

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

**FUNDING AGREEMENT PERIOD
FY 2017-2018**

AGENCY INFORMATION FORM

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

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

AGENCY IDENTIFICATION INFORMATION

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

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

201710	MCAH	201710	BIH		#	AFLP	15-10157	CHVP
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Update Effective Date: _____ (only required when submitting updates)

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: www.fcdph.org

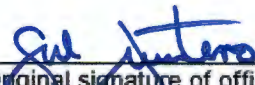
AGREEMENT FUNDING APPLICATION POLICY COMPLIANCE AND CERTIFICATION

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

201710 <u>MCAH</u>	201710 <u>BIH</u>	201710 <u>FIMR/SIDS</u>	#	<u>AFLP</u>	15-10157 <u>CHVP</u>
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The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

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

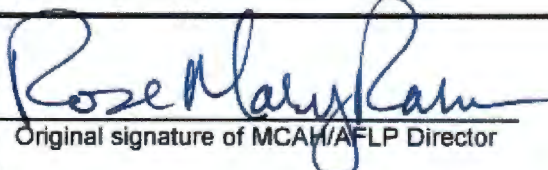

Original signature of official authorized to
commit the Agency to an MCAH Agreement

Chairman, Board of Supervisors
Title

Sal Quintero

Name (Print)

January 9 2018
Date


Original signature of MCAH/AFLP Director

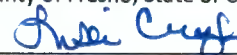
MCAH Director
Title

Rose Mary Rahn

Name (Print)

4/20/17
Date

ATTEST:
BERNICE E. SEIDEL
Clerk to the Board of Supervisors
County of Fresno, State of California

By  Deputy

BUDGET SUMMARY	FISCAL YEAR 2017-18	BUDGET ORIGINAL	BUDGET STATUS ACTIVE	MCAH & SIDS BALANCE
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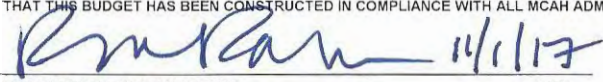

Version 4.6-150 Quarterly

Program:	Maternal, Child and Adolescent Health			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)					
Agency:	201710 Fresno							MCAH-TV		SIDS		AGENCY FUNDS		MCAH Cnty-N	
SubK:				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)
				TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	
ALLOCATION(S)				→		210,795		7,372							

EXPENSE CATEGORY											
(I) PERSONNEL	4,186,924		210,795		7,372		1,112,558		1,432,314		1,423,886
(II) OPERATING EXPENSES	423,659						141,669		281,990		
(III) CAPITAL EXPENDITURES											
(IV) OTHER COSTS	1,183,943						418,139		765,804		
(V) INDIRECT COSTS	1,046,731						332,651		714,080		
BUDGET TOTALS*	6,841,257	3.08%	210,795	0.11%	7,372	29.31%	2,005,017	46.69%	3,194,188	20.81%	1,423,886
BALANCE(S)											

TOTAL TITLE V
TOTAL SIDS
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

210,795	→	210,795	
7,372	→	7,372	
2,665,009	→		[50%] 1,597,094 [75%] 1,067,915
3,958,083	→	2,005,017	[50%] 1,597,094 [25%] 355,972

\$ 2,883,176	Maximum Amount Payable from State and Federal resources
WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	
 MCAH/PROJECT DIRECTOR'S SIGNATURE	 AGENCY FISCAL AGENT'S SIGNATURE
11/1/17 DATE	11-2-2017 DATE

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MCAH-TV		SIDS		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E
PCA Codes		53107		53112				53118		53117
(I) PERSONNEL		210,795		7,372				716,157		1,067,915
(II) OPERATING EXPENSES								140,995		
(III) CAPITAL EXPENSES										
(IV) OTHER COSTS								382,902		
(V) INDIRECT COSTS								357,040		
Totals for PCA Codes	2,883,176	210,795		7,372				1,597,094		1,067,915

Program:	Maternal, Child and Adolescent Health			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:	201710 Fresno														
SubK:				MCAH-TV		SIDS		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E			
				(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
				(1)											
	TOTAL FUNDING			%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		

