator Quarterly Report:

Reporting Period	From	To	Due Date
1) First Report	July 1, 2016	September 30, 2016	October 31, 2016
2) Second Report	October 1, 2016	December 31, 2016	January 31, 2017
3) Third Report	January 1, 2017	March 31, 2017	April 30, 2017
4) Fourth Report (WAIVED) <i>Information during this reporting period will be included in the Annual Progress Report</i>	April 1, 2017	June 30, 2017	July 31, 2017

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

Part II: Black Infant Health Program

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>1.1 LHJ Maternal, Child and Adolescent Health (MCAH) Director and/or designee (BIH Coordinator) will provide oversight, maintain program fidelity, fiscal management and demonstrate that BIH activities are conducted as required in the BIH Policies and Procedures, SOW, Data Collection Manual, Efforts to Outcome (ETO) Data Book, Group Curriculum, and MCAH Fiscal Policies and Procedures.</p>	<p>1.1</p> <ul style="list-style-type: none"> • Implement the program activities as designed. • Annually review and revise internal policies and procedures for delivering services to eligible BIH participants. • Submit Agreement Funding Application (AFA) timely. • Ensure that BIH Coordinator is involved in the BIH budget process prior to submission of AFA to MCAH. • Submit BIH Annual report by August 15. • Submit BIH Quarterly Reports as directed by MCAH. 	<p>1.1</p> <ul style="list-style-type: none"> • Describe MCAH Director and BIH Coordinator responsibilities as they relate to BIH. (N) • Provide organization chart that designates the delineation of responsibilities of MCAH Director and BIH Coordinator from MCAH to the BIH Program. • Describe collaborative process between MCAH Director and BIH Coordinator related to BIH budget prior to AFA submission. (N) 	<p>1.1</p>
<p>1.2 Each LHJ must have in place qualified personnel and required Full Time Equivalent (FTE) to conduct a BIH Program that is relevant to African-American women, culturally competent and honors the unique history/traditions of people of African-American descent as outlined in the P&P.</p>	<p>1.2</p> <ul style="list-style-type: none"> • Maintain culturally competent staff to perform program services. • At a minimum, the following key staffing roles are required: <ul style="list-style-type: none"> ○ .0.5 FTE BIH Coordinator ○ Family Health Advocates (FHA)/Group Facilitators (GF) based on MCAH-BIH designated tier level. ○ 1 FTE Community Outreach Liaison (COL) ○ 0.5 FTE Data Entry ○ 0.5 FTE Mental Health 	<p>1.2</p> <ul style="list-style-type: none"> • Describe process of hiring staff at each site that are filled by personnel meeting qualifications in the P&P. • Include duty statements of all staff with submission of AFA Packet. • Submission of all staff changes per guidelines outlined in BIH P&P. 	<p>1.2</p> <ul style="list-style-type: none"> • Percent of key staffing roles at site filled by personnel who meet qualifications in the P&P. (N)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	Professional (MHP) <ul style="list-style-type: none"> Utilization of a staff hiring plan. 		
TRAINING 1.3 All BIH staff will maintain and increase staff competency.	1.3 <ul style="list-style-type: none"> Develop a plan to assess the ability of staff to effectively perform their assigned tasks, including regular observations of group facilitators. Identify staff training needs and ensure those needs are met, notifying MCAH of any training needs. Ensure that all key BIH staff participates in training or educational opportunities designed to enhance cultural sensitivity. Require that all key BIH staff (i.e. MCAH Director, BIH Coordinator, and ALL direct service staff) attend mandatory MCAH Division-sponsored trainings, meetings and/or conferences as scheduled by MCAH Division. Ensure that the BIH Coordinator and all direct service staff attend mandatory MCAH Division-sponsored training(s) prior to implementing the BIH Program. Ensure that the BIH Coordinator and/or MCAH Director perform regular observations of Group 	1.3 <ul style="list-style-type: none"> List staff training activities. (N) Describe improved staff performance and confidence in implementing the program model as a result of participating in staff development activities and/or trainings. (N) List gaps in staff development and training. (N) Describe plan to ensure that staff development needs are met. (N) Describe how cultural sensitivity training has enhanced LHJ staff knowledge and how that knowledge is being applied. (N) Recommend training topic suggestions for statewide meetings. (N) 	1.3 <ul style="list-style-type: none"> Maintain records of staff attendance at trainings. (N) Completion of group session information form. (E)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	Facilitators and assessments of FHAs' case management activities.		
