

FY 2022-2023 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name Inyo County Health and Human Services - Public Health and Prevention
Agreement # 202214

Program (check one box only) MCAH BIH AFLP CHVP

Please check the box next to all submitted documents.

All documents should be submitted by email using the required naming convention on page 2.

1. **AFA Checklist**
2. **Agency Information Form** | PDF version with signatures
3. **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007** | signed PDF
4. **TXIX MCF Justification Letter** | see AFA cover letter for items that need to be included in this letter
5. **Budget Template** | **submit for the next two upcoming Fiscal Years (22/23 and 23/24)** list all staff (by position) and costs (including projected salaries and benefits, operating and ICR). Multiple tabs for completion include Summary Page, Detail Pages, and Justifications. Personnel must be consistent with the Duty Statements and Organizational Charts (Excel & signed PDF)
6. **Indirect Cost Rate (ICR) Certification Form** | details methodology and components of the ICR
7. **Duty Statements (DS)** | for all staff (numbered according to the Personnel Detail Page and Organization Chart) listed on the budget
8. **Organization Chart(s)** of the applicable programs, identifying all staff positions on the budget including their Line Item # and its relationship to the local health officer and overall agency
9. **Local MCAH Director Verification of Requirements Form** | (MCAH only)
10. **BIH Approval Letters** | submit most recent letter on State letterhead with state staff signatures, including waivers for the following positions:
 BIH Coordinator Other _____
11. **Scope of Work (SOW)** documents for all applicable programs (PDF/Word)
12. **Annual Inventory** | Form CDPH 1204
13. **Subcontractor (SubK) Agreement Packages** | submit Subcontract Agreement Transmittal Form, brief explanation of the award process, subcontractor agreement or waiver letter, and budget with detailed Justifications (required for all SubKs \$5,000 or more)
14. **Certification Statement for the Use of Certified Public Funds (CPE)** | **AFLP CBOs and/or SubKs with FFP**
15. **Government Agency Taxpayer ID Form** | **only if remit to address has changed.**
16. **Attestation of Compliance** with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff

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

**FUNDING AGREEMENT PERIOD
FY 2022-2023**

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

MCAH _____ BIH _____ AFLP _____

Update Effective Date (*only required when submitting updates*) _____

Federal Employer ID#: _____

Complete Official Agency Name: _____

Business Office Address: _____

Agency Phone: _____

Agency Fax: _____

Agency Website: _____

**AGREEMENT FUNDING APPLICATION
POLICY COMPLIANCE AND CERTIFICATION**

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

MCAH _____ BIH _____ AFLP _____

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.

Official authorized to commit the Agency to an MCAH Agreement

Name (Print)	Title
_____	_____

Original Signature	Date
_____	_____

MCAH/AFLP Director

Name (Print)	Title
_____	_____

Original Signature	Date
_____	_____

MCAH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR							MCAH
2	MCAH DIRECTOR							MCAH
3	MCAH COORDINATOR (Only complete if different from #2)							MCAH
4	MCAH FISCAL CONTACT							MCAH
5	FISCAL OFFICER							MCAH
6	CLERK OF THE BOARD or							MCAH
7	CHAIR BOARD OF SUPERVISORS							MCAH
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY							MCAH
9	FETAL INFANT MORTALITY REVIEW (FIMR) COORDINATOR							FIMR
10	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT							SIDS
11	PERINATAL SERVICES COORDINATOR							CPSP

BIH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR							BIH
2	BLACK INFANT HEALTH (BIH) COORDINATOR							BIH
3	BIH FISCAL CONTACT							BIH
4	FISCAL OFFICER							BIH
5	CLERK OF THE BOARD or							BIH
6	CHAIR BOARD OF SUPERVISORS							BIH
7	OFFICIAL AUTHORIZED TO COMMIT AGENCY							BIH

AFLP Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR							AFLP
2	AFLP DIRECTOR							AFLP
3	AFLP COORDINATOR or SUPERVISOR/COORDINATOR							AFLP
4	AFLP FISCAL CONTACT							AFLP
5	FISCAL OFFICER							AFLP
6	CLERK OF THE BOARD or							AFLP
7	CHAIR BOARD OF SUPERVISORS							AFLP
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY							AFLP

Exhibit K

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

Agency Name: _____

Agreement/Grant Number: _____

Compliance Attestation for Fiscal Year: _____

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.

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.

Exhibit K

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

(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.

(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.



County of Inyo

HEALTH & HUMAN SERVICES DEPARTMENT

Public Health, Suite 203-C
1360 N. Main Street, Bishop CA 93514
TEL: (760) 873-7868 FAX: (760) 873-7800

Marilyn Mann, Director
mmann@inyocounty.us

July 14, 2022

California Department of Public Health
Maternal, Child and Adolescent Health Division
PO Box 997420-MS 8300
Sacramento, CA 95899-7420

To Whom It May Concern:

Inyo County is using the following Medi-Cal Factors (MCF) for this Fiscal Year (FY) 22/23, which includes the justifications:

MCF Type	MCF % Justification Maximum characters = 1024
Variable	Direct documentation of number and percent of Medi-Cal eligible served on file
Local	Actual percentage of Medi-Cal clients participating in program during 2018-2019.
Weighted	Oversees programs targeting MediCal eligible women of childbearing age and high risk infants/children needing MediCal services.
Multiple	Oral Health Care Coordination will be serving the Medical population in access and ensuring Denti-Cal clients are seeking preventative and restorative dental care.
Base	N/A

Sincerely,

Melissa Best-Baker

Melissa Best-Baker
Senior Management Analyst
Inyo County Health and Human Services

Exhibit K

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

Signed

Agency Name

Agreement/Grant Number

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

Date

Printed Name of MCAH Director
Printed Name of AFLP Director (CBOs only)

BUDGET SUMMARY	FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
	2022-23	ORIGINAL	ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.20.20

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)					
Agency:	202214 Inyo	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
		ALLOCATION(S) →		77,010.00		3,000.00										#VALUE!

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	142,599.77		54,335.77		2,384.81		37,057.60		0.00		17,737.17		0.00		31,084.41
(II) OPERATING EXPENSES	23,780.00		15,079.31		615.19		358.64		0.00		7,047.86		0.00		679.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	5,090.00		4,193.84		0.00		896.16		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	5,171.95		3,401.08		0.00		0.00		0.00		1,770.88		0.00		0.00
BUDGET TOTALS*	176,641.72	43.60%	77,010.00	1.70%	3,000.00	21.69%	38,312.40	0.00%	0.00	15.03%	26,555.91	0.00%	0.00	17.98%	31,763.41
BALANCE(S) →			0.00		0.00										

TOTAL MCAH-TV	77,010.00	→	77,010.00
TOTAL MCAH-SIDS	3,000.00	→	3,000.00
TOTAL TITLE XIX	37,100.52	→	
TOTAL AGENCY FUNDS	59,531.20	→	38,312.40
			0.00 [50%] 13,277.96
			0.00 [75%] 23,822.56
			0.00 [25%] 7,940.85

\$	117,110.52	Maximum Amount Payable from State and Federal resources
-----------	-------------------	--

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

MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE _____ AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
PCA Codes		53107	53112		53118	53117
(I) PERSONNEL		54,335.77	2,384.81		8,868.59	23,313.31
(II) OPERATING EXPENSES		15,079.31	615.19		3,523.93	509.25
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00
(IV) OTHER COSTS		4,193.84	0.00		0.00	0.00
(V) INDIRECT COSTS		3,401.08	0.00		885.44	0.00
Totals for PCA Codes	117,110.52	77,010.00	3,000.00		13,277.96	23,822.56

Program: Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency: 202214 Inyo		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE				MCAH-Cnty E					
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL																	
TOTAL OPERATING EXPENSES		23,780.00		15,079.31		615.19		358.64		0.00		7,047.86		0.00		679.00	
																Match Available	
TRAVEL		2,716.00	49.16%	1,335.16	20.00%	543.20	5.84%	158.64		0.00	0.00%	0.00		0.00	25.00%	679.00	1.00%
TRAINING				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
1 General Operating		9,353.00	65.45%	6,121.57	0.77%	71.99		0.00		0.00	33.78%	3,159.44					0.00%
2 Local Travel (motorpool)		2,000.00	66.22%	1,324.40		0.00		0.00		0.00	33.78%	675.60					0.00%
3 Facility (rent & internal charges)		7,611.00	66.22%	5,040.00		0.00		0.00		0.00	33.78%	2,571.00					0.00%
4 Advertising		1,500.00	66.22%	993.30		0.00		0.00		0.00	33.78%	506.70					0.00%
5 Utilities		400.00	66.22%	264.88		0.00		0.00		0.00	33.78%	135.12					0.00%
6 Toll Free Phone Line		200.00	0.00%	0.00		0.00	100.00%	200.00		0.00		0.00					33.78%
** 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				0.00		0.00		0.00		0.00		0.00		0.00			
(IV) OTHER COSTS DETAIL				4,193.84		0.00		896.16		0.00		0.00		0.00			33.78%
TOTAL OTHER COSTS		5,090.00		4,193.84		0.00		896.16		0.00		0.00		0.00			0.00
SUBCONTRACTS																	
1				0.00		0.00		0.00		0.00		0.00		0.00			0.00
2				0.00		0.00		0.00		0.00		0.00		0.00			0.00
3				0.00		0.00		0.00		0.00		0.00		0.00			0.00
4				0.00		0.00		0.00		0.00		0.00		0.00			0.00
5				0.00		0.00		0.00		0.00		0.00		0.00			0.00
OTHER CHARGES																	
1 Client Support Materials		5,090.00	82.39%	4,193.84		0.00	17.61%	896.16		0.00		0.00					Match Available
(V) INDIRECT COSTS DETAIL				3,401.08		0.00		0.00		0.00		1,770.88					
TOTAL INDIRECT COSTS		5,171.95		3,401.08		0.00		0.00		0.00		1,770.88					
3.63% of Total Wages + Fringe Benefits		5,171.95	65.76%	3,401.08		0.00		0.00		0.00	34.24%	1,770.88					

Program:	Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:	202214 Inyo		MCAH-TV		MCAH-SIDS		AGENCY FUNDS			MCAH-Cnty NE				MCAH-Cnty E			
SubK:			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL

TOTAL PERSONNEL COSTS		142,599.77	54,335.77	2,384.81	37,057.60	0.00	17,737.17	0.00	31,084.41
FRINGE BENEFIT RATE		47.76%	17,562.28	770.81	11,977.67	0.00	5,732.97	0.00	10,047.03
TOTAL WAGES		96,509.00	36,773.49	1,614.00	25,079.93	0.00	12,004.20	0.00	21,037.38

