

FY 2014 - 2015 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name: Mono County Health Department

Agreement #: 201426

Program: MCAH BIH AFLP CHVP

(Check one box only)

**Please check the box next to all submitted documents.
All documents must be submitted by email using the required naming convention on page 2.**

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

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

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

AGREEMENT FUNDING APPLICATION (AFA)/UPDATE FORM *

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

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

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

AGENCY IDENTIFICATION INFORMATION

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

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

MCAH AFLP BIH FIMR CHVP

Fiscal Year: 2014-15 Update Effective: 07-01-14 (only required when submitting updates)

Agreement Number:	201426		
Federal Employer ID#:	95-6005661		
Complete Official Agency Name:	Mono County Health Department		
Business Office Address:	P.O. Box 476 Bridgeport, CA 93517		
Agency Phone:	760-932-5580	Agency Fax:	760-932-5284
Agency Website Address:	www.monohealth.com		

1 AGENCY DIRECTOR

Name:	Lynda Salcido					
Title:	Public Health Director					
Mailing Address:	P.O. Box 3329					
City:	Mammoth Lakes				Zip:	93546
Phone:	760-924-1842	Ext.:		FAX:	760-924-1831	
E-Mail Address:	lsalcido@mono.ca.gov					

2 BOARD INFORMATION					
Clerk of the Board <input type="checkbox"/>			Chair Board of Supervisors <input checked="" type="checkbox"/>		
Title:	Larry Johnston, Chairman				
Mailing Address:	PO Box 715				
City:	Bridgeport			Zip:	93517
Phone:	760-924-1806	Ext.		FAX:	
E-Mail Address:	ljohnston@mono.ca.gov				

3 OFFICIAL AUTHORIZED TO COMMIT AGENCY					
Name:	Larry Johnston				
Title:	Board of Supervisors Chairman				
Mailing Address:	PO Box 715				
City:	Bridgeport			Zip:	93517
Phone:	760-924-1806	Ext.		FAX:	
E-Mail Address:	ljohnston@mono.ca.gov				

4 FISCAL OFFICER					
Name:	Pat McGee				
Title:	Public Health Fiscal Agent				
Mailing Address:	P.O. Box 476				
City:	Bridgeport			Zip:	93517
Phone:	760-932-5587	Ext.		FAX:	760-932-5284
E-Mail Address:	pmcgee@mono.ca.gov				

5 MCAH DIRECTOR (Please check box if MCAH and AFLP Director are the same) <input type="checkbox"/>					
Name:	Sandra Pearce				
Title:	Health Program Manager				
Mailing Address:	P.O. Box 3329				
City:	Mammoth Lakes			Zip:	93546
Phone:	760-924-1818	Ext.		FAX:	760-924-1831
E-Mail Address:	spearce@mono.ca.gov				

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

7 MCAH BUDGET CONTACT						
Name:	see Fiscal Officer					
Title:						
Mailing Address:						
City:				Zip:		
Phone:			Ext.			
E-Mail Address:						

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

9 PERINATAL SERVICES COORDINATOR (PSC)						
Name:	see MCAH Director					
Title:						
Mailing Address:						
City:				Zip:		
Phone:			Ext.			
E-Mail Address:						

10 AFLP DIRECTOR (Only complete if different from MCAH Director)								
Name:								
Title:								
Mailing Address:								
City:				Zip:				
Phone:			Ext.			FAX:		
E-Mail Address:								

11 AFLP COORDINATOR (Only complete if different from #10)								
Name:								
Title:								
Mailing Address:								
City:				Zip:				
Phone:			Ext.			FAX:		
E-Mail Address:								

12 AFLP BUDGET CONTACT								
Name:								
Title:								
Mailing Address:								
City:				Zip:				
Phone:			Ext.			FAX:		
E-Mail Address:								

13 AFLP INVOICE CONTACT (Only complete if different from #12)								
Name:								
Title:								
Mailing Address:								
City:				Zip:				
Phone:			Ext.			FAX:		
E-Mail Address:								

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

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

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

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

18 SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR / CONTACT

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

**19 CALIFORNIA HOME VISITING PROGRAM (CHVP) COORDINATOR/
 NURSING SUPERVISOR**

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

20 OTHER

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

**AGREEMENT FUNDING APPLICATION
POLICY COMPLIANCE AND CERTIFICATION**

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

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

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

Chair Board of Supervisors
Title

Larry Johnston
Name (Type or Print)