DATA COLLECTION AND ENTRY 1.4 All BIH participant program information and outcome data will be collected and entered timely and accurately using BIH required forms at required intervals.	1.4 <ul style="list-style-type: none"> Ensure that all direct service staff participate in data collection, data entry, data quality improvement, and use of data collection software determined by MCAH. Ensure that all subcontractor agencies providing direct service enter data in the ETO as determined by MCAH. Ensure accuracy and completeness of data input into ETO system. Ensure that all staff receives updates about changes in ETO and data book forms. Ensure that a selected staff member with advanced knowledge of the BIH Program, data collection, and ETO is selected as the BIH Site's Data Entry lead and participates in all Data and Evaluation calls. Accurately and completely collect required participant information, with timely data input into the appropriate data system(s). Work with MCAH to ensure proper and continuous operation of the MCAH-BIH- 	1.4 <ul style="list-style-type: none"> Review ETO and fidelity snapshot reports and discuss during calls with BIH State Team. Review ETO Utilization Reports for all staff at BIH Sites. Enter all data into ETO within 7 working days of collection. Review of the BIH Data Collection Manual by all staff. Completion of ETO training by all staff. Participation in periodic MCAH-Data calls. Participation in role-specific trainings by the Data Entry Lead. Review of ETO data quality reports by the BIH Coordinator and Data Entry staff on at least a monthly basis. Conduct and report on audits of recruitment, enrollment, and service delivery paper forms against ETO reports; audit sample must include at least 10% of recruitment records and 10% of enrollment records. 	1.4 <ul style="list-style-type: none"> Number and percent of enrolled women for whom no information/action was entered into the ETO within two weeks of enrollment. (E) Number and percent of forms that were entered within 7 days of collection. (E) Number and percent of forms collected within the required timeframe per the BIH Data Collection Manual. (E) Number and percent of enrolled participants that have information/action entered into the ETO within two weeks of collection. (E) Number and percent of cases with completed recruitment forms. (E) Number and percent of referred or recruited women with no enrollment decision after 30 days. (E) Number and percent of participating women with cases closed 2 months after last postpartum group. (E) Number and percent of key staff that completed FY 16-17 BIH ETO Training. (E)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	ETO. <ul style="list-style-type: none"> • Store Participant level Data forms on paper per guidelines in P&P. • Define a data entry schedule for staff. 		
OUTREACH 1.5 All BIH LHJs will elevate community awareness of BIH by conducting outreach activities.	1.5 <ul style="list-style-type: none"> • All BIH LHJs will conduct outreach activities and build collaborative relationships with local social service providers, health care providers and individuals to ensure that eligible women are referred to BIH. 	1.5 <ul style="list-style-type: none"> • Describe the types of community partner agencies contacted by LHJ staff. (N) • Describe outreach activities performed in order to reach target population. (N) • Describe deviations in outreach activities, noting changes from local recruitment plan. (N) 	1.5 <ul style="list-style-type: none"> • Number of existing MOUs prior to FY 16-17. (E) • Number of new MOUs established in FY 16-17. (E) • Total number and type of outreach activities completed by all staff. (E)
PARTICIPANT RECRUITMENT 1.6 All BIH LHJs will recruit African- American women 18 years of age, less than 26 weeks pregnant.	1.6 <ul style="list-style-type: none"> • Develop a Participant Recruitment Plan (standardized intake process) according to the target population and eligibility guidelines in MCAH-BIH P&P. • Review Recruitment plan annually and update as needed. 	1.6 <ul style="list-style-type: none"> • Submit participant triage algorithm with submission of AFA packet. • Participant Recruitment Plan will be reviewed annually and updated as needed. 	1.6 <ul style="list-style-type: none"> • Number and percent of referred and recruited women who enrolled into the BIH Program. (E) • Number and percent of recruited and referred women that were eligible (at least 18 years old and <26 weeks gestation). (E)
PARTICIPANT REFERRAL 1.7 All BIH LHJs will establish a network of referral partners.	1.7 <ul style="list-style-type: none"> • Collaborate with community agencies to develop a network 	1.7 <ul style="list-style-type: none"> • Describe process for ensuring that referral partner agencies 	1.7 <ul style="list-style-type: none"> • Number of women that were recruited by referral source