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES													J-Pers MCF Per Staff	Staff Traveling (X)
1	Vacant	MCAH Administrator-Deputy Director	5.00%	115,659.00	5,783.00	0.00%	0.00	0.00	61.00%	3,527.63	0.00	39.00%	2,255.37	0.00	0.00	0.00	0.00	39.00%	
2	Marissa Whitney	MCAH Director-Supervising PHN	5.00%	110,152.00	5,508.00	61.00%	3,359.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.00%	2,148.12	39.00%	X
3	Dena Dondero	MCAH Coordinator-Registered Nurse	55.00%	80,723.00	44,398.00	41.00%	18,203.18	0.00	20.00%	8,879.60	0.00	0.00	0.00	0.00	0.00	39.00%	17,315.22	39.00%	X
4	Dena Dondero	Sudden Infant Death Syndrome Program	2.00%	80,723.00	1,614.00	0.00%	0.00	100.00%	1,614.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.00%	X
5	Dena Dondero	Perinatal Services Coordinator-Register	5.00%	80,723.00	4,036.00	61.00%	2,461.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.00%	1,574.04	39.00%	X
6	Vacant	Prevention Specialist	40.00%	62,493.00	24,997.00	51.00%	12,748.47	0.00	10.00%	2,499.70	0.00	39.00%	9,748.83	0.00	0.00	0.00	0.00	39.00%	
7	Maryjo Peterson	Administrative Analyst	5.00%	81,842.00	4,092.00	0.00%	0.00	0.00	100.00%	4,092.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.00%	
8	Danelle Barnett	Office Technician	5.00%	57,002.00	2,850.00	0.00%	0.00	0.00	100.00%	2,850.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.00%	
9	Fabiola Isidro	Office Technician	5.00%	64,618.00	3,231.00	0.00%	0.00	0.00	100.00%	3,231.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.00%	

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202214 Inyo
SubK:	0

(I) PERSONNEL DETAIL						BASE MEDI-CAL FACTOR %		39.00%		Use the following link to access the current AFA webpage and the current base MCF% for your agency:			
TOTALS			1.27	\$ 733,935.00	\$ 96,509.00	46,090.77							
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024	
1	Vacant	MCAH Administrator-Deputy Director	5.00%	\$ 115,659	\$ 5,783	47.76%	2,761.85	MCAH	39.0%	Base			
2	Marissa Whitney	MCAH Director-Supervising PHN	5.00%	\$ 110,152	\$ 5,508	47.76%	2,630.51	MCAH	39.0%	Base			
3	Dena Dondero	MCAH Coordinator-Registered Nurse	55.00%	\$ 80,723	\$ 44,398	47.76%	21,203.60	MCAH	39.0%	Base			
4	Dena Dondero	Sudden Infant Death Syndrome Program	2.00%	\$ 80,723	\$ 1,614	47.76%	770.81	MCAH	39.0%	Base			
5	Dena Dondero	Perinatal Services Coordinator-Registered Nurse	5.00%	\$ 80,723	\$ 4,036	47.76%	1,927.51	MCAH	39.0%	Base			
6	Vacant	Prevention Specialist	40.00%	\$ 62,493	\$ 24,997	47.76%	11,938.07	MCAH	39.0%	Base			
7	Maryjo Peterson	Administrative Analyst	5.00%	\$ 81,842	\$ 4,092	47.76%	1,954.26	MCAH	39.0%	Base			
8	Danelle Barnett	Office Technician	5.00%	\$ 57,002	\$ 2,850	47.76%	1,361.10	MCAH	39.0%	Base			
9	Fabiola Isidro	Office Technician	5.00%	\$ 64,618	\$ 3,231	47.76%	1,543.06	MCAH	39.0%	Base			

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202214 Inyo
SubK:	0

Version 7.0 - 150 Quarterly 4.20.20

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
	TRAVEL	2,716.00	Travel related expenses (per diem at current state rate and lodging) for required trainings and conferences.
	TRAINING	0.00	MCAH Statewide Directors Meeting, CPSP statewide meeting, SIDS annual trainings or other required trainings (no registration costs anticipated)
1	General Operating	9,353.00	Office supplies (pens, paper, etc.), duplication, postage, cell phones, time study system and mobile device management expenses.
2	Local Travel (motorpool)	2,000.00	Motorpool costs for travel to support MCAH Scope of Work activities
3	Facility (rent & internal charges)	7,611.00	Work location rent costs (1.50 FTE x 266.39 sq ft x 1.34 per sq ft. x 12 months), internal county charges for janitor and building and maintenance charges
4	Advertising	1,500.00	Newspaper advertising on MCAH specific topics and SIDS prevention
5	Utilities	400.00	Electricity, phone, propane and water expenses
6	Toll Free Phone Line	200.00	Required by program SOW

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	0.00	
----------------------------	------	--

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS		5,090.00	
SUBCONTRACTS			
1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
OTHER CHARGES			
1	Client Support Materials	5,090.00	Motivational redirectives for dental, perinatal and nutrition education (i.e. pamphlets, dental education kits, education materials for new moms, birthing videos)

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	5,171.95	Per CDPH approved ICR
----------------------	----------	-----------------------

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: 7/13/2022

Agency Name: Inyo County Health & Human Services

Contract/Agreement Number: 202214

Contract Term/Allocation Fiscal Year: FY 2022/23

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

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

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

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

 % Fixed Percent of:

Total Personnel Costs

2. LOCAL HEALTH JURISDICTIONS (LHJ)

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

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

25 % Fixed Percent of:

Total Personnel Costs

Total Allowable Direct Costs

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

3. OTHER GOVERNMENTAL AGENCIES AND PUBLIC UNIVERSITIES

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

 % Fixed Percent of:

- Total Personnel Costs (Includes Fringe Benefits)
- Total Personnel Costs (Excludes Fringe Benefits)
- Total Allowable Direct Costs

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

This CDPH allowed percentage is developed by providing the fiscal information for our Health and Human Services budgets that include CDPH funding into a web-based system provided. CDPH provides annual training and assistance in developing our fixed percentage. Our indirect costs include Auditor-Controller, County Administrator, Facilities Maintenance, Operations and Repairs, Information Technology, Insurance, Personnel Serices or Human Resources, Risk Management and Treasurer-Tax Collector expenses.

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

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.

Printed First & Last Name: Melissa Best-Baker

Title/Position: Senior Management Analyst

Signature: Melissa Best-Baker

Date: 7/13/2022

Title: MCAH Administrator

Assigned: Maternal Child and Adolescent Health Program

Definition: The main charge of the MCAH Administrator is to ensure that administrative activities under the MCAH program are met under the direction of the MCAH Director.

MCAH Administrator Duties:

- Prepare annual scope of work, end of year report, including working with fiscal to prepare and monitor budgets
- Develop the five year action plan based on the identified needs in Inyo County to establish MCAH goals and objectives
- Collect, maintain, and analyze program data for monitoring and evaluation against the scope of work outcomes
- Develop strategies to increase system capacity and to close service gaps for the Medi-Cal eligible population.
- Ensure that individuals on Medi-Cal receive assistance to access Medi-Cal services.

Title: MCAH Director
MD or Public Health Nurse

Assigned: Maternal Child and Adolescent Health Program

Definition: The main charge of the MCAH Director is to provide overall direction of the MCAH programs to promote the health and well being of women of reproductive age, infants, children and adolescents. To accomplish this, the MCAH Director works with the MCAH Coordinator and other MCAH staff to assess MCAH needs and implement the scope of work.

MCAH Director Duties:

- Direct the preparation of annual scope of work, and end of year report.
- Direct the development of the five year action plan based on the identified needs in Inyo County to establish MCAH goals and objectives
- Provide skilled technical expertise for the planning and prioritizing of identified needs in Inyo County
- Provide technical oversight to MCAH activity implementation using the scope of work as the way forward
- Attend State MCAH Director trainings as offered
- Work with community partners to provide outreach activities for pregnant women and children- including children and youth with special health care needs (CYSHCN)- to access early and continuous perinatal, infant, and child health care and health insurance, including Medi-Cal
- This position must meet the criteria for Skilled Professional Medical Personnel
- Assist individuals eligible for Medi-Cal to enroll in the Medi-Cal program, and/or assist individuals on Medi-Cal to access Medi-Cal services

Title: MCAH Coordinator
Public Health Nurse or Registered Nurse

Assigned: Maternal Child and Adolescent Health Program

Definition: The main charge of the MCAH Coordinator is to implementing the MCAH program under the direction of the MCAH Director.

MCAH Coordinator Duties:

- Assist in preparation of annual scope of work, end of year report
- Assist in development of the five year action plan based on the identified needs in Inyo County to establish MCAH goals and objectives
- Provide clinical oversight to MCAH activity implementation using the scope of work as the way forward
- Participate in community task forces to promote and advocate for MCAH needs and services
- Work with community partners to provide outreach activities for pregnant women and children- including children and youth with special health care needs (CYSHCN)- to access early and continuous perinatal, infant, and child health care and health insurance, including Medi-Cal
- Attend State MCAH Director trainings as offered
- This position must meet the criteria for Skilled Professional Medical Personnel
- Assist individuals eligible for Medi-Cal to enroll in the Medi-Cal program, and/or assist individuals on Medi-Cal to access Medi-Cal services

Title: SIDS Coordinator
Public Health Nurse or Registered Nurse or Licensed Vocational Nurse

Assigned: Maternal Child and Adolescent Health Program

Definition: The main charge of the MCAH SIDS Coordinator is to coordinate provider and community education and outreach for SID prevention.

SIDS Coordinator Duties:

- Identify opportunities to advocate for SIDS prevention with service providers and media
- Participate in outreach events targeting pregnant and mothers with infants, promoting SIDS Safe Sleep education
- Assure public health staff readiness for the potential SIDS family case work
- Train Public Health staff on SIDS activities, prevention and response
- Attend annual SIDS conference
- Upon being notified by the coroner of a presumed SIDS death, consult with the infant's physician, when possible.
- Immediately contact the persons having custody and control of the infant (e.g., family, caregivers, and/or foster parent) to provide information, support, referral, and follow-up services.
- Keep Inyo County Health Officer advised of the most current knowledge relating to the nature and cause of SIDS.
- This position must be a Skilled Professional Medical Personnel (SPMP)

Title: Perinatal Services Coordinator
Public Health Nurse or Registered Nurse

Assigned: Maternal Child and Adolescent Health Program

Perinatal Services Coordinator (PSC) Duties:

Assigned: Comprehensive Perinatal Services Program (CPSP)

Definition: The PSC functions to assess, plan and implement local CPSP activities.