Date

Original Signature of MCAH/AFLP Director

MCAH Director
Title

Sandra Pearce
Name (Type or Print)

Date

Exhibit K

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

Agency Name: Mono County

Agreement/Grant Number: 201426

Compliance Attestation for Fiscal Year: 2014-15

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

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

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

Signed

Mono County
Agency Name

201426
Agreement/Grant Number

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

Date

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

Exhibit K

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

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 151000-151003

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

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

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

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

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

Exhibit K

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

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

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

Maternal, Child, and Adolescent Health (MCAH) Local Health Jurisdictions (LHJ) Needs Assessment

Purpose:

This Summary, also known as your Community Profile that is submitted annually with the Agreement Funding Application, provides a snapshot of the health status of your local community. You may use this Summary to share information with stakeholders/community partners and to educate your population. The Summary should provide key data, a description of the community, including major employers, health system, health status of the MCAH population and disparities, local problems, and strategies or programs to address these problems.

Office Only

26-D

Instructions:

The Local and State data in Section 1 will be available in February 2014. Add your local data from your CHSR to this document and refer to your Databook for the State Infant Deaths per 1000 live births, and add this to the Demographic section. Complete Sections 2-4 using the instructions in each Section. Section 5 will automatically generate from your results in Deliverable Form B. Please limit the Summary to approximately two pages.

Section 1 - Demographics

	Local	State
Our Community		
Total Population ¹	14,305	37,570,307
Total Population, African American	37	2,195,986
Total Population, American Indian/ Alaskan Natives	211	163,262
Total Population, Asian/Pacific Islander	203	4,994,232
Total Population, Hispanic	3,880	14,277,952
Total Population, White	9,740	14,995,619
Total Live Births	156	501,994
Our Mothers and Babies		
% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy ²	74.6	83.3
% of births covered by Medi-Cal ²	48.6	47.3
% of women ages 18-64 without health insurance ³	23.0	22.1
% of women giving birth to a second child within 24 months of a previous pregnancy ²	22.6	28.7

	Local	State
Our Mothers and Babies (continued)		
Infant Deaths per 1,000 live births occurring at less than 1 year of age ^{2,4}	6.7	4.8
% live births less than 37 weeks gestation ²	9.2	10.1
% of women 15-44 years of age who are overweight or obese ⁵	38.9	43.1
% of female population 18-64 living in poverty (0-200% FPL) ³	37.2	33.8
% of single mother families living in poverty ⁶	not available	39.4
Unemployment Rate ⁷	10.2	12.3
Our Children and Teens		
Teen Birth Rate per 1,000 births (ages 15-19) ²	20.6	31.6
Reported cases of chlamydia per 100,000 female population age 15-24 ⁸	1075.9	2,905.40
% of children, ages 0-18 years living in poverty (0-200% FPL) ³	46.9	45.5
% of children receiving free or reduced price meals at school ⁹	48.4	57.5
Children in Foster Care per 1,000 children ¹⁰	1.5	6.8
% High School dropout rate (grades 9,12) ¹¹	not available	14.7

Data sources: ¹CA Dept. of Finance population estimates 2010, ²CA Birth Statistical Master Files 2009-2011, ³US Census Bureau - Small Area Health Insurance Estimates 2009-2011, ⁴CA Death Statistical Master Files, 2009-2011, ⁵CA Health Interview Survey, 2009, ⁶2012 American Community Survey 1-Year Estimates, ⁷CA Employment Development Dept. 2009-2011, ⁸CA Dept. of Public Health, STD Control Branch 2012, ⁹CA Dept. of Education, Free/Reduced Price Meals Program & CalWORKS Data Files 2009-2011, ¹⁰Data from CA Child Welfare Services Indicators Project, UC Berkeley 2009-2011, ¹¹CA Dept. of Education, CA Basic Educational Data System (CBEDS) 2011

Section 2 - About Our Community - Health Starts Where We Live, Learn, Work, and Play

Describe the following using brief narratives and bullets: 1) *Geography*, 2) *Major industries and employers (public/private)*, 3) *Walkability, open space*

- * Located on the eastside of the Sierra Nevada mountain range; north of Inyo County and south of Nevada State.
- * 108 miles long and 38 miles wide; sparsely populated averaging 4.2 persons per square mile, mostly open space managed by the United States Forest Service and the Bureau of Land Management.
- * One of the highest counties in the United States; many 13,000-14,000 foot high peaks, seven highways passes ranging in elevation from 7,000 to 9,945 feet, all towns have elevations above 5,000 feet.
- * Winters can last six to seven months and there is usually heavy snowfall between November and April.
- * Major industries include recreation, accommodation, food services, arts, entertainment, education, health, social services, construction, retail trade, ranching, agriculture, mining, and a small military presence.
- * Large influx of tourists during winters and summers for snow sports, fishing, camping, hiking, backpacking, biking, climbing.
- * An abundance of open space for walkability, and continued work in towns to create safe routes to school and pedestrian-friendly environments.