(II) OPERATING EXPENSES DETAIL									% TRAVEL NON-ENH MATCH		% TRAVEL ENH MATCH		% PERSONNEL MATCH	
									#DIV/0!		#DIV/0!		67.26%	
TOTAL OPERATING EXPENSES			423,659					141,669		281,990			Match Available	
	TRAVEL	58,280					32.74%	19,081	67.26%	39,199				
	TRAINING	17,203					32.74%	5,632	67.26%	11,571				
1	Facilities	149,603					32.74%	48,980	67.26%	100,623				
2	Utilities	38,439					32.74%	12,585	67.26%	25,854				
3	Security	13,240					32.74%	4,335	67.26%	8,905				
4	Household Expenses/Maintenance	18,938					32.74%	6,200	67.26%	12,738				
5	Telephones	18,862					32.74%	6,175	67.26%	12,687				
6	Office Supplies	12,027					32.74%	3,938	67.26%	8,089				
7	Postage	1,147					32.74%	376	67.26%	771				
8	Printing	5,515					32.74%	1,806	67.26%	3,709				
9	Medical Supplies	4,405					100.00%	4,405					67.26%	
10	Software	59,000					32.74%	19,317	67.26%	39,683				
11	IT Support	27,000					32.74%	8,840	67.26%	18,160				
12														
13														
14														
15														

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

(III) CAPITAL EXPENDITURE DETAIL													
TOTAL CAPITAL EXPENDITURES													

(IV) OTHER COSTS DETAIL													% PERSONNEL MATCH	
TOTAL OTHER COSTS		1,183,943					418,139		765,804			67.26%		
SUBCONTRACTS														
1	Exceptional Parents Unlimited	1,094,006					30.00%	328,202	70.00%	765,804				
2	Nurse-Family Partnership	17,256					100.00%	17,256						
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					67.26%	
2	Interpreters	19,492					100.00%	19,492					67.26%	
3	Client Support Materials	10,529					100.00%	10,529					67.26%	
4														
5														

Program: Agency: SubK:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)				
	201710 Fresno														
			MCAH-TV		SIDS		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E				
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)			(16)
		TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*			
(V) INDIRECT COSTS DETAIL															
TOTAL INDIRECT COSTS		1,046,731		(0)				332,651		714,080					
25.00% of Total Wages + Fringe Benefits		1,046,731	0.00%	(0)				31.78%	332,651	68.22%	714,080				