- Identify and recruit potential CPSP providers
- Assist potential providers in the application process
- Offer technical assistance to providers regarding CPSP program
- Work with the MCAH Director to identify unmet needs/problems of the Perinatal population and develop activities to address them.
- Collaborate with NEST Program at Northern Inyo Hospital to access referrals of Hispanic women who are postpartum and entered prenatal care late
- Develop an interview format to assess Knowledge, Attitudes, and Beliefs (KAB) about importance and timeliness of prenatal care
- Work with community partners to provide outreach activities for pregnant women and children to access early and continuous perinatal, infant, and child health care and health insurance, including Medi-Cal.
- Assist individuals eligible for Medi-Cal to enroll in the Medi-Cal program, and/or assist individuals on Medi-Cal to access Medi-Cal services
- Conduct interviews, providing bilingual translation as needed
- Provide consultation and technical assistance to prenatal care providers in the implementation of Title 22, CCR Sections 51170 et seq. relating to comprehensive perinatal services.
- This position must meet the criteria for Skilled Professional Medical Personnel (SPMP)

Title: Prevention Specialist

Assigned: Maternal Child and Adolescent Health Program

Definition: Under the direction of the MCAH Coordinator, assists clients with access to dental services, and also participates in obesity prevention activities under MCAH

Duties (access to dental services goal):

- Informs and assists the Medi-Cal eligible population to obtain Medi-Cal
- Receives referrals from various sources, contacts each referred client for assessment of unmet dental needs
- Assists the family in the identification of barriers to dental care.
- Develops with the family individual plans to address dental needs, including identifying dental providers who accept Medi-Cal
- Coordinates and provides transportation services to care and accompanies clients to dental services
- Ensures translation services for clients and outreach materials
- Conducts educational outreaches on oral health care at schools and other community events, including distributing dental kits to children and pregnant women
- Collect data and evaluate to monitor Scope of Work outcomes
- Advocacy to local dental providers on the importance of providing dental care to pregnant women

Duties (child obesity prevention goal)

- Receives referrals from various sources, contacts parent, and connects children to services, as indicated
- Coordinates activities for MCAH population that incorporate nutrition education and/or physical activity
- Facilitates Triple P Lifestyles course for eligible families
- Ensures translation services for clients and outreach materials
- Collect data and evaluate to monitor Scope of Work outcomes
- Participates in childhood obesity prevention collaborative, Team Inyo for Healthy Kids

Title: Administrative Analyst

Assigned: Maternal Child and Adolescent Health Program

Definition: With direction from the MCAH Director, oversees Office Technicians and participates in preparation of the claims for reimbursement, assists with the completion of the state and county budgets and provides fiscal support for the MCAH programs.

Duties:

- Supervises preparation of program and county budget.
- Monitors program and county budget.
- Supervises program claiming, purchasing and payroll.
- Supervises preparation of financial reports.
- Supervises preparation of all personnel documents.

Title: Office Technician I, II, III

Assigned: Maternal Child and Adolescent Health Program

Definition: With direction from the MCAH Director, prepares the claims for reimbursement, assists with the completion of the state and county budgets and provides fiscal support for the MCAH programs.

Duties:

- Prepares program and county budget.
- Monitors program and county budget.
- Supervises program claiming, purchasing and payroll.
- Prepares financial reports.
- Processes all personnel documents.

Title: Office Technician I/II

Assigned: Maternal Child and Adolescent Health Program

Definition: Under the supervision of the Fiscal Supervisor, assists in preparation of quarterly claims.

Duties:

- Collects the documentation necessary for claims reimbursement.
- Purchases supplies.
- Maintains inventory of supplies.
- Prepares the claims for reimbursement.

COUNTY OF INYO
HEALTH & HUMAN SERVICES (HHS)
 PUBLIC HEALTH & PREVENTION

**Health and Human Services
 Department Director**
 Marilyn Mann

**Deputy Director
 Public Health and Prevention**
 Vacant (1)

Senior Management Analyst
 Melissa Best-Baker

HEALTH OFFICER/MHOAC
 Dr. James A. Richardson

Administrative Analyst
 Maryjo Peterson (7)

**Administrative
 Secretary**
 Jessica Burton

UPDATED: 07/07/2022

Office Technician
 Danelle Barnett (8)

Office Technician
 Fabiola Isidro (9)

Public Health

Prevention

**Public Health
 Nurse (PHN)**
 Tim Whitney

**MCAH Director /
 Supervising Public
 Health Nurse**
 Marissa Whitney (2)

**FIRST 5
 Inyo County
 CHILDREN & FAMILIES
 COMMISSION**

**WIC Director &
 Prevention
 Manager**
 Sarah Downard

**DISASTER PROGRAM
 MANAGER**
 Taylor Hartshorn

HHS Specialist
 Talia Carrillo^

Seven (7)
 Commissioners

**Registered
 Dietician**
 Vacant

**HUMAN
 SERVICES
 SUPERVISOR
 (Tobacco)**
 Stephanie Rubio^

**Prevention
 Specialist
 (HPP/PHEP)**
 Vacant

**MCAH Coordinator-
 Sudden Infant Death
 Syndrome Program
 Coordinator/Perinatal
 Services Coordinator /
 Registered Nurse**
 Dena Dondero(3,4,5)

**FIRST 5
 INYO COUNTY
 DIRECTOR**
 Serena Johnson

**Prevention
 Specialist
 (MCAH/Oral Health)**
 Vacant (6)

**Prevention
 Specialist
 (Tobacco)**
 Alexeya Williams

**PH Jail Nurse
 Supervisor (B-PAR)**
 Vacant

**Prevention
 Specialist
 (First 5)**
 Griselda Ortiz^

**Prevention
 Specialist
 (Mentoring)**
 Micaela Muro^

Tobacco Intern
 Lyndsey Rowan

**Public Health
 Jail Nurse (RN)**
 Colleen Wilson

**PH On-Call
 Jail RN (A-PAR)**
 "Anne" Bramhall

**Prevention
 Specialist
 (First 5)**
 Rebecca Houle

**Prevention
 Specialist
 (Outdoor) (B-PAR)**
 Tim Villanueva

**Prevention
 Specialist
 (MCAH/CHVP/First 5)**
 Katelyne Lent

**Prevention
 Specialist
 (WIC)**
 Vacant

Local MCAH Director Verification of Requirements Form

Name of LHJ:

Date:

MCAH Director Qualifications and Full Time Equivalent (FTE) Requirements:

The LHJ must meet the qualification and FTE requirement(s) for the MCAH Director as outlined below. If the LHJ is not able to meet these requirements, they must select one or both options below **and** describe how the LHJ will meet the MCAH Director requirements, and describe how they will assure the appropriate level of oversight for the program.

If the LHJ is not able to meet requirements, CDPH/MCAH recommends the LHJ add an MCAH Coordinator position and/or other positions to meet the MCAH Director requirements and assist with the responsibilities of the MCAH Director.

MCAH Director Qualifications Waiver Request

The MCAH Director must be a qualified health professional, which is defined as follows:

- A physician who is board-certified or board-eligible in specialties of Obstetrics/Gynecology, Pediatrics, Family Practice or Preventive Medicine; or
- A non-physician who must be a certified public health nurse (PHN).
- Other professional credentials may be accepted but must be approved by the CDPH/MCAH.

MCAH Director FTE Waiver Request

The MCAH Director must dedicate a percentage of time or Full Time Equivalent (FTE) to MCAH activities that complies with the following state MCAH Program guidelines for the population.

MCAH Director Full-time Equivalent (FTE) Requirements	
Total LHJ Population	FTE MCAH Director
3.5 million	2.0 Physicians
750,001-3.5 million	1.0 Physician
200,001-750,000	1.0 Public Health Nurse
75,001-200,000	0.75 Public Health Nurse
25,000-75,000	0.50 Public Health Nurse
<25,000	0.25 Public Health Nurse

Describe below how the LHJ will assure the appropriate level of oversight for the program:

**If the MCAH Director is not a Public Health Nurse (PHN), a Master's in Public Health (MPH), or another qualification in place of a physician or PHN qualification requirement, the LHJ must describe its mechanism for oversight of medical or clinical issues.*

Local MCAH Director Verification of Requirements Form

Additional MCAH Director Requirements:

If the LHJ does not have a Perinatal Services Coordinator (PSC), the MCAH Director is responsible for the PSC duties and implementation of the Comprehensive Perinatal Services Program (CPSP) program, if the LHJ has CPSP.

Please check here is the LHJ does not have a PSC.

In LHJs participating in the California Home Visiting Program (CHVP), the MCAH Director is required to devote a minimum of 0.05 FTE and a maximum of 0.15 FTE to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP Community Advisory Board (CAB).

Please check here is the LHJ participates in the CHVP.

Signed:

M Whitney _____
MCAH Director or designee Date

Local MCAH Director Verification of Requirements Form

Information and requirements for completing the form:

A copy of the form must be submitted annually during the Agreement Funding Application (AFA) process. The form will be verified with the submitted Local MCAH budget, Organizational Charts and Duty Statements.

Additionally, a new form is required to be submitted for any changes to the MCAH Director position throughout the year such as budget revisions and/or change in MCAH Director.

Submittal Requirements:

- Complete and submit the form annually during the AFA process.
- The form must be signed by MCAH Director and optionally the Agency Director.
- Submit the Duty Statement(s).
- Submit Organizational Chart(s).
- Submit a new form for any subsequent changes after the AFA process to the CDPH/MCAH Program Consultant.

Local Health Jurisdiction: Select LHJ
Agreement Number: Enter Agreement Number

Fiscal Year: SFY 2022-23

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

The Local Health Jurisdiction (LHJ), in collaboration with the CDPH/MCAH Division, 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 development of the Local MCAH SOW was guided by several public health frameworks including the ones listed below. Please consider integrating these approaches when conceptualizing and organizing local program, policy, and evaluation efforts.

- [The Ten Essential Services of Public Health](#) and [Toolkit](#)
- [The Spectrum of Prevention](#)
- [Life Course Perspective](#)
- [Social Determinants of Health](#)
- [The Social-Ecological Model](http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html)<http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>
- [Strengthening Families](#)

All Title V programs must comply with the [MCAH Fiscal Policy and Procedures Manual](#) and the [Local MCAH Program Policy and Procedures Manual](#).

Certification by MCAH Director:	Name: Marissa Whitney, RN, PHN, BSN Title: MCAH Director / Supervising Public Health Nurse Date: 7/7/2022 <i>I certify that I have seen and reviewed this Scope of Work for compliance with CDPH/MCAH Program Policies and Procedures.</i>
------------------------------------	---

Note: The Title V Maternal and Child Health Block Grant is the federal program that provides core funding to California to improve the health of mothers and children. The Title V Block Grant is federally administered by the Health Resources and Services Administration.

CDPH/MCAH may post SOWs on the CDPH/MCAH website.