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)
	of referral partners who will refer eligible women to BIH. <ul style="list-style-type: none"> • Provide referrals to other MCAH programs for women who cannot participate in group intervention sessions. 	are referring eligible women to BIH. (N)	type (Provider versus Non-provider). (E) <ul style="list-style-type: none"> • Number and percent of referred women with completed referral form. (E)
ENROLLMENT 1.8 <ul style="list-style-type: none"> • All participants enrolled in BIH will be African-American. • All participants will be 18 years or older when enrolled in BIH. • All participants will be enrolled during pregnancy. <ul style="list-style-type: none"> ○ All participants will be enrolled at or before 26 weeks of pregnancy. • All women will participate in group intervention. 	1.8 <ul style="list-style-type: none"> • Enroll women that are African-American. • Enroll women during pregnancy. • Enroll women at or before 26 weeks of pregnancy. • Enroll women that will participate in group intervention. 	1.8 <ul style="list-style-type: none"> • Visual inspection of all recruitment eligibility fields on incoming referral forms for completeness. • Inclusion of eligibility criteria with materials used for referral and recruitment. 	1.8 <ul style="list-style-type: none"> • Number and percent of enrolled women who are 18 years of age and older at enrollment. (E) • Number and percent of enrolled women who were pregnant 26 weeks or less at enrollment. (E)
PROGRAM PARTICIPATION 1.9.1 <ul style="list-style-type: none"> • All women will participate in prenatal group. • All women will participate in group within 30 days of enrollment. 	1.9.1 <ul style="list-style-type: none"> • Assign participants to a prenatal group as part of enrollment process. • Schedule prenatal groups to allow participants to attend within 30 days of enrollment. • Enroll participants in a prenatal group within 30 days of first successful contact. 	1.9.1 <ul style="list-style-type: none"> • Describe barriers, challenges and successes of enrolling women in prenatal group within 30 days of first successful contact. (N) 	1.9.1 <ul style="list-style-type: none"> • Number and percent of enrolled women who attended a prenatal group session within 30 days of enrollment. (E) • Number and percent of enrolled women assigned to a prenatal group. (E) • Percent of group sessions that were conducted in the prescribed sequence and at the prescribed time intervals. (E)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>1.9.2</p> <ul style="list-style-type: none"> • All BIH participants will receive case management support as defined in the P&P. • All participants will complete all prenatal and postpartum assessments within the recommended time intervals. • All BIH participants will receive referrals to services outside of BIH based on Life Planning Meetings. 	<p>1.9.2</p> <ul style="list-style-type: none"> • Assign participants to a FHA as part of enrollment process. • Conduct case management services that align with Life Plan activities (goal setting). • Collect completed self-administered scaled questions as described in P&P. • Collect the required number of assessments per timeframe outlined in P&P. • Develop and implement a Life Plan based on goal setting during Life Planning meetings for each BIH participant; complete all prenatal and postpartum assessments; provide ongoing identification of her specific concerns/needs and referral to services outside of BIH as needed based on Life Planning meetings. • Ensure participant referrals are generated and completed for all services identified. • Conduct participant dismissal activities. • Conduct participant satisfaction surveys. • Submit complete and accurate reports in the timeframe specified by MCAH. 	<p>1.9.2</p> <ul style="list-style-type: none"> • Collect and record service delivery activities for enrolled women into ETO. (E) • Report number and percent of enrolled women for whom the following actions are completed (E): <ul style="list-style-type: none"> ○ Assigned to an FHA ○ Intake procedures, including completion of an initial assessment and assigned date of initial prenatal group. ○ Initial case conferencing. ○ Life Planning Meetings. ○ Prenatal and Postpartum assessments. ○ Birth Plan ○ Referrals ○ Participant dismissal • Describe successes and/or challenges in assisting participants with setting short and long-term goals during Life Planning meetings. (N) • Describe program improvements resulting from participant satisfaction survey findings. (N) 	<p>1.9.2</p> <ul style="list-style-type: none"> • Number and percent of enrolled women assigned to an FHA. (E) • Number and percent of enrolled women who complete prenatal and postpartum assessments at the P&P-designated time intervals. (E) • Number and percent of enrolled women who are assigned to a prenatal group upon enrollment. • Number and percent of enrolled women who received at least one case conference attended by a FHA or GF, MHP or Public Health Nurse (PHN). (E) • Percent of enrolled women who have (a) a long term goal and (b) one or more short-term goals documented in each of the three focus areas (health, relationship, and finances) (among women enrolled 30 days or longer) during Life Planning meetings. (E) • Number and percent of enrolled women with a Birth Plan collected within the P&P-designated time frame. (E) • Number and percent of enrolled women who have a known referral status for every documented referral at time of exit from the program (among women dismissed from BIH.(E)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
			<ul style="list-style-type: none"> • Number and percent of enrolled women who have not been dismissed from BIH 2 or more months after completion of their last postpartum group.(E) • Number and percent of enrolled women who have been dismissed from enrollment with a completed participant satisfaction survey. (E)
1.9.3 All BIH participants will participate in Group Intervention Sessions.	1.9.3 <ul style="list-style-type: none"> • Schedule group sessions with guidance from State BIH Team. • All participants will have the opportunity to enroll in a group series within 30 days of the first successful contact. • Conduct and adhere to the 20-group intervention model as specified in the P&P. 	1.9.3 <ul style="list-style-type: none"> • Collect and record group session attendance records for all enrolled women into ETO. (E) • Submit FY 2016-17 Group Session Calendar to MCAH-BIH Program with submission of AFA and upon request. • Describe participant successes or challenges with completing 7 of 10 prenatal and/or postpartum group sessions. 	1.9.3 <ul style="list-style-type: none"> • Number of group series entered into ETO. (E) • Number and percent of enrolled women who attend at least one prenatal group session. (E) • Number and percent of enrolled women who attended: <ul style="list-style-type: none"> ○ 7 of 10 Prenatal Group Sessions. ○ 7 of 10 Postpartum Group Sessions.