(I) PERSONNEL DETAIL															
TOTAL PERSONNEL COSTS					4,186,924		210,795		7,372		1,112,558		1,432,314		1,423,886
FRINGE BENEFIT RATE					75.66%	1,803,331	90,790	3,175	479,185	616,905	613,275				
TOTAL WAGES					2,383,593	120,004	4,197	633,373	815,408	810,610					
INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES										J-Pers MCF Per Staff	Staff Traveling (X)
1	RG Division Manager	20.00%	112,543	22,509	0.00%	17,726		31.50%	7,090	48.00%	10,804	20.50%	4,614	69.7%	
2	RG MCAH Director	50.00%	112,543	56,272	31.50%					48.00%	27,011	20.50%	11,536	69.7%	
3	BA Administrative Assistant	70.00%	37,324	26,127	0.00%			95.00%	24,821	5.00%	1,306			69.7%	
4	AX Staff Analyst II	100.00%	60,153	60,153	0.00%			94.00%	56,544	6.00%	3,609			69.7%	
5	MC Senior Accountant	10.00%	66,360	6,636	0.00%	32,760		95.00%	6,304	5.00%	332			69.7%	
6	DM Account Clerk I	100.00%	28,089	28,089	0.00%			95.00%	26,685	5.00%	1,404			69.7%	
7	JD PHN II -MCAH Coordinator	100.00%	89,753	89,753	36.50%					36.00%	32,311	27.50%	24,682	69.7%	
8	LP PHN II -FIMR/SIDS Coord	100.00%	70,330	70,330	24.53%		17,254	5.97%	4,197	55.50%	39,033	14.00%	9,846	69.7%	
9	V MSW I	85.00%	44,888	38,155	0.00%	(0)		6.50%	2,480	36.00%	13,736	57.50%	21,939	94.5%	
10	EJ MSW I	50.00%	47,580	23,790	0.00%			6.00%	1,427	78.00%	18,556	16.00%	3,806	94.5%	
11	BV Epidemiologist	25.00%	73,446	18,362	0.00%			94.00%	17,260	6.00%	1,102			69.7%	
12	AC HEA	60.00%	34,606	20,764				38.00%	7,890	62.00%	12,874			69.7%	
13	TT HEA	60.00%	44,300	26,580		(0)		42.50%	11,297	57.50%	15,284			69.7%	
14	CV HES	60.00%	42,588	25,553	0.00%			45.50%	11,627	54.50%	13,926			69.7%	
15	PG HES	100.00%	41,492	41,492	0.00%			55.00%	22,821	45.00%	18,671			69.7%	
16	AV Health Educator	60.00%	61,662	36,997				38.50%	14,244	60.00%	22,198	1.50%	555	69.7%	
17	VW SOA	100.00%	49,777	49,777	0.00%	(0)		95.00%	47,288	5.00%	2,489			69.7%	
18	GT OA I	100.00%	23,192	23,192				10.00%	2,319	90.00%	20,873			94.5%	
19	CM OA III	100.00%	37,325	37,325				10.00%	3,733	90.00%	33,593			94.5%	
20	VC OA III	100.00%	37,325	37,325				10.00%	3,733	90.00%	33,593			94.5%	
21	DC OA III	100.00%	35,135	35,135		(0)		10.00%	3,514	90.00%	31,622			94.5%	
22	LW OA III	100.00%	32,157	32,157				10.00%	3,216	90.00%	28,941			94.5%	
23	SR OA III	100.00%	37,925	37,925				10.00%	3,793	90.00%	34,133			94.5%	
24	YL OA III	100.00%	37,925	37,925				10.00%	3,793	90.00%	34,133			94.5%	
25	MG PHN II (1677)	100.00%	87,803	87,803	0.00%	(0)		86.00%	75,511	3.50%	3,073	10.50%	9,219	69.7%	
26	FT PHN I (1677)	100.00%	64,482	64,482	0.00%			82.00%	52,875	12.50%	8,060	5.50%	3,547	69.7%	
27	MM SPHN (1615)	77.00%	111,974	86,220				10.00%	8,622	14.00%	12,071	76.00%	65,527	93.4%	
28	BB PHN II (1615)	100.00%	87,803	87,803	0.00%			11.00%	9,658	7.00%	6,146	82.00%	71,998	93.4%	
29	RN PHN I (1615)	100.00%	59,826	59,826	0.00%	(0)		31.00%	18,546	15.00%	8,974	54.00%	32,306	93.4%	
30	SP PHN I (1615)	100.00%	74,324	74,324	0.00%			30.50%	22,669	15.50%	11,520	54.00%	40,135	93.4%	

Program: Agency: SubK:		Maternal, Child and Adolescent Health				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
		201710 Fresno				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*			
31	PC	PHN II (1615)	100.00%	88,403	88,403	0.00%	(0)			32.00%	28,289	12.00%	10,608	56.00%	49,506	93.4%	
32	MM	SPHN (1670)	23.00%	111,974	25,754	24.00%	6,181					50.50%	13,006	25.50%	6,567	94.5%	
33	VP	PHN II (1670)	100.00%	77,718	77,718	20.00%	15,544					14.50%	11,269	65.50%	50,905	94.5%	
34	MV	PHN II (1670)	100.00%	88,403	88,403	34.55%	30,540					5.50%	4,862	59.95%	53,001	94.5%	
35	EA	SPHN	90.00%	87,204	78,484	0.00%				11.00%	8,633	48.00%	37,672	41.00%	32,178	94.5%	
36	DO	PHN I	60.00%	61,648	36,989	0.00%	(0)			6.00%	2,219	60.00%	22,193	34.00%	12,576	94.5%	
37	NC	PHN II	60.00%	62,000	37,200					17.00%	6,324	54.00%	20,088	29.00%	10,788	94.5%	
38	JC	PHN II	10.00%	60,722	6,072					15.00%	911	58.00%	3,522	27.00%	1,639	94.5%	
39	EL	PHN II (1720)	100.00%	87,803	87,803	0.00%	(0)			17.50%	15,366	33.00%	28,975	49.50%	43,462	94.5%	
40	AA	PHN II (1720)	100.00%	87,803	87,803					22.50%	19,756	39.50%	34,682	38.00%	33,365	94.5%	
41	V	PHN I (1720)	50.00%	60,121	30,061					25.50%	7,666	28.50%	8,567	46.00%	13,828	94.5%	
42	LH	SPHN	65.00%	103,323	67,160					22.00%	14,775	53.50%	35,931	24.50%	16,454	90.1%	
43	LH	SPHN (1719)	10.00%	103,323	10,332	0.00%				12.00%	1,240	70.50%	7,284	17.50%	1,808	90.1%	
44	SC	PHN II (1719)	100.00%	75,724	75,724	0.00%				33.50%	25,368	24.00%	18,174	42.50%	32,183	90.1%	
45	KB	PHN II (1719)	100.00%	87,803	87,803	0.00%				20.00%	17,561	33.00%	28,975	47.00%	41,267	90.1%	
46	V	PHN I	30.00%	60,121	18,036	0.00%				10.00%	1,804	20.00%	3,607	70.00%	12,625	90.1%	
47	LV	PHN II	60.00%	77,718	46,631					10.00%	4,663	14.00%	6,528	76.00%	35,440	90.1%	
48	BB	PHN II	60.00%	75,363	45,218	0.00%				10.00%	4,522	20.00%	9,044	70.00%	31,653	90.1%	
49	EB	PHN II	60.00%	75,363	45,218	0.00%				10.00%	4,522	20.00%	9,044	70.00%	31,653	90.1%	
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California Department of Public Health (CDPH)
Maternal, Child and Adolescent Health (MCAH) Program
Scope of Work (SOW)