Section A: General requirements and activities for all LHJs

Aligns With	General Requirement(s)	Required Local Activities	Time Frame	Deliverable Description
CDPH/MCAH Requirement	Annual Report	A1 Complete and submit an Annual Report each fiscal year to report on Scope of Work activities.	Annually, each fiscal year	The Annual Report will report on progress of program activities and the extent to which the LHJ met the SOW goals and deliverables and how funds were expended.
Title V Requirement	Toll-Free Line	A2 Provide a toll-free telephone number or “no cost to the calling party” number (and other appropriate methods) which provides a current list of culturally and linguistically appropriate information and referrals to community health and human resources for the public regarding access to prenatal care.	Annually, each fiscal year	Include on Local MCAH budget during the AFA cycle. Report in Annual Report: <ul style="list-style-type: none"> List toll-free telephone number
Title V Requirement	MCAH Website	A3 Share link, if available, to the appropriate Local MCAH Title V Program website.	Annually, each fiscal year	Report in the Annual Report: <ul style="list-style-type: none"> List the URL for the Local MCAH Title V program website
Title V Requirement CDPH/MCAH Requirement	Workforce Development and Training	A4 Attend required trainings/meetings as outlined in the MCAH Program Policies and Procedures.	Annually, each fiscal year	Report attendance in Annual Report: <ul style="list-style-type: none"> MCAH Director’s meeting SIDS Coordinators meeting
CDPH/MCAH Requirement	MCAH Director	A5 Maintain required MCAH Director position and recruit and retain qualified Title V program staff by as outlined in the MCAH Policies and Procedures.	Ongoing	The LHJ must submit an MCAH Director verification form annually during the AFA process and resubmit with any changes.
CDPH/MCAH Requirement	Community Resource and Referral Guide	A6 Develop a comprehensive MCAH resource and referral guide of available health, mental health, emergency resources, and social services.	By end of 2025	Report in Annual Report: <ul style="list-style-type: none"> Submit/upload a copy or link to the existing resource and referral guide
Title V Requirement	Conduct Local Needs Assessment	A7 Conduct a Local Needs Assessment to acquire an accurate, thorough picture of the strengths and weaknesses of the local public health system.	Once in five-year cycle	Complete Local Needs Assessment documents provided by CDPH/MCAH.

Section B: Domain specific requirements and activities				
CDPH/MCAH Requirement	Infant – Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID)	B1 Required for Infant Domain - all LHJs Provide SIDS/SUID grief and bereavement services and supports through home visits and/or mail resource packets to families suffering an infant loss.	Annually, each fiscal year	Report on SIDS/SUID services and supports in the Annual Report.
CDPH/MCAH Requirement	Infant – Safe Sleep	B2 Required for Infant Domain - all LHJs Promote the latest AAP Safe Sleep guidance and implement Infant Safe Sleep Interventions to reduce the number of SUID related deaths.	Annually, each fiscal year	Report on safe sleep activities in the Annual Report.
CDPH/MCAH Requirement	Child Health - Developmental Screening	B3 Required for Child Domain - all LHJs Partner with CDPH/MCAH to identify, review and monitor local developmental screening rates.	Annually, each fiscal year	Report on developmental screening activities in the Annual Report.045100
CDPH/MCAH Requirement	Child Health – Family Economic Supports	B4 Required for Child Domain - all LHJs Link and refer families in MCAH programs to safety net and public health care programs such as Family Planning, Access, Care, and Treatment (PACT), Medi-Cal, and Denti-Cal.	Annually, each fiscal year	Report on family economic support activities in the Annual Report.
CDPH/MCAH Requirement	Children and Youth with Special Health Care needs (CYSHCN)	B5 Required for CYSHCN Domain - all LHJs Link and refer children in families served by Local MCAH programs to services if results of a developmental or trauma screening indicates that the child needs follow-up.	Annually, each fiscal year	Report on screening and referral activities in the Annual Report.
CDPH/MCAH Requirement	Children and Youth with Special Health Care needs (CYSHCN)	B6 Required for CYSHCN Domain - all LHJs Outreach to and connect with your local or regional family resource center to understand needs of CYSHCN and their families and the resources available to them. http://www.frcnca.org/frcnca-directory/	Annually, each fiscal year	Report on outreach activities in the Annual Report.
CDPH/MCAH Requirement	Infant – Fetal Infant Mortality Review (FIMR)	B7 Required for FIMR funded LHJs only LHJs funded for FIMR will implement FIMR activities in accordance with Local MCAH Program Policies and Procedures.	Annually, each fiscal year	Report on FIMR activities in the Annual Report.
CDPH/MCAH Requirement	Black Infant Health (BIH) Program	B8 Required for BIH funded LHJs only	Annually, each fiscal year	Report on BIH activities in the Annual Report.

Local Health Jurisdiction: Select LHJ

Fiscal Year: SFY 2022-23

Agreement Number: Enter Agreement Number

		LHJs funded for BIH will implement the BIH Program in accordance with BIH Policies and Procedures.		
CDPH/MCAH Requirement	Adolescent Family Life Program (AFLP)	B9 Required for AFLP funded LHJs only LHJs funded for AFLP will implement the AFLP Program in accordance with AFLP Policies and Procedures.	Annually, each fiscal year	Report on AFLP activities in the Annual Report.

Section C: Local Activities by Domain

At least one activity must be selected or the LHJ must develop at least one activity of their own in the Women/Maternal Health Domain

Women/Maternal Health Domain	
Women/Maternal Priority Need: Ensure women in California are healthy before, during and after pregnancy. <i>Women/Maternal Focus Area 1: Reduce the impact of chronic conditions related to maternal mortality.</i>	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	NPM 1: Well-woman visit (Percent of women with a preventive medical visit in the past year).
Women/Maternal State Objective 1: By 2025, reduce the rate of pregnancy-related deaths (up to 1 year after the end of pregnancy) from 12.8 deaths per 100,000 live births (2013 CA-PMSS) to 12.2 deaths per 100,000 live births.	
Women/Maternal State Objective 1: Strategy 1: Lead surveillance and investigations of pregnancy-related deaths (up to 1 year after the end of pregnancy) in California.	Women/Maternal State Objective 1: Strategy 2: Partner to translate findings from pregnancy-related mortality surveillance and research into recommendations for action to improve maternal health and perinatal clinical practices.
Local Activities for Women/Maternal Objective 1: Strategy 1:	Local Activities for Women/Maternal Objective 1: Strategy 2:
w 1.1.1 <input type="checkbox"/> Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the public and local partners, including perinatal obstetric providers. What is your anticipated outcome?	w 1.2.1 <input type="checkbox"/> Partner with CDPH/MCAH on dissemination of recommendations to improve maternal health and perinatal clinical practices, including quality improvement toolkits. What is your anticipated outcome?
w 1.1.2 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?	w 1.2.2 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?

If you have additional local activities, please add a row.

Women/Maternal Health Domain		
<p>Priority Need: Ensure women in California are healthy before, during and after pregnancy.</p> <p><i>Women/Maternal Focus Area 2: Reduce the impact of chronic conditions related to maternal morbidity.</i></p>		
<p style="text-align: center;">Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 1: Well-woman visit (Percent of women with a preventive medical visit in the past year).</p>	
<p>Women/Maternal State Objective 2: By 2025, reduce the rate of severe maternal morbidity from 93.5 per 10,000 delivery hospitalizations (2018 PDD) to 88.8 per 10,000 delivery hospitalizations.</p>		
<p style="text-align: center;">Women/Maternal State Objective 2: Strategy 1: Lead surveillance and research related to maternal morbidity in California.</p>	<p style="text-align: center;">Women/Maternal State Objective 2: Strategy 2: Lead statewide regionalization of maternal care to ensure women receive appropriate care for childbirth.</p>	<p style="text-align: center;">Women/Maternal State Objective 2: Strategy 3: Partner to strengthen knowledge and skill among health care providers and individuals on chronic conditions exacerbated during pregnancy.</p>
<p style="text-align: center;">Local Activities for Women/Maternal Objective 2: Strategy 1</p>	<p style="text-align: center;">Local Activities for Women/Maternal Objective 2: Strategy 2</p>	<p style="text-align: center;">Local Activities for Women/Maternal Objective 2: Strategy 3</p>
<p>w 2.1.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the public and local partners.</p> <p>What is your anticipated outcome?</p>	<p>w 2.2.1</p> <p><input type="checkbox"/> Partner with local Regional Perinatal Programs of California (RPPC) Director to understand and promote efforts to establish Perinatal Levels of Care.</p> <p>What is your anticipated outcome?</p>	<p>w 2.3.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to pilot test educational materials addressing chronic health conditions during pregnancy and disseminate to consumers and providers.</p> <p>What is your anticipated outcome?</p>
<p>w 2.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 2.2.2</p> <p><input type="checkbox"/> Partner with CDPH/MCAH, RPPC, and Comprehensive Perinatal Services Program (CPSP) to coordinate resources and quality improvement efforts.</p> <p>What is your anticipated outcome?</p>	<p>w 2.3.2</p> <p><input type="checkbox"/> For Black Infant Health (BIH) funded sites only, develop and disseminate statewide media campaigns to inform Black women on chronic health conditions.</p> <p>What is your anticipated outcome?</p>

Local Health Jurisdiction: Select LHJ
Agreement Number: Enter Agreement Number

Fiscal Year: SFY 2022-23

<p>w 2.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 2.2.3</p> <p><input checked="" type="checkbox"/> Perinatal Service Coordinator (PSC) will partner with Women Infant Children (WIC), RPPC, CDPH/MCAH, Medi-Cal, and other key stakeholders to ensure a coordinated delivery system for women during and after pregnancy.</p> <p>What is your anticipated outcome? Increased community collaboration around referrals and care coordination for women before, during and after pregnancy.</p>	<p>w 2.3.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>w 2.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 2.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 2.3.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

If you have additional local activities, please add a row.