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>2.1 BIH Coordinator and/or MCAH Director will elevate community awareness of African-American birth outcomes.</p>	<p>2.1</p> <ul style="list-style-type: none"> • Inform the community about poorer birth outcomes among African-American women by delivering standardized messages describing how the BIH Program addresses these issues. • Create partnerships with community and referral agencies that support the broad goals of the BIH Program, through formal and informal agreements. • Develop a community awareness plan that outlines how community engagement activities will be conducted. 	<p>2.1</p> <ul style="list-style-type: none"> • Submit quarterly reports that describe outreach activities electronically using ETO in a timely manner. (E) • Document the local plan for community linkages, including an effective referral process that will be reviewed on an annual basis and updated as needed. (N) • Document successes and barriers to community education activities or events at least once per quarter in the ETO through quarterly reporting. (E/N) • List and maintain current documentation on the nature of formal and informal partnerships with community and referral agencies at least once a quarter; record MOUs and referral relationships in the ETO service provider details form. (E/N) • Document community efforts such as advisory board involvement and community collaborations to address maternal and infant health disparities, or other similar formal or informal partnerships at least once per quarter. (N) • Enter all outreach activities in the Community Contacts Log in ETO. 	<p>2.1</p> <ul style="list-style-type: none"> • Number, format, and outcomes associated with community outreach activities conducted by BIH Coordinator and/or MCAH Director. (E/N)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
		<ul style="list-style-type: none"> Maintain current lists of community providers and Service Provider details in ETO. 	
2.2 BIH Community Outreach Liaison (COL) will increase information sharing with other local agencies providing services to African-American women and children in the community and establish a clear point of contact.	2.2 <ul style="list-style-type: none"> Develop collaborative relationships with local agencies in the community that provide services to African-American women and children, to establish strong resource linkages for recruitment of potential participants and for referrals of active participants. Develop a clear point of contact (person/s) with collaborating community agencies on a regular basis as it relates to outreach, enrollment, referrals, care coordination, etc. 	2.2 <ul style="list-style-type: none"> Enter all outreach activities in the Community Contacts Log in ETO. Maintain current lists of community providers and Service Provider details in ETO. Describe materials used to inform community partners about BIH. (N) List and describe barriers, challenges and/or successes related to establishing community partnerships and points of contact. (N) 	2.2 <ul style="list-style-type: none"> Number of agencies where the COL has a documented point of contact and with whom information is regularly exchanged. (E) Number of agencies with outreach records documented in ETO. (E) Completeness and timeliness of reporting on community outreach activities conducted by COL. (N/E)