Deliverable Form C: Capacity Needs

Section 3 - Health System - Access to health and human services for the MCAH population

Describe the following using brief narratives and bullets: Available resources that comprise the health system for your MCAH population. Include the numbers of hospitals where women give birth, Comprehensive Perinatal Services Program (CPSP) providers, and Denti-Cal providers for children. Discuss local challenges, key disparities and barriers to accessing medical, mental, dental, and social services. List Medi-Cal Managed Care plan that provide services to women and children, located at www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx.

- * Mono County has one birthing hospital, located in Mammoth Lakes. The hospital does not have a Neonatal Intensive Care Unit (NICU), so in general, high risk pregnancies are managed outside of the County. Infants born preterm or with other complications are transported to surrounding major medical centers in Los Angeles, Loma Linda, Reno, and Davis.
- * There is one Obstetrics/Gynecology office associated with Mammoth Hospital, and they have chosen not to be a CPSP provider as they are paid higher rates due to their rural health status. They plan to reassess this once Medi-Cal Managed Care is up and going in the County and a cost analysis can be considered.
- * Sierra Park Dental in Mammoth Lakes and Toiyabe Indian Health Clinic in Coleville both provide services to Denti-Cal clients, but only Sierra Park Dental has Pediatric Dentists on site.
- * Local Medi-Cal Managed Care Plans include Anthem Blue Cross Partnership Plan and California Health & Wellness.
- * Barriers to accessing services include lack of insurance for non-citizens, payment up-front for cash pay, limited public transportation, the culture of poverty, stigma related to accessing some services, and beaurocratic/administrative burden.

Section 4 - Health Status and Disparities for the MCAH Population

Describe the following using brief narratives and bullets: Key health disparities and how health behaviors, the physical environment and social determinants of health (social/economic factors) contribute to these disparities for specific populations. Highlight areas where progress has been made in improving health outcomes.

Due to the small population in Mono County, local data is often unable to capture health disparities. However, it is evident when looking at anecdotal evidence, that these disparities exist. Examples include the following.

- * Health Behaviors: Residents who live in rural parts of Mono County, low-income individuals, and the Hispanic population have higher rates of overweight and obesity. Children who come from low-income families and Hispanic children in general have poor oral health habits and more dental decay.
- * Physical Environment: The remote location of Mono County and limited resources create an environment where some residents must travel hours for the services they need. This is not realistic for families who have limited means.
- * Social Determinants of Health: Low income individuals, people who have limited English proficiency, and individuals with less formal education in general have poorer health.
- * Progress Made: While the rates of children living in poverty has significantly declined since 2006, local poverty rates remain statistically higher than for California. Additionally, Mono County has a large population of Spanish-speaking only residents. Disparities in health related to income, education and language will continue to be a challenge on a population-wide basis.

Section 5 - Local Problems

Below is a summary of the local problems and strategies identified by your LHJ in its needs assessment. Results are automatically populated from the problem statement and best practice strategies identified in Deliverable Form B.

#	Problem	Strategy	Office Only
1	Some Mono County residents, with or without dental insurance, do not receive preventive care or recommended dental treatment due to access issues including administrative barriers, transportation, finances, and lack of knowledge.	<ul style="list-style-type: none"> * increase oral health awareness, knowledge and self responsibility by developing positive, life-long oral health behaviors * improve access to low-cost or free preventive dental care and treatment. 	26-B-1-1

BUDGET SUMMARY	FISCAL YEAR	BUDGET	BUDGET STATUS	BALANCE
	2014-15	ORIGINAL	ACTIVE	

Version 4.3A-40 Quarterly

Program: Maternal, Child and Adolescent Health	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)		
Agency: 201426 Mono																
SubK:																
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	TOTAL FUNDING	%	TITLE V	%	-	%	-	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%
	ALLOCATION(S) →		75,008													