Woman/Maternal Health Domain		
Priority Need: Ensure women in California are healthy before, during and after pregnancy. <i>Women/Maternal Focus Area 3: Improve mental health for all mothers in California.</i>		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	NPM 1: Well-woman visit (Percent of women with a preventive medical visit in the past year).	
Women/Maternal State Objective 3: By 2025, increase the receipt of mental health services among women who reported needing help for emotional well-being or mental health concerns during the perinatal period from 49.6% (provisional 2018 MIHA) to 52.1%.		
Women/Maternal State Objective 3: Strategy 1: Partner with state and local programs responsible for the provision of mental health services and early intervention programs to reduce mental health conditions in the perinatal period.	Women/Maternal State Objective 3: Strategy 2: Partner to strengthen knowledge and skill among health care providers, individuals, and families to identify signs of maternal mental health-related needs.	Women/Maternal State Objective 3: Strategy 3: Partner to ensure pregnant and parenting women are screened utilizing standardized and validated tools and linked to needed services for mental health conditions in the perinatal period.
Local Activities for Women/Maternal Objective 3: Strategy 1	Local Activities for Women/Maternal Objective 3: Strategy 2	Local Activities for Women/Maternal Objective 3: Strategy 3
w 3.1.1 <input checked="" type="checkbox"/> Partner with local programs responsible for the provision of mental health services and early intervention programs to promote mental health services in the perinatal period. What is your anticipated outcome? Increased community collaboration around referrals and care coordination for mental health services for women in the perinatal period.	w 3.2.1 <input type="checkbox"/> Perinatal Service Coordinators (PSCs) will provide technical assistance on new requirements for provider screening of mental health. What is your anticipated outcome?	w 3.3.1 <input type="checkbox"/> Implement and utilize standardized and validated mental health screening tools for pregnant and parenting women in MCAH programs. What is your anticipated outcome?
w 3.1.2 <input checked="" type="checkbox"/> Partner with local mental health service providers to improve referral and linkages to mental health services. What is your anticipated outcome?	w 3.2.2 <input type="checkbox"/> Partner with local Mental Health Services Act (MHSA)/Prop. 63 funded programs to increase available services to women during perinatal period.	w 3.3.2 <input checked="" type="checkbox"/> Lead the development of a county maternal mental health algorithm that outlines a referral system and the services available to address maternal mental health.

Local Health Jurisdiction: Select LHJ

Fiscal Year: SFY 2022-23

Agreement Number: Enter Agreement Number

Increased community collaboration around referrals and care coordination for mental health services for women in the perinatal period.	What is your anticipated outcome?	What is your anticipated outcome? Increased community collaboration around referrals and care coordination for mental health services for women in the perinatal period.
w 3.1.3 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?	w 3.2.3 <input checked="" type="checkbox"/> Partner with CDPH/MCAH to disseminate mental health promotional messages that educate women and families to recognize early signs and symptoms of mental health disorders. What is your anticipated outcome? Public's increased awareness of signs and symptoms of mental health disorder and local resources available.	w 3.3.3 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?
w 3.1.4 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?	w 3.2.4 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?	w 3.3.4 <input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?

If you have additional local activities, please add a row.

Woman/Maternal Health Domain			
Priority Need: Ensure women in California are healthy before, during and after pregnancy. <i>Women/Maternal Focus Area 4: Ensure optimal health before pregnancy and improve pregnancy planning and birth spacing.</i>			
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	NPM 1: Well-woman visit (Percent of women with a preventive medical visit in the past year). ESM: The number of Local Health Jurisdictions (LHJs) that report developing or adopting a protocol to link clients (women 22-44) to a provider to access a preventive visit.		
Women/Maternal State Objective 4: By 2025, increase the percent of women who had an optimal interpregnancy interval of at least 18 months from 73.6% (2017 CCMBF) to 76.4%.			
<u>Women/Maternal State Objective 4: Strategy 1:</u> Partner to increase provider and individual knowledge and skill to improve health and health care before and between pregnancies.	<u>Women/Maternal State Objective 4: Strategy 2:</u> Lead a population-based assessment of mothers in California, the Maternal and Infant Health Assessment Survey (MIHA), to provide data to guide programs and services.	<u>Women/Maternal State Objective 4: Strategy 3:</u> Lead the implementation of the Comprehensive Perinatal Service Provider (CPSP) program to ensure access to comprehensive prenatal care for Medi-Cal Fee-for-Service clients.	<u>Women/Maternal State Objective 4: Strategy 4:</u> Fund the DHCS Indian Health Program (IHP) to administer the American Indian Maternal Support Services (AIMSS) to provide case management and home visitation program services for American Indian women during and after pregnancy.
Local Activities for Women/Maternal Objective 4: Strategy 1	Local Activities for Women/Maternal Objective 4: Strategy 2	Local Activities for Women/Maternal Objective 4: Strategy 3	No Local Activities
w 4.1.1 <input checked="" type="checkbox"/> Partner with CDPH/MCAH to disseminate and promote best practices and resources from key preconception initiatives. What is your anticipated outcome? Public's increased awareness of preconception care and local resources available.	w 4.2.1 <input type="checkbox"/> Partner with CDPH/MCAH in the development of the Maternal Infant Health Assessment (MIHA) Survey. What is your anticipated outcome?	w 4.3.1 <input type="checkbox"/> Partner with Perinatal Service Coordinators (PSCs) to identify and recruit providers in medically underserved areas to increase access to care. What is your anticipated outcome?	
w 4.1.2 <input type="checkbox"/> Coordinate with CDPH/MCAH to identify uninsured populations and conduct outreach and awareness of health insurance options.	w 4.2.2 <input type="checkbox"/> Partner with CDPH/MCAH to disseminate MIHA data findings and guidance to the public and local partners.	w 4.3.2 <input type="checkbox"/> Lead in implementing the local CPSP program and provide monitoring and oversight of providers to ensure quality of care for CPSP clients.	

Local Health Jurisdiction: Select LHJ
Agreement Number: Enter Agreement Number

Fiscal Year: SFY 2022-23

<p>What is your anticipated outcome?</p>	<p>What is your anticipated outcome?</p>	<p>What is your anticipated outcome?</p>	
<p>w 4.1.3</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to promote preconception/inter-conception health programs.</p> <p>What is your anticipated outcome?</p>	<p>w 4.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 4.3.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	
<p>w 4.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 4.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 4.3.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	

If you have additional local activities, please add a row.

Woman/Maternal Health Domain	
<p>Priority Need: Ensure women in California are healthy before, during and after pregnancy. <i>Women/Maternal Focus Area 5: Reduce maternal substance use.</i></p>	
<p style="text-align: center;">Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 1: Well-woman visit (Percent of women with preventive medical visit in the a past year).</p>
<p style="text-align: center;">Women/Maternal State Objective 5: By 2025, reduce the rate of maternal substance use from 20.7 per 1,000 delivery hospitalizations (2018 PDD) to 19.7 per 1,000 delivery hospitalizations.</p>	
<p style="text-align: center;"><u>Women/Maternal State Objective 5: Strategy 1:</u> Lead research and surveillance on maternal substance use in California.</p>	<p style="text-align: center;"><u>Women/Maternal State Objective 5: Strategy 2:</u> Partner at the state and local level to increase prevention and treatment of maternal opioid and other substance use.</p>
<p style="text-align: center;">Local Activities for Women/Maternal Objective 5: Strategy 1</p>	<p style="text-align: center;">Local Activities for Women/Maternal Objective 5: Strategy 2</p>
<p>w 5.1.1</p> <p><input checked="" type="checkbox"/> Coordinate with CDPH/MCAH to disseminate data findings, guidance, and education to the public and local partners.</p> <p>What is your anticipated outcome? Public develops increased awareness of maternal substance use and local resources available.</p>	<p>w 5.2.1</p> <p><input checked="" type="checkbox"/> Identify county specific resources on treatment and best practices to address substance use and collaborate to improve referral and linkages to services.</p> <p>What is your anticipated outcome? Increased community collaboration around referrals and care coordination for mental health services for women in the perinatal period.</p>
<p>w 5.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 5.2.2</p> <p><input checked="" type="checkbox"/> Partner with CDPH/MCAH to disseminate a social media campaign on maternal opioid use.</p> <p>What is your anticipated outcome? Public’s increased awareness of maternal opioid use and local resources available.</p>
<p>w 5.1.3</p>	<p>w 5.2.3</p>

Local Health Jurisdiction: Select LHJ
Agreement Number: Enter Agreement Number

Fiscal Year: SFY 2022-23

<p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p><input type="checkbox"/> Disseminate the Association of State and Territorial Health Officials (ASTHO) Public Health Perinatal Opioid Toolkit.</p> <p>What is your anticipated outcome?</p>
<p>w 5.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 5.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

If you have additional local activities, please add a row.

Section C: Local Activities by Domain

At least one activity must be selected or the LHJ must develop at least one activity of their own in the Perinatal/Infant Health Domain

Perinatal/Infant Health Domain			
<p>Perinatal/Infant Priority Need: Ensure all infants are born healthy and thrive in their first year of life. <i>Perinatal/Infant Focus Area 1: Improve healthy infant development through breastfeeding.</i> <i>Perinatal/Infant Focus Area 2: Improve healthy infant development through caregiver/infant bonding.</i></p>			
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>		<p>NPM 4a: Percent of infants who are ever breastfed. NPM 4b: Percent of infants breastfed exclusively through 6 months. ESM 4.1: Number of online views/hits to the "Lactation Support for Low-Wage Workers".</p>	
<p>Perinatal/Infant State Objective 1: By 2025, increase the percent of women who report exclusive in-hospital breastfeeding from 70.2% (2018 GDSP) to 72.5%.</p>			
<p>Perinatal/Infant State Objective 1: Strategy 1: Lead surveillance of breastfeeding practices and assessment of initiation and duration trends.</p>	<p>Perinatal/Infant State Objective 1: Strategy 2: Lead technical assistance and training to support breastfeeding initiation, including the implementation of the Model Hospital Policy or Baby Friendly in all California birthing hospitals by 2025.</p>	<p>Perinatal/Infant State Objective 1: Strategy 3: Partner to develop and disseminate information and resources about policies and best practices to promote breastfeeding duration, including lactation accommodation within all MCAH programs.</p>	<p>Perinatal/Infant State Objective 1: Strategy 4: Partner with birthing hospitals to support caregiver/infant bonding.</p>
<p>Local Activities for Perinatal/Infant Objective 1: Strategy 1</p>	<p>Local Activities for Perinatal/Infant Objective 1: Strategy 2</p>	<p>Local Activities for Perinatal/Infant Objective 1: Strategy 3</p>	<p>Local Activities for Perinatal/Infant Objective 1: Strategy 4</p>
<p>p 1.1.1</p> <p><input type="checkbox"/> Monitor and track breastfeeding initiation and duration rates and disseminate data to community and local partners.</p> <p>What is your anticipated outcome?</p>	<p>p 1.2.1</p> <p><input checked="" type="checkbox"/> Promote breastfeeding education to prenatal women in local MCAH programs.</p> <p>What is your anticipated outcome? Increased adherence to breastfeeding.</p> <p>Prenatal women’s increased understanding of the benefits of breastfeeding.</p>	<p>p 1.3.1</p> <p><input type="checkbox"/> Partner to develop and disseminate information and resources about policies and best practices to promote extending breastfeeding duration, including lactation accommodation within local MCAH programs.</p> <p>What is your anticipated outcome?</p>	<p>p 1.4.1</p> <p><input type="checkbox"/> Partner with Regional Perinatal Program of California (RPPC) Directors to work with local birthing hospitals on messaging related to infant bonding with an emphasis on a client-centered approach.</p> <p>What is your anticipated outcome?</p>

<p>p 1.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.2.2</p> <p><input checked="" type="checkbox"/> Partner to disseminate information to the community regarding evidence-based breastfeeding initiation guidance.</p> <p>What is your anticipated outcome? Increased initiation and adherence to breastfeeding.</p> <p>Community develops an increased understanding of the benefits of breastfeeding.</p>	<p>p 1.3.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.4.2</p> <p><input type="checkbox"/> Partner with community leaders to promote infant bonding, skin to skin training and outreach activities to dads, partners, and caretakers.</p> <p>What is your anticipated outcome?</p>
<p>p 1.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.2.3</p> <p><input type="checkbox"/> Partner with Regional Perinatal Programs of California (RPPC) Directors to track and assess implementation and technical assistance needs of birthing hospitals related to the implementation of Model Hospital Policy or Baby Friendly.</p> <p>What is your anticipated outcome?</p>	<p>p 1.3.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.4.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>p 1.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.3.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.4.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

Local Health Jurisdiction: Select LHJ

Fiscal Year: SFY 2022-23

Agreement Number: Enter Agreement Number

--	--	--	--

If you have additional local activities, please add a row.