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>3.1 All BIH participants will report increased social support and decreased social isolation after attending the prenatal and/or postpartum group intervention and completing Life Planning activities.</p>	<p>3.1</p> <ul style="list-style-type: none"> • Implement the prenatal and postpartum group intervention with fidelity to the P&P. • Encourage participants to attend and participate in group sessions. • Support clients in fostering healthy interpersonal and familial relationships. • Report results from group session information form, including description of participant engagement in group activities for each group session. 	<p>3.1</p> <ul style="list-style-type: none"> • Provide FY 2016- 2017 group intervention schedules upon request. (N) • Percent of adherence indicators with 'high' fidelity ratings. (E) • Percent of participants who meet expected prenatal life planning session attendance (prenatal dose). (E) • Percent of participants who meet expected prenatal group session attendance (prenatal dose). (E) 	<p>3.1</p> <ul style="list-style-type: none"> • Number and percent of participants who report an increase in social support as measured through the Social Provisions Scale – Short (SPS-S). (E) • Number and percent of completed group session information forms. (E)
<p>3.2 All BIH participants will report increased self-esteem, mastery, coping and resiliency after attending prenatal and/or postpartum group intervention and completing Life Planning activities.</p>	<p>3.2</p> <ul style="list-style-type: none"> • All activities are delivered with an understanding of African-American culture and history. • Assist participants in identifying and utilizing their personal strengths. • Develop and implement a Life Plan with each client. • Teach and provide support to participants as they develop goal-setting skills and create their Life Plans. • Teach participants about the importance of stress reduction and guide them in applying stress reduction techniques. 	<p>3.2</p> <ul style="list-style-type: none"> • Describe challenges/barriers why participants did not report an increase in self-esteem, mastery, coping and resiliency after attending prenatal and/or postpartum group intervention and completing Life Planning activities. (N) 	<p>3.2</p> <ul style="list-style-type: none"> • Number and percent of participants who maintain or increase self-esteem based on responses to the Rosenberg Self-Esteem Scale. (E) • Number and percent of participants who maintain or increase mastery based on responses to the Pearlin Mastery Scale. (E) • Number and percent of participants who maintain or increase coping and resiliency based on responses to the Brief Resilience Scale. (E)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<ul style="list-style-type: none"> • Support participants as they become empowered to take actions toward meeting their needs. • Teach participants how to express their feelings in constructive ways. • Help participants to understand societal influences and their impact on African-American health and wellness. 		