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

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

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

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

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

- 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 2016-2020 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 children in MCAH programs¹

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

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

¹ 2016-2020 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)
	1.2 Participate in collaboratives, coalitions, community organizations, etc., to review data and develop policies and products to address social determinants of health and disparities.	1.2 Report the total number of collaboratives with MCAH staff participation. Submit online Collaborative Surveys that document participation, objectives, activities and accomplishments of MCAH – related collaboratives.	1.2 List policies or products developed to improve infrastructure and address MCAH priorities.
	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, or other relevant programs.	1.3 Describe efforts to develop policy and systems changes that facilitate access to Medi-Cal, MCAP, Covered CA, CHDP, WIC, CCS, Family PACT, Text 4 Baby, or other relevant programs. List formal and informal agreements, including Memoranda of Understanding with Medi-Cal Managed Care (MCMC) plans or other organizations that address the needs of mothers and infants.	1.3 Describe the impact of policy and systems changes that facilitate access to Medi-Cal, MCAP, Covered CA, CHDP, WIC, CCS, Family PACT, or other relevant programs.
	Assurance 1.4 Participate in and/or deliver trainings in MCAH and public health competencies and workforce development as resources allow.	1.4 List trainings attended or provided and numbers attending.	1.4 Describe outcomes of workforce development trainings in MCAH and public health competencies, including but not limited to, knowledge or skills gained, practice changes or partnerships developed.

¹ 2016-2020 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: <ol style="list-style-type: none"> 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 2016-2020 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 All LHJs are required to perform activities for CYSHCN.</p> <p>As resources allow, all LHJs are required to adopt protocols/policies for developmental screening and access/linkage to health insurance and services for children in MCAH Home Visiting (HV) or Case Management (CM) programs (bolded activities and measures #1,2,3)</p> <p><i>You may also choose to implement activities #4,5,6 in the second column or develop locally specific activities by inserting the activity and the performance measures. You are required to report on the activities you chose to implement.</i></p> <ul style="list-style-type: none"> You may also add additional CYSHCN activities to the MCAH SOW Goal 5, Child Health <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 Promote the American Academy of Pediatrics (AAP) developmental screening guidelines.</p> <p><u>Required:</u></p> <ol style="list-style-type: none"> Promote the yearly medical visit for children, including CYSHCN Adopt protocols/policies to screen, refer, and link all children in MCAH HV or CM Programs Develop quality assurance (QA) activities to ensure children in MCAH programs are screened, referred and linked <p><u>As resources allow, choose one or more (Bold or highlight in yellow):</u></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 number of HPs requiring screening per AAP guidelines Other activities to promote developmental screening, referral and linkages and improve services for CYSHCN (specify activity here) 	<p>1.7 Describe or report the following:</p> <p><u>Required</u></p> <ol style="list-style-type: none"> Activities to promote the yearly preventive medical visit Describe protocols/policies to screen, refer and link all children in MCAH programs List QA process developed to ensure screening, referral and linkage <p><u>Report the following based on the activities you chose to implement in the second column (Bold or highlight in yellow):</u></p> <ol style="list-style-type: none"> 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 List process or performance measures for other activities here 	<p>1.7 Describe or report the following:</p> <p><u>Required</u></p> <ol style="list-style-type: none"> Number of children, including CYSHCN, receiving a yearly preventive medical visit Number of children in local MCAH programs receiving developmental screening <ul style="list-style-type: none"> Number of children with positive screens that complete a follow-up visit with their primary care provider Number of children with positive screens linked to services Number of calls received for referrals and linkages to services Outcomes of protocols/policies and QA activities to ensure screening, referral and linkage <p><u>Describe the following based on the activities you chose to implement in the second column (Bold or highlight in yellow):</u></p> <ol style="list-style-type: none"> See Column 3 Outcomes of participation in HMG or HMG like programs. Describe results of work to implement HMG core components Outcomes of activities with HPs List outcomes of other activities here