Perinatal/Infant Health Domain		
Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities. <i>Perinatal/Infant Focus Area 3: Reduce Black Infant Mortality.</i>		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	SPM 1: Preterm birth rate among infants born to non-Hispanic Black women.	
Perinatal/Infant State Objective 2: By 2025, reduce the rate of infant deaths from 4.2 per 1,000 live births (2017 BSMF/DSMF) to 4.0.		
Perinatal/Infant State Objective 2: Strategy 1: Lead research and surveillance related to fetal and infant mortality in California.	Perinatal/Infant State Objective 2: Strategy 2: Support local fetal infant review (FIMR) programs by expanding and implementing infant safe sleep strategies and engaging community action team members in efforts to reduce the number of sudden unexpected infant deaths.	Perinatal/Infant State Objective 2: Strategy 3: Lead the California SIDS Program to provide grief and bereavement support to parents, technical assistance, resources, and training on infant safe sleep to reduce infant mortality.
Local Activities for Perinatal/Infant Objective 2: Strategy 1	No Local Activities	Local Activities for Perinatal/Infant Objective 2: Strategy 3
p 2.1.1 <input type="checkbox"/> Monitor and track fetal and infant mortality and disseminate data to community and local partners. What is your anticipated outcome?		p 2.3.1 <input checked="" type="checkbox"/> Promote and disseminate information and resources related to SIDS/SUID risk factors and reduction strategies. What is your anticipated outcome? Public develops increased awareness of SIDS/SUID risk factors and reduction strategies
p 2.1.2 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?		p 2.3.2 <input checked="" type="checkbox"/> Disseminate Safe to Sleep® campaign and Safe Sleep strategies that address SIDS and other sleep-related causes of infant death. What is your anticipated outcome? Public develops increased awareness of SIDS/SUID risk factors and reduction strategies

<p>p 2.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>		<p>p 2.3.3</p> <p><input type="checkbox"/> Partner with Regional Perinatal Programs of California (RPPC) to work with birthing hospitals to disseminate Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID) risk reduction information to parents or guardians of newborns upon discharge.</p> <p>What is your anticipated outcome?</p>
<p>p 2.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>		<p>p 2.3.4</p> <p><input checked="" type="checkbox"/> Partner with local childcare licensing, birthing facilities, clinics, Women Infant Children (WIC) sites, and medical providers to provide SIDS/SUID and Safe Sleep education.</p> <p>What is your anticipated outcome? Increase in provider knowledge base on SIDS/SUIDS prevention and Safe Sleep measures.</p>
<p>p 2.1.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>		<p>p 2.3.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

If you have additional local activities, please add a row.

Perinatal/Infant Health Domain			
Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities. <i>Perinatal/Infant Focus Area 3: Reduce preterm births.</i>			
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)		SPM 1: Preterm birth rate among infants born to non-Hispanic Black women.	
Perinatal/Infant State Objective 3: By 2025, reduce the percentage of preterm births from 8.7% (2017 BSMF) to 8.4%.			
Perinatal/Infant State Objective 3: Strategy 1: Lead research and surveillance on disparities in preterm birth rates in California.	Perinatal/Infant State Objective 3: Strategy 2: Lead the implementation of the Black Infant Health (BIH) Program to reduce the impact of stress due to structural racism to improve Black birth outcomes.	Perinatal/Infant State Objective 3: Strategy 3: Lead the implementation of the Perinatal Equity Initiative (PEI) to increase perinatal equity in California.	Perinatal/Infant State Objective 3: Strategy 5: Lead the development and dissemination of preterm birth reduction strategies across California.
Local Activities for Perinatal/Infant Objective 3: Strategy 1	Local Activities for Perinatal/Infant Objective 3: Strategy 2	Local Activities for Perinatal/Infant Objective 3: Strategy 3	Local Activities for Perinatal/Infant Objective 3: Strategy 5
<p>p 3.1.1</p> <p><input type="checkbox"/> Monitor and track local preterm birth rates and disseminate data to community and local partners.</p> <p>What is your anticipated outcome?</p>	<p>p 3.2.1</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.3.1</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.5.1</p> <p><input type="checkbox"/> Partner with local birthing hospitals, and community stakeholders to disseminate social media campaigns about preterm birth reduction strategies.</p> <p>What is your anticipated outcome?</p>

Local Health Jurisdiction: Select LHJ

Fiscal Year: SFY 2022-23

Agreement Number: Enter Agreement Number

<p>p 3.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.2.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.3.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.5.2</p> <p><input type="checkbox"/> Develop and disseminate preterm birth reduction materials and resources to the community and agencies providing services to moms and babies.</p> <p>What is your anticipated outcome?</p>
<p>p 3.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.3.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.5.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

If you have additional local activities, please add a row.

Section C: Local Activities by Domain

At least one activity must be selected or the LHJ must develop at least one activity of their own in the Child Health Domain

Child Health Domain			
<p>Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.</p> <p><i>Child Focus Area 1: Expand and support developmental screening.</i></p>			
<p>(National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 6: Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.</p> <p>ESM 6.1: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.</p>		
<p>Child State Objective 1:</p> <p>By 2025, increase the percentage of children, ages 9 through 35 months, who received a developmental screening from a health care provider using a parent-completed screening tool in the past year from 25.9% (NSCH 2017-18) to 32.4%.</p>			
<p>Child State Objective 1: Strategy 1: Partner to build data capacity for public health surveillance and program monitoring and evaluation related to developmental screening in California.</p>	<p>Child State Objective 1: Strategy 2: Partner to improve early childhood systems to support early developmental health and family well-being.</p>	<p>Child State Objective 1: Strategy 3: Partner to educate and build capacity among providers and families to understand developmental milestones and implement best practices in developmental screening and monitoring within MCAH programs.</p>	<p>Child State Objective 1: Strategy 4: Support implementation of Department of Health Care Services (DHCS) policies regarding child health and well-being, including developmental screening.</p>
<p>No Local Activities</p>	<p>Local Activities for Child Objective 1: Strategy 2</p>	<p>Local Activities for Child Objective 1: Strategy 3</p>	<p>Local Activities for Child Objective 1: Strategy 4</p>
	<p>ch 1.2.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH, Statewide Screening Collaborative, and local stakeholders, such as the local First 5 program or Help Me Grow system, to identify key local resources for developmental screening/linkage.</p> <p>What is your anticipated outcome?</p>	<p>ch 1.3.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH and early childhood and family-serving programs to assess current policies and practices on developmental screening and monitoring of developmental milestones to determine whether additional monitoring or screening can be incorporated into the programs.</p> <p>What is your anticipated outcome?</p>	<p>ch 1.4.1</p> <p><input type="checkbox"/> Build capacity by partnering with local Medi-Cal managed care health plans to educate and share information with providers about Medi-Cal developmental screening reimbursement and quality measures.</p> <p>What is your anticipated outcome?</p>

	<p>ch 1.2.2</p> <p><input type="checkbox"/>Lead the development of a community resource map that links referrals to services.</p> <p>What is your anticipated outcome?</p>	<p>ch 1.3.2</p> <p><input type="checkbox"/>Partner with providers to educate families in MCAH programs about specific milestones and developmental screening needs.</p> <p>What is your anticipated outcome?</p>	<p>ch 1.4.2</p> <p><input type="checkbox"/>Track county Medi-Cal managed care health plan developmental screening data.</p> <p>What is your anticipated outcome?</p>
	<p>ch 1.2.3</p> <p><input type="checkbox"/>Develop a social media campaign or other outreach activity for families who missed well-child visits and/or developmental screening due to COVID-19 to educate families on the importance of resuming preventive services.</p> <p>What is your anticipated outcome?</p>	<p>ch 1.3.3</p> <p><input type="checkbox"/>Partner with Help Me Grow (HMG) and other key partners to educate providers and families about developmental screening recommendations and tools.</p> <p>What is your anticipated outcome?</p>	<p>ch 1.4.3</p> <p><input type="checkbox"/>Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
	<p>ch 1.2.4</p> <p><input type="checkbox"/>Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 1.3.4</p> <p><input checked="" type="checkbox"/>Partner with Women Infant Children (WIC) and other stakeholders to disseminate developmental milestone information, educational resources, and tools.</p> <p>What is your anticipated outcome? Public develops increased understanding of developmental milestones and referral process</p>	<p>ch 1.4.4</p> <p><input type="checkbox"/>Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

Local Health Jurisdiction: Select LHJ

Fiscal Year: SFY 2022-23

Agreement Number: Enter Agreement Number

	<p>ch 1.2.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 1.3.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 1.4.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
--	--	--	--

If you have additional local activities, please add a row.