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>4.1 All BIH participants will be linked to services that support health and wellness while enrolled in the BIH Program.</p>	<p>4.1</p> <ul style="list-style-type: none"> • Assist participants in understanding behaviors that contribute to overall good health, including: <ul style="list-style-type: none"> ○ Stress management ○ Sexual health ○ Nutrition ○ Physical activity • Ensure that participants are receiving prenatal care. • Ensure that healthy nutritious snacks are available during group sessions. • Provide participants with health information that supports a healthy pregnancy. • Ensure that participants have access to health insurance. • Identify participants' health and social needs and provide referrals and follow-up as needed to health and community services. • Provide information and health education to participants who report drug, alcohol and/or tobacco use. • Assist participants with completion of their birth plan. 	<p>4.1</p> <ul style="list-style-type: none"> • List and document additional activities (e.g., Champions for Change cooking demonstrations) conducted that promote health and wellness of BIH enrollees and their infants at least once per quarter. (N/E) 	<p>4.1</p> <ul style="list-style-type: none"> • Number and percent of participants and infants who obtained health and community services while enrolled in BIH. (E) • Number and percent of participants whose healthy eating behaviors improve over the course of their participation in BIH. (E) • Number and percent of participants whose physical activity increased over the course of their participation in BIH. (E) • Number and percent of recruited and enrolled participants reporting drug, alcohol and/or tobacco use who are provided information and health education. (E) • Number and percent of participants receiving prenatal care by trimester of program initiation. (E) • Number and percent of participants uninsured at enrollment who received referral and follow-up for health insurance before delivery. (E) • Number and percent of participants who complete a birth plan. (E)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>4.2 All BIH participants will report an increase in knowledge and understanding of reproductive life planning and family planning services.</p>	<p>4.2</p> <ul style="list-style-type: none"> Promote and support family planning by providing information and education. Promote and support interconception health. Help participants understand and value the concept of reproductive life planning as they complete their Life Plans. Help participants understand the characteristics of healthy relationships and provide resources that can help participants deal with abuse, reproductive coercion or birth control sabotage. Provide referrals and promote linkages to family planning providers including Family Planning, Access, Care, and Treatment (Family PACT). 	<p>4.2</p> <ul style="list-style-type: none"> Summarize challenges/barriers of birth control usage among enrolled women who have delivered. (N) 	<p>4.2</p> <ul style="list-style-type: none"> Number and percent of participants who attend a 4-6 week postpartum checkup with a medical provider. (E) Number and percent of participants who use any method of birth control to prevent pregnancy after their babies are born. (E)
<p>4.3 All BIH participants will be screened for Perinatal Mood and Anxiety Disorders (PMAD) and those with positive screens will be given a referral to mental health services.</p>	<p>4.3</p> <ul style="list-style-type: none"> Help participants understand how mental health contributes to overall health and wellness. Help participants recognize the connection between stress and mental health and practice stress reduction techniques. Help participants understand the connection between physical activity and mental health. 	<p>4.3</p> <ul style="list-style-type: none"> Summarize successes and challenges in addressing mental health issues, including mental health referrals at least once per quarter. (N) 	<p>4.3</p> <ul style="list-style-type: none"> Number and percent of enrolled participants who completed the EPDS 6-8 weeks postpartum. (E) Number and percent of participants with "positive" EPDS screens with a recorded referral to a community mental health provider within 2 weeks after the EPDS collection date. (E)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<ul style="list-style-type: none"> Administer the Edinburgh Postpartum Depression Screen (EPDS) to every participant 6-8 weeks after she gives birth. Help participants understand the symptoms of postpartum depression. Provide referrals and follow-up to mental health services when appropriate. 		
<p>4.4 All BIH participants will report an increase in parenting skills and bonding with their infants and other family members.</p>	<p>4.4</p> <ul style="list-style-type: none"> Assist participants in understanding and applying effective parenting techniques. Assist participants with completing home safety checklist. Assist participants with increasing knowledge of infant safe sleep practices, Sudden Infant Death Syndrome (SIDS), Sudden Unexplained Infant Death (SUID) risk reduction. Assist participants with completing birth plan. Assist participants with identifying and using bonding strategies, including breastfeeding, with their newborns. 	<p>4.4</p> <ul style="list-style-type: none"> List and describe additional activities that enhance parenting and bonding. (N) Provide anecdotes/participant success stories about improved parenting/bonding with submission of BIH Quarterly Reports. List and describe additional activities on infant safe sleep practices/SIDS/SUID risk reduction. (N) Provide anecdotes/participant success stories about infant safe sleep practices and SIDS/SUID risk reduction with submission of BIH Quarterly Reports. Provide anecdotes/participant success stories about breastfeeding practices with submission of BIH Quarterly Reports. 	<p>4.4</p> <ul style="list-style-type: none"> Number and percent of participants who complete the safety checklist prior to delivery. (E) Number and percent of postpartum participants who initiate breastfeeding. (N) Number and percent of prenatal participants who complete a birth plan prior to delivery. (E)

AGREEMENT BETWEEN THE COUNTY OF FRESNO AND THE STATE OF CALIFORNIA

No.: CA Department of Public Health
Maternal, Child and Adolescent Health and
Black Infant Health Programs
Agreement # 201610 FY 2016-17

Term: July 1, 2016 – June 30, 2017

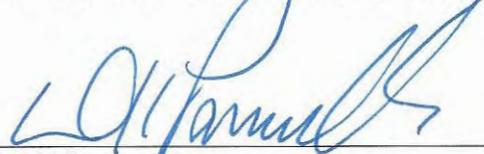
APPROVED AS TO LEGAL FORM:
DANIEL C. CEDERBORG,
COUNTY COUNSEL

By  _____

APPROVED AS TO ACCOUNTING FORM:
OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/
TREASURER -TAX COLLECTOR

By  _____

REVIEWED AND RECOMMENDED FOR APPROVAL:

By  _____
David Pomaville
Director
Department of Public Health

Fund/Subclass: 0001/10000
Organization #: 56201706, 56201700
Revenue: 4382

ks