¹ 2016-2020 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.			
1.8 By June 30, 2018 90% of community partners identified as providing services to women 18-44 will develop referral pathways to health insurance and medical, dental, and/or mental health care as needed.	1.8 Community Partners/MCAH staff will implement updated Pathways to assess and refer women 18-44 to needed insurance, medical, dental and/or mental health services. Develop a list of desired outcomes of collaboration with partners identified. Assist community partners to develop a QA/QI to ensure that referral pathways implemented are effective and revised as needed	1.8 Briefly describe relationships developed with WIC and other public health programs that serve eligible women. Briefly describe barriers, challenges and solutions to linkages. Briefly describe methods used by partners to assess access to care. Develop and share list of community resources for medical, dental and/or mental health care Describe QA/QI technical assistance provided to community partners	1.8 Describe referral pathways developed Describe outcomes of regular meetings/communications Total number of community partners using referral pathway/# of community partners engaged (goal is 90%)

¹ 2016-2020 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 women ²

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
2.1-2.3 All women will have access to quality maternal and early perinatal care, including CPSP services for Medi-Cal eligible women.	Assurance 2.1 Develop MCAH staff knowledge of the system of maternal and perinatal care. Conduct local activities to facilitate increased access to early and quality perinatal care.	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	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 perinatal services.	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, referrals, tracking system for	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 perinatal care access and quality of perinatal services.

¹ 2016-2020 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)
	Conduct activities with local provider networks and/or health plans to improve access to and quality of perinatal services including coordination and integration of care.	<p>follow-up, assessments, interventions, infant care etc.).</p> <p>** If above is not applicable to the local site,</p> <p>Briefly summarize shared activities performed with current provider networks and/or local health plans to improve access to and quality of perinatal services including coordination and integration of care.</p>	Describe outcomes of shared activities performed with the perinatal provider networks and/or local health plan in improving access to and quality of perinatal services
	<p>2.3</p> <p>Conduct face-to-face quality assurance/quality improvement (QA/QI) activities with CPSP providers or Medi-Cal Managed Care (MCMC) liaison to ensure that protocols are in place and implemented.</p>	<p>2.3</p> <p>List the types of CPSP provider QA/QI activities conducted during site visits.</p> <p>Identify your MCMC liaison contact</p> <p>Report the number of actual site visits conducted with enrolled CPSP providers and/or MCMC liaison</p>	<p>2.3</p> <p>Describe the results of QA/QI activities that were conducted.</p>
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			

¹ 2016-2020 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)
2.4 By June 30, 2018, 90 percent of Medical Providers that interact with MCAH populations will indicate that they provide education and/or distribute information regarding preconception health to their clients.	2.4 <i>Perform the following activities:</i> Survey OB, Family Practice, FQHCs to determine if they are integrating preconception and interconception health into service provision. Continue evaluation to include Health Plans – Cal Viva and Anthem Blue Cross that interact with MCAH populations. Provide preconception health information, education and materials to provider staff. Develop a QA/QI process to monitor implementation of preconception health messages to providers. Review policies to assess inclusion of preconception and interconception health; revise as needed. Develop staff training or communications to ensure appropriate policy implementation Consult with RPPC to determine capacity for collaboration	2.4 <i>Briefly describe or report:</i> Rationale for the preconception content targeted as a result of collaboration Draft language for policies Road blocks to policy development or implementation Number of providers' surveyed, number receiving information and materials and number agreeing to integrate preconception messages in their offices. Briefly describe method of survey	2.4 <i>Measures include:</i> Number of providers who indicate they educate and distribute information regarding preconception health/ # of providers who completed the survey. Briefly describe outcomes of survey and next steps Describe QA/QI process developed and outcomes. Describe any protocols or policies developed.