Child Health Domain		
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. <i>Child Focus Area 2: Raise awareness of adverse childhood experiences and prevent toxic stress through building resilience.</i>		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	NPM 6: Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. ESM 6.1: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.	
Child State Objective 2: By 2025, increase the percentage of children, ages 0 through 17 years, who live in a home where the family demonstrated qualities of resilience (i.e., met all four resilience items as identified in the NSCH survey) during difficult times from 82.0% (95% CI: 78.2-85.3%) to 84.5%.		
Child State Objective 2: Strategy 1: Partner with CDPH Essentials for Childhood and other stakeholders to build data capacity to track and understand experiences of adversity and resilience among children and families.	Child State Objective 2: Strategy 2: Partner to build capacity and expand programs and practices to build family resiliency by optimizing the parent-child relationship, enhancing parenting skills, and addressing child poverty through increasing access to safety net programs within MCAH-funded programs.	Child State Objective 2: Strategy 3: Support the California Office of the Surgeon General and DHCS' ACEs Aware initiative to build capacity among communities, providers, and families to understand the impact of childhood adversity and the importance of trauma-informed care.
Local Activities for Child Objective 2: Strategy 1	Local Activities for Child Objective 2: Strategy 2	Local Activities for Child Objective 2: Strategy 3
ch 2.1.1 <input type="checkbox"/> Identify and examine local county data sources for childhood adversity, childhood poverty, and social determinants of health affecting child health and family resilience. What is your anticipated outcome?	ch 2.2.1 <input type="checkbox"/> Assess current MCAH program practices to promote healthy, safe, stable, and nurturing parent-child relationships. What is your anticipated outcome?	ch 2.3.1 <input type="checkbox"/> Participate and promote the California Surgeon General's Adverse Childhood Experiences (ACEs) Aware trainings within local county agencies. What is your anticipated outcome?
ch 2.1.2 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?	ch 2.2.2 <input type="checkbox"/> Partner with CDPH/MCAH to understand statewide initiatives that address social determinants of health and strengthen economic supports for families.	ch 2.3.2 <input checked="" type="checkbox"/> Identify resources and training opportunities on ACEs and trauma-informed care for local programs. What is your anticipated outcome?

Local Health Jurisdiction: Select LHJ
Agreement Number: Enter Agreement Number

Fiscal Year: SFY 2022-23

	<p>What is your anticipated outcome?</p>	<p>Increased organizational understanding of ACEs. Boost community partnership and involvement in ACEs Aware movement.</p>
<p>ch 2.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 2.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 2.3.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

If you have additional local activities, please add a row.

Local Health Jurisdiction: Select LHJ

Fiscal Year: SFY 2022-23

Agreement Number: Enter Agreement Number

Child Health Domain	
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. <i>Child Focus Area 3: Support and build partnerships to improve the physical health of all children.</i>	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	NPM 6: Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. ESM 6.1: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.
Child State Objective 3: By 2025, increase the percentage of children, ages 1 through 17 years, who had a preventive dental visit in the past year from 80.2% (95% CI: 76.0- 83.9) [NSCH 2017-18] to 82.6%.	
Child State Objective 3: Strategy 1: Support the CDPH Office of Oral Health in their efforts to increase access to regular preventive dental visits for children by sharing information with MCAH programs.	
Local Activities for Child Objective 3: Strategy 1	
ch 3.1.1 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?	

If you have additional local activities, please add a row.

Child Health Domain	
<p>Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.</p> <p><i>Child Focus Area 3: Support and build partnerships to improve the physical health of all children.</i></p>	
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 6: Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.</p> <p>ESM 6.1: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.</p>
<p>Child State Objective 4: By 2025, decrease the percentage of 5th grade students who are overweight or obese from 40.5% (2018) to 39.3%.</p>	
<p>Child State Objective 4: Strategy 1: Partner to enable the reporting of data on childhood overweight and obesity in California.</p>	<p>Child State Objective 4: Strategy 2: Partner with WIC and others to provide technical assistance to local MCAH programs to support healthy eating and physically active lifestyles for families.</p>
<p>Local Activities for Child Objective 4: Strategy 1</p>	<p>Local Activities for Child Objective 4: Strategy 2</p>
<p>ch 4.1.1</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 4.2.1</p> <p><input checked="" type="checkbox"/> Partner with Women Infant Children (WIC), local healthy community programs and initiatives, CDPH/MCAH programs, stakeholders to identify resources, best practices, and tools on healthy eating to share with families in MCAH programs.</p> <p>What is your anticipated outcome? Increased community collaboration around programming to reduce childhood obesity and increase healthy lifestyles.</p>
<p>ch 4.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 4.2.2</p> <p><input checked="" type="checkbox"/> Partner with Women Infant Children (WIC), and other local programs to refer and link eligible families to WIC and other healthy food resources.</p> <p>What is your anticipated outcome? Increased healthy eating by families after being referred to WIC services.</p>

<p>ch 4.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 4.2.3</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to utilize the Policies, Systems, and Environmental Change Toolkit to improve physical activity, nutrition, and breastfeeding within the local health jurisdiction.</p> <p>What is your anticipated outcome?</p>
<p>ch 4.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 4.2.4</p> <p><input checked="" type="checkbox"/> Share the child MyPlate and related messaging with families and providers to promote healthy eating in children.</p> <p>What is your anticipated outcome? Individuals receiving education will demonstrate increased knowledge about nutrition and/or physical activity</p>
<p>ch 4.1.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 4.2.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

If you have additional local activities, please add a row.

Section C: Local Activities by Domain
At least one activity must be selected or the LHJ must develop at least one activity of their own in the CYSHCN Health Domain

Children and Youth with Special Health Care Needs (CYSHCN) Domain		
CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families. <i>CYSHCN Focus Area 1: Build capacity at the state and local levels to improve systems that serve CYSHCN and their families.</i>		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	NPM 12: Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care. ESM 12.1: Percentage of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.	
CYSHCN State Objective 1: By 2025, maintain the number of local MCAH programs that chose to implement a Scope of Work objective focused on CYSHCN public health systems and services during FY 21-22.		
CYSHCN State Objective 1: Strategy 1: Lead state and local MCAH capacity-building efforts to improve and expand public health systems and services for CYSHCN.	CYSHCN State Objective 1: Strategy 2: Lead program outreach and assessment within State MCAH to ensure best practices for serving CYSHCN are integrated into all MCAH programs.	CYSHCN State Objective 1: Strategy 3: Partner to build data capacity to understand needs and health disparities in the CYSHCN population.
Local Activities for CYSHCN Objective 1: Strategy 1	Local Activities for CYSHCN Objective 1: Strategy 2	No Local Activities
cy 1.1.1 <input checked="" type="checkbox"/> Conduct an environmental scan focused on children and youth with special health care needs and their families, including needs, gaps, and resources available in your county or region. What is your anticipated outcome? Increase understanding of the specific needs and barriers for CYSHCN accessing health care, supports, and services. The environmental scan set the framework for developing a local resource referral process with community partners and parents.	cy 1.2.1 <input type="checkbox"/> Create or update a resource guide or diagram to help families, providers, and organizations understand the landscape of available local resources in the community. What is your anticipated outcome?	

Local Health Jurisdiction: Select LHJ

Fiscal Year: SFY 2022-23

Agreement Number: Enter Agreement Number

<p>cy 1.1.2</p> <p><input checked="" type="checkbox"/> Improve coordination of emergency preparedness and disaster relief support for Children and Youth with Special Health Care Needs (CYSHCN) and their families (COVID-19, wildfires, earthquakes, etc.)</p> <p>What is your anticipated outcome? Families of CYSHCN have a better understanding of resources during an emergency.</p>	<p>cy 1.2.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	
<p>cy 1.1.3</p> <p><input type="checkbox"/> Conduct a local data/evaluation project focused on CYSHCN.</p> <p>What is your anticipated outcome?</p>	<p>cy 1.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	
<p>cy 1.1.4</p> <p><input type="checkbox"/> Create or join a public health taskforce focused on the needs of CYSHCN in your county or region.</p> <p>What is your anticipated outcome?</p>	<p>cy 1.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	

Local Health Jurisdiction: Select LHJ
Agreement Number: Enter Agreement Number

Fiscal Year: SFY 2022-23

<p>cy 1.1.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>cy 1.2.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	
---	---	--

If you have additional local activities, please add a row.

Children and Youth with Special Health Care Needs (CYSHCN) Domain

CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families.

CYSHCN Focus Area 2: Increase access to coordinated primary and specialty care for CYSHCN.

Performance Measures

(National/State Performance Measures and Evidence-Based Strategy Measure)

NPM 12: Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care

ESM 12.1: Percentage of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems

CYSHCN State Objective 2:

By 2025, increase the percent of adolescents with special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care from 18.4% to 20.2%. (NSCH 2016-20)

CYSHCN State Objective 2: Strategy 1:

Partner on identifying and incorporating best practices to ensure that CYSHCN and their families receive support for a successful transition to adult health care.

CYSHCN State Objective 2: Strategy 2:

Fund DHCS/ISCD to assist CCS counties in providing necessary care coordination and case management to CCS clients to facilitate timely and effective access to care and appropriate community resources.

CYSHCN State Objective 2: Strategy 3:

Fund DHCS/ISCD to increase timely access to qualified providers for CCS clients to facilitate coordinated care.

Local Activities for CYSHCN Objective 2: Strategy 1

No Local Activities

No Local Activities

cy 2.1.1

Conduct an environmental scan in your county and/or region to understand needs, strengths, barriers, and opportunities in the transition to adult health care, supports, and services for youth with special health care needs.

What is your anticipated outcome?

cy 2.1.2

Develop a communication and/or outreach campaign focused on transition from pediatric care to adult health care, including supports and services for youth with special health care needs.

What is your anticipated outcome?

Local Health Jurisdiction: Select LHJ
Agreement Number: Enter Agreement Number

Fiscal Year: SFY 2022-23

<p>cy 2.1.3</p> <p><input type="checkbox"/> Create/join a local learning collaborative or workgroup focused on the transition to adult health care and supports and services for youth with special health care needs.</p> <p>What is your anticipated outcome?</p>		
<p>cy 2.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>		

If you have additional local activities, please add a row.

Children and Youth with Special Health Care Needs (CYSHCN) Domain

CYSHCN Priority Need 2: Increase engagement and build resilience among CYSHCN and their families.

CYSHCN Focus Area 3: Empower and support CYSHCN, families, and family-serving organizations to participate in health program planning and implementation.

Performance Measures

(National/State Performance Measures and Evidence-Based Strategy Measure)

NPM 12: Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care.

ESM 12.1: Percentage of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.

CYSHCN State Objective 3:

By 2025, maintain the number of local MCAH programs that chose to implement a Scope of Work objective focused on family engagement, social/community inclusion, and/or family strengthening for CYSHCN during FY 21-22.

CYSHCN State Objective 3: Strategy 1:

Partner to train and engage CYSHCN and families to improve CYSHCN-serving systems through input and involvement in state and local MCAH program design, implementation, and evaluation.

CYSHCN State Objective 3: Strategy 2:

Fund DHCS/ISCD to support continued family engagement in CCS program improvement, including the Whole Child Model, to assist families of CYSHCN in navigating services.

CYSHCN State Objective 3: Strategy 3:

Support statewide and local efforts to increase resilience among CYSHCN and their families.