¹ 2016-2020 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 duration ¹

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
3.1-3.2 All infants are provided a safe sleep environment	Assurance 3.1 Establish contact with parents/caregivers of infants with presumed SIDS death to provide grief and bereavement support services ³ .	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 2016-2020 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.			
3.3 By June 30, 2018, 75% of Medi-Cal managed-care health plans will adopt and implement SIDS/Infant safe sleep materials and education to all pregnant and postpartum clients.	3.3 SIDS coordinator to provide infant safe sleep education and SIDS risk reduction materials to Medi-Cal managed care plans. 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. SIDS Coordinator works to promote activities, education and information on infant safe sleep education and SIDS risk reduction. Develop a process to measure knowledge change and intent to change behavior and assist plans or providers to measure outcomes. Encourage Medi-Cal managed care providers to share the educational materials with parents to promote the infant safe sleep education and SIDS risk reduction.	3.3 Briefly describe collaboration with Medi-Cal managed care plans. Briefly describe assessment process and tools developed to assess culturally and linguistically appropriate infant safe sleep and SIDS risk reduction materials distributed. Briefly describe key infant safe sleep education and SIDS risk reduction accomplishments and barriers. .	3.3 Number of presentation/training given to managed health care insurers 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. Number of health insurers who adopt, promote and distribute infant safe sleep and SIDS risk reduction materials/total number of managed care insurers educated. Number of parents/families/provider partners receiving infant safe sleep and SIDS risk reduction materials.
3.4 By June 30, 2018 collaborate with the Preterm Birth Initiative to institute a	3.4	3.4 Briefly describe collaboration and model development.	3.4 Submit brief report on group prenatal care model developed.

¹ 2016-2020 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)
group prenatal care model in the County.	<p>MCAH Director, CPSP and BIH Coordinator to participate in group pregnancy care model workgroup.</p> <p>Discuss how CPSP will be provided with fidelity to model to clients participating in group prenatal care. Policies and procedures Group Prenatal Care sessions established</p> <p>Providers will complete needed applications to bill Medi-Cal at Lighthouse for Children. All practitioners acting as facilitators for "Glow" will be certified by "Expect With Me" to be able to provide the program with fidelity to the model. All providers that are currently CPSP Certified will apply to be CPSP Certified for the Lighthouse for Children in order to be able to bill for prenatal care and group education.</p> <p>Develop policies and procedures, curriculum and evaluation methods for group prenatal care model. Provide TA as needed.</p> <p>Develop a QA/QI process to ensure that program is implemented as intended and the results evaluated.</p> <p>Group Prenatal Care sessions established-develop a process to</p>	<p>Describe process of providing CPSP in group setting</p> <p>Workgroup accomplishments</p> <p>Women enrolled in Group prenatal care.</p> <p>Briefly describe outcomes of provider certification process</p> <p>Describe process to measure effectiveness of program.</p> <p>Describe TA provided.</p>	<p>Number of meetings attended</p> <p>Number of providers certified for group model</p> <p>Number of policies established and description. Number of women enrolled Number of (high risk? Or?)</p> <p>Briefly describe the QA/QI process developed and any outcomes.</p> <p>Briefly describe client satisfaction of prenatal group program</p>

¹ 2016-2020 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)
	measure effectiveness of program and client satisfaction.		
For FIMR LHJs Only: 3.5-3.7 Preventable fetal, neonatal and post neonatal deaths will be reduced.	For FIMR LHJs Only: Assessment 3.5 Complete the review of every African American case and 1 in 5 of all other fetal, neonatal, and post neonatal deaths.	For FIMR LHJs Only: Assessment 3.5 Submit number of cases reviewed as specified in the Annual Report table.	For FIMR LHJs Only: Assessment 3.5 Submit periodic local summary report of findings and recommendations (periodicity to be determined by consulting with MCAH).
	Assurance 3.6 Establish, facilitate, and maintain a Case Review Team (CRT) to review selected cases, identify contributing factors to fetal, neonatal, and post neonatal deaths, and make recommendations to address these factors.	Assurance 3.6-3.7 Submit FIMR Tracking Log and FIMR Committee Membership forms for CRT and CAT with the Annual Report.	
	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.		

¹ 2016-2020 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.			
For FIMR LHJs Only: 3.8 By June 30, 2018, at least 50% 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	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. FIMR Coordinator/Public Health Professional works to promote activities on preterm birth risk factors, ways to reduce risk of preterm birth and prematurity efforts. Encourage Medi-Cal managed care providers and WIC agencies to share the educational materials with pregnant and parenting women and their families to understand risk factors for preterm birth. .	For FIMR LHJs Only: 3.8 Briefly describe collaboration with Medi-Cal managed care and local WIC agencies. Briefly describe key prematurity education, accomplishments and barriers including timelines. List technical assistance provided	For FIMR LHJs Only: 3.8 Number of Healthy Babies/Healthy Future presentation/trainings given to managed health care insurers and local WIC agencies. 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. Number of health insurers and WIC agencies who adopt, promote and distribute prematurity awareness/prevention materials/total number of managed care insurers and WIC agencies educated. Number of parents/families/provider partners receiving prematurity awareness/prevention materials.

¹ 2016-2020 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)
4.1 By June 30, 2018, 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] and 1 labor and delivery hospital will have achieved the Baby Friendly Hospital Designation	4.1 Continue working relationships with current birthing hospital administrators and staff and develop relationships when leadership changes occur. Provide technical assistance and support to hospitals to meet the requirements of the Infant Feeding Act and Baby Friendly Hospital. Participate and support hospitals to attend Cross County Collaborative (San Joaquin, Merced, & Fresno) to develop "Best Practices" for achieving "Baby Friendly" status. 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.	4.1 Dates, number and names of hospitals contacted and types of technical assistance provided. Briefly describe barriers, challenges and solutions to implementing the Infant Feeding Act and Baby Friendly Hospital. Hospital share and learn from other hospitals how to achieve Baby Friendly. Description of the CQI/QA process developed.	4.1 Number of hospitals that have implemented the model hospital policies or the Baby-Friendly USA Hospital requirements/ 3 hospitals. Scores for the Implementation of 10 Steps to Successful breastfeeding. Attendance and minutes of the collaborative. Describe the outcome of the CQI/QA process including methods of measurements and results.

¹ 2016-2020 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 Develop process measures for applicable intervention activities here. 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 Develop short and/or intermediate outcome related performance measures for the objectives and activities</p> <p>Number of completed referrals made to community services/At least 35% (goal) of clients referred will complete referrals made to community services.</p> <p>Report % of preventable re-hospitalizations/Preventable re-hospitalization rate will be less than 10%= goal</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 re.</p>

¹ 2016-2020 Title V State Priorities

² Title V Requirement

³ State Requirement

Goal 6: Promote and enhance adolescent strengths, skills, and supports to improve 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)
6.1 Add specific short and/or intermediate SMART outcome objective(s) here. Consider addressing local problems related to: <ul style="list-style-type: none"> • Adolescent sexual health • Adolescent pregnancy • Adolescent injuries • Adolescent violence • Adolescent mental health 	6.1 List activities to meet the Outcome Objective(s) here. 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	6.1 Develop process measures for applicable intervention activities here.	6.1 Develop short and/or intermediate outcome related performance measures for the objectives and activities here.

¹ 2016-2020 Title V State Priorities

² Title V Requirement

³ State Requirement

Exhibit K

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

Agency Name: County of Fresno
Agreement/Grant Number: 201710
Compliance Attestation for Fiscal Year: 2017-18

The Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003) requires sexual health education programs (programs) that are funded or administered, directly or indirectly, by the State, to be comprehensive and not abstinence-only. Specifically, these statutes require programs to provide information that is medically accurate, current, and objective, in a manner that is age, culturally, and linguistically appropriate for targeted audiences. Programs cannot promote or teach religious doctrine, nor promote or reflect bias (as defined in Section 422.56 of the Penal Code), and may be required to explain the effectiveness of one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and sexually transmitted diseases. Programs directed at minors are additionally required to specify that abstinence is the only certain way to prevent pregnancy and sexually transmitted diseases.