Local Activities for CYSHCN Objective 3: Strategy 1

No Local Activities

Local Activities for CYSHCN Objective 3: Strategy 3

cy 3.1.1

Other local activity (Please Specify/Optional):

What is your anticipated outcome?


cy 3.3.1

Design and implement a project focused on social and community inclusion for CYSHCN and their families.

What is your anticipated outcome?

Local Health Jurisdiction: Select LHJ
Agreement Number: Enter Agreement Number

Fiscal Year: SFY 2022-23

<p>cy 3.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>		<p>cy 3.3.2</p> <p><input type="checkbox"/> Promote trauma-informed practices specific to CYSHCN and families to ensure local MCAH programs such as home visiting and public health nursing have a trauma-informed approach that is inclusive of CYSHCN.</p> <p>What is your anticipated outcome?</p>
<p>cy 3.1.3</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>		<p>cy 3.3.3</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

If you have additional local activities, please add a row.

Section C: Local Activities by Domain
At least one activity must be selected or the LHJ must develop at least one activity of their own in the Adolescent Health Domain

Adolescent Domain		
Adolescent Priority Need 1: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. <i>Adolescent Focus Area 1: Improve sexual and reproductive health and well-being for all adolescents in California.</i>		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. ESM 10.1: Percent of AFLP participants who received a referral for preventive services.	
Adolescent State Objective 1: By 2025, increase the proportion of sexually active adolescents who use condoms and/or hormonal or intrauterine contraception to prevent pregnancy and provide barrier protection against sexually transmitted diseases as measured by: <ul style="list-style-type: none"> percent of sexually active adolescents who used a condom at last sexual intercourse from 55% to 58% percent of sexually active adolescents who used the most effective or moderately effective methods of FDA-approved contraception from 23% to 25%. 		
Adolescent State Objective 1: Strategy 1: Lead surveillance and program monitoring and evaluation related to adolescent sexual and reproductive health.	Adolescent State Objective 1: Strategy 2: Lead to strengthen knowledge and skills to increase use of protective sexual health practices within CDPH/MCAH-funded programs.	Adolescent State Objective 1: Strategy 3: Partner across state and local health and education systems to implement effective comprehensive sexual health education in California.
Local Activities for Adolescent Objective 1: Strategy 1	Local Activities for Adolescent Objective 1: Strategy 2	Local Activities for Adolescent Objective 1: Strategy 3
a 1.1.1 <input type="checkbox"/> Utilize California Adolescent Sexual Health Needs Index (CASHNI) to target adolescent sexual health programs and efforts to high need youth. What is your anticipated outcome?	a 1.2.1 <input checked="" type="checkbox"/> Partner with CDPH/MCAH to disseminate education materials and resources related to effective protective sexual health practices for youth, with a focus on reaching local health care professionals and parents/caregivers. What is your anticipated outcome? Individuals receiving education will demonstrate increased knowledge about protective sexual health practices for youth and increased uptake in STI screening for youth.	a 1.3.1 <input type="checkbox"/> For non- California Personal Responsibility Education Program (CA PREP) and Information and Education Program (I&E) funded counties, partner with local PREP and I&E agencies and other community partners to ensure local implementation of evidence-based and/or evidence-informed sexual health education to high need youth. What is your anticipated outcome?

<p>a 1.1.2</p> <p><input type="checkbox"/> Utilize and disseminate Adolescent Sexual Health County Profiles to the public and local partners.</p> <p>What is your anticipated outcome?</p>	<p>a 1.2.2</p> <p><input type="checkbox"/> For Adolescent Family Life Planning (AFLP)-funded counties, promote healthy sexual behaviors and healthy relationships among expectant and parenting youth.</p> <p>What is your anticipated outcome?</p>	<p>a 1.3.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>a 1.1.3</p> <p><input type="checkbox"/> Utilize and disseminate California’s Adolescent Birth Rate (ABR) data report to the public and local partners.</p> <p>What is your anticipated outcome?</p>	<p>a 1.2.3</p> <p><input type="checkbox"/> Build capacity of local MCAH workforce to promote protective adolescent sexual health practices.</p> <p>What is your anticipated outcome?</p>	<p>a 1.3.3</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>a 1.1.4</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 1.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 1.3.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

If you have additional local activities, please add a row.

Adolescent Domain	
Adolescent Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. <i>Adolescent Focus Area 2: Improve awareness of and access to youth-friendly services for all adolescents in California.</i>	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. ESM 10.1: Percent of AFLP participants who received a referral for preventive services.
Adolescent State Objective 2: By 2025, increase the percent of adolescents 12 through 17 with a preventive medical visit in the past year from 76.2% to 83.8%.	
Adolescent State Objective 2: Strategy 1: Lead to develop and implement best practices in CDPH/MCAH funded programs to support youth with accessing youth-friendly preventative care, sexual and reproductive health care, and mental health care.	Adolescent State Objective 2: Strategy 2: Partner to increase the quality of preventive care for adolescents in California.
Local Activities for Adolescent Objective 2: Strategy 1	Local Activities for Adolescent Objective 2: Strategy 2
a 2.1.1 <input type="checkbox"/> Implement evidence-based screening tools or assessments to connect adolescents in local MCAH programs to needed services. What is your anticipated outcome?	a 2.2.1 <input type="checkbox"/> Partner with CDPH/MCAH on dissemination of Adolescent Preventive Health Initiative (APHI) communications platform to health care providers to improve adolescent health care. What is your anticipated outcome?
a 2.1.2 <input type="checkbox"/> Lead the development of a community pathway map that links referrals to services for young people. What is your anticipated outcome?	a 2.2.2 <input type="checkbox"/> Other (Please Specify/Optional): What is your anticipated outcome?

Local Health Jurisdiction: Select LHJ
Agreement Number: Enter Agreement Number

Fiscal Year: SFY 2022-23

<p>a 2.1.3</p> <p><input type="checkbox"/> Partner to disseminate adolescent preventive care recommendations to improve the quality of adolescent health services.</p> <p>What is your anticipated outcome?</p>	<p>a 2.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>a 2.1.4</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 2.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

If you have additional local activities, please add a row.

Adolescent Domain		
<p>Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. <i>Adolescent Focus Area 3: Improve social, emotional, and mental health and build resilience among all adolescents in California.</i></p>		
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. ESM 10.1: Percent of AFLP participants who received a referral for preventive services.</p>	
<p>Adolescent State Objective 3: By 2025, increase the percent of adolescents aged 12-17 who have an adult in their lives with whom they can talk to about serious problems from 77.2% to 79.7%.</p>		
<p>Adolescent State Objective 3: Strategy 1: Lead to strengthen resilience among expectant and parenting adolescents to improve health, social, and educational outcomes.</p>	<p>Adolescent State Objective 3: Strategy 2: Partner to identify opportunities to build protective factors for adolescents at the individual, community, and systems levels.</p>	<p>Adolescent State Objective 3: Strategy 3: Partner to strengthen knowledge and skills among providers, individuals, and families to identify signs of distress and mental health related needs among adolescents.</p>
<p>Local Activities for Adolescent Objective 3: Strategy 1</p>	<p>Local Activities for Adolescent Objective 3: Strategy 2</p>	<p>Local Activities for Adolescent Objective 3: Strategy 3</p>
<p>a 3.1.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to utilize evidence-based tools and resources, such as the Positive Youth Development (PYD) Model, to build youth resiliency to improve health, social, and educational outcomes among expectant and parenting youth.</p> <p>What is your anticipated outcome?</p>	<p>a 3.2.1</p> <p><input type="checkbox"/> Utilize the Adolescent Sexual Health Workgroup (ASHWG) Positive Youth Development (PYD) Organizational Assessment and Toolkit to build agency capacity to engage and promote youth leadership and youth development.</p> <p>What is your anticipated outcome?</p>	<p>a 3.3.1</p> <p><input type="checkbox"/> Identify local needs and assets relating to adolescent mental health.</p> <p>What is your anticipated outcome?</p>

<p>a 3.1.2</p> <p><input type="checkbox"/> For non-Adolescent Family Life Planning (AFLP)-funded counties, participate on local AFLP agency’s Local Stakeholder Coalition.</p> <p>What is your anticipated outcome?</p>	<p>a 3.2.2</p> <p><input type="checkbox"/> Establish or join a local youth advisory board to incorporate youth voice and feedback into local MCAH health programs.</p> <p>What is your anticipated outcome?</p>	<p>a 3.3.2</p> <p><input type="checkbox"/> Partner with or join a local adolescent health coalition and develop a strategic plan to improve adolescent mental health.</p> <p>What is your anticipated outcome?</p>
<p>a 3.1.3</p> <p><input type="checkbox"/> Partner with CDPH/MCAH in utilization and dissemination of updated physical activity and nutrition guidelines to promote well-being among adolescent parents.</p> <p>What is your anticipated outcome?</p>	<p>a 3.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 3.3.3</p> <p><input type="checkbox"/> Partner to disseminate training opportunities and resources related to adolescent mental health such as Mental Health First Aid and Question Persuade Refer (QPR), a suicide prevention training.</p> <p>What is your anticipated outcome?</p>
<p>a 3.1.4</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 3.2.4</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 3.3.4</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

If you have additional local activities, please add a row.



TOMÁS J. ARAGÓN, M.D., Dr.P.H
 Director and State Public Health Officer

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



GAVIN NEWSOM
 Governor

Attestation of Compliance with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff

In compliance with the Social Security Act (SSA) section 1903(a)(2), Title 42 Code of Federal Regulations (CFR) part 432.2 and 432.50, and the Federal and State guidelines provided,

_____ has determined that the list of individuals in the attached Exhibit A are eligible for the enhanced SPMP reimbursement rate, for the State Fiscal Year _____, based on our review of all the criteria below:

- Professional Education and Training
- Job Classification
- Job Duties /Duty Statement
- Specific Tasks (if only a portion will be claimed as SPMP enhanced functions)
- Organizational Chart
- Accurate, complete, and signed SPMP Questionnaire
- Active California License/Certification

The undersigned hereby attests that he/she:

- Has personally reviewed the criteria above and its supporting documentation, and determined that the individuals meet the federal requirements for the enhanced SPMP reimbursement rate.
- Will maintain all the aforementioned records and supporting documentation for audit purposes for a minimum of 3 years.
- Certifies that SPMP expenditures are from eligible non-federal sources and are in accordance with 42 CFR Section 433.51
- Understands that if SPMP requirements are not met, the agency will be financially responsible for repaying the costs to the California Department of Public Health (CDPH).
- Understands that CDPH may request additional information to substantiate the SPMP claims and such information must be provided in a timely manner.

Agency Name/Local Health Jurisdiction

Name and Title

Signature

Date



**SPMP ATTESTATION
Exhibit A**

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
21					
21					
23					
24					
25					
26					
27					
28					
29					
30					