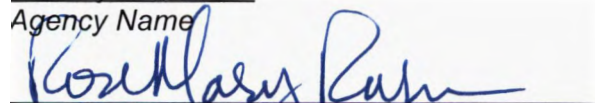
In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation as a condition of funding. The Attestation of Compliance must be submitted to CDPH/MCAH annually as a required component of the Agreement Funding Application (AFA) Package. By signing this letter the MCAH Director or Adolescent Family Life Program (AFLP) Director (CBOs only) is attesting or "is a witness to the fact that the programs comply with the requirements of the statute". The signatory is responsible for ensuring compliance with the statute. Please note that based on program policies that define them, the Sexual Health Education Act inherently applies to the Black Infant Health Program, AFLP, and the California Home Visiting Program, and may apply to Local MCAH based on local activities.

The undersigned hereby attests that all local MCAH agencies and AFLP CBOs will comply with all applicable provisions of Health and Safety Code, Sections 151000 – 151003 (HS 151000–151003). The undersigned further acknowledges that this Agency is subject to monitoring of compliance with the provisions of HS 151000–151003 and may be subject to contract termination or other appropriate action if it violates any condition of funding, including those enumerated in HS 151000–151003.

Signed

County of Fresno

Agency Name



Signature of MCAH Director

Signature of AFLP Director (CBOs only)

201710

Agreement/Grant Number

4-20-17

Date

Rose Mary Rahn

Printed Name of MCAH Director

Printed Name of AFLP Director (CBOs only)

Exhibit K

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

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 151000-151003

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

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

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

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

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

Exhibit K

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

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

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

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

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

Date: 4/20/2017

Agency Name: County of Fresno

Contract/Agreement Number: 201710

Contract Term/Allocation Fiscal Year: 2017-18

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

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

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

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

0.00% Fixed Percent of:

☐ Total Personnel Costs:

2. LOCAL HEALTH JURISDICTIONS (LHJ)

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

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

25% Fixed Percent of:

☒ Total Personnel Costs:

☐ Total Allowable Direct Costs:

3. OTHER GOVERNMENTAL AGENCIES AND PUBLIC UNIVERSITIES

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

0.00% Fixed Percent of:

☐ Total Personnel Costs (Includes Fringe Benefits)

☐ Total Personnel Costs (Excludes Fringe Benefits)

☐ Total Allowable Direct Costs

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

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

County of Fresno, Department of Public Health's Indirect Cost Rate (ICR) of 26.19% was calculated by dividing the Total Allowable Indirect Costs by the Total Allowable Direct Costs for Salaries. The ICR was prepared and calculated using the 2014-2015 actual costs and budget information for the Department of Public Health. The allocation of allowable indirect costs were accomplished by classifying the total cost, based on actual cost incurred, as direct or indirect cost, which included salaries, benefits, computer services, audit services, janitorial services, rental expenses, mileage/travel, office supplies, telephone, liability insurance, etc. The ICR is based on the most recent audited financials for the County which received an unqualified clean opinion from the County's independent external auditors.

This rate was reviewed and approved by the County of Fresno, Auditor-Controller/Treasurer-Tax Collector. County will claim CDPH's approved ICR of 25% of Total Personnel Costs.

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

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

Signature: _____



Printed First & Last Name: Rose Mary Rahn

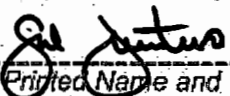
Title/Position: MCAH Director

Date: 8/22/2017

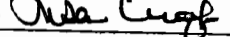
Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of \$100,000 or above shall certify, under penalty perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. **CALIFORNIA CIVIL RIGHTS LAWS:** For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. **EMPLOYER DISCRIMINATORY POLICIES:** For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		Federal ID Number
Proposer/Bidder Firm Name (Printed) County of Fresno		946000512
By (Authorized Signature) 		
Printed Name and Title of Person Signing Sal Quintero, Chairman, Board of Supervisors		
Date Executed January 9, 2018	Executed in the County and State of Fresno California	

ATTEST:
BERNICE E. SEIDEL
Clerk to the Board of Supervisors
County of Fresno, State of California

By  Deputy