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
(I) PERSONNEL	131,687		53,290						9,596				66,345			
(II) OPERATING EXPENSES	9,242		8,827										415			
(III) CAPITAL EXPENDITURES																
(IV) OTHER COSTS	3,000		3,000													
(V) INDIRECT COSTS	20,714		9,891										10,823			
BUDGET TOTALS*	164,643	45.56%	75,008		-		-	5.83%	9,596			47.12%	77,583			1.49%
BALANCE(S) →																

TOTAL TITLE V	75,008	→	75,008													
TOTAL -	-	→														
TOTAL -	-	→														
TOTAL TITLE XIX	40,634	→														
TOTAL AGENCY FUNDS	49,002	→						9,596					38,792			
													38,792			

\$ 115,643	Maximum Amount Payable from State and Federal resources
WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	
MCAH/PROJECT DIRECTOR'S SIGNATURE _____	AGENCY FISCAL AGENT'S SIGNATURE _____
DATE _____	DATE _____

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	AGENCY FUNDS	MCAH Cnty-N
		53107		53118
(I) PERSONNEL		53,290		33,173
(II) OPERATING EXPENSES		8,827		208
(III) CAPITAL EXPENSES				
(IV) OTHER COSTS		3,000		
(V) INDIRECT COSTS		9,891		5,412
Totals for PCA Codes	115,643	75,008		38,793

Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	201426 Mono		MCAH-TV				AGENCY FUNDS				MCAH Crnty-N		MC			
Subk:	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	TOTAL FUNDING	%	TITLE V	%	-	%	-	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%

(II) OPERATING EXPENSES DETAIL

TOTAL OPERATING EXPENSES		9,242		8,827								415				
	TRAVEL	1,900	100.00%	1,900												
	TRAINING	300	48.10%	144							51.90%		156			
1	COMMUNICATIONS	500	48.10%	241							51.90%		260			
2	MEDIA, OUTREACH	6,542	100.00%	6,542												
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** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL

TOTAL CAPITAL EXPENDITURES																
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(IV) OTHER COSTS DETAIL

TOTAL OTHER COSTS		3,000		3,000												
SUBCONTRACTS																
1																
2																
3																
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6																
7																
8																
OTHER CHARGES																
1	SIDS	3,000	100.00%	3,000												
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Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)		
Agency:	201426 Mono		MCAH-TV				AGENCY FUNDS				MCAH Crnty-N		MC				
Subk:	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
	TOTAL FUNDING	%	TITLE V	%	-	%	-	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	

(V) INDIRECT COSTS DETAIL

TOTAL INDIRECT COSTS	20,714		9,891									10,823			
16% % of Total Wages + Fringe Benefits	20,714	47.75%	9,891									52.25%	10,823		

(I) PERSONNEL DETAIL

TOTAL PERSONNEL COSTS	131,687		53,290					9,596				66,345			
FRINGE BENEFIT RATE	64.73%	51,746	20,940					3,771				26,070			
TOTAL WAGES	79,941	32,350						5,825				40,275			

	INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES										
1	sp	MCAH Director	65.00%	91,170	59,261	38.27%	22,679			9.83%	5,825		51.90%	30,756	
2	sp	PSC	3.00%	91,170	2,735	38.00%	1,039						24.00%	656	38.00%
3	mg	Fiscal/Technical Specialist	6.00%	49,860	2,992	48.10%	1,439						51.90%	1,553	
4	prn	Administrative Systems Specialist	5.00%	63,000	3,150	48.10%	1,515						51.90%	1,635	
5	Ls	Director Public Health	7.00%	126,000	8,820	48.10%	4,242						51.90%	4,578	
6	nc	WNA/FTS II	3.00%	41,520	1,246	48.10%	599						51.90%	647	
7	hb	MCAH PHN	2.00%	86,832	1,737	48.10%	835						25.90%	450	26.00%
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Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health
Agency:	201426 Mono
SubK:	

(I) PERSONNEL DETAIL						BASE MEDI-CAL FACTOR %		51.90%		Use the following link to access the current AFA webpage and the current base MCF% for your agency: http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalDocuments.aspx		
TOTALS			0.91	549,552	79,941	51,745.81						
INITIALS	TITLE OR CLASS.	% 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	sp	MCAH Director	65.00%	91,170	59,261	64.73%	38,359.65	MCAH	51.9%	Base		
2	sp	PSC	3.00%	91,170	2,735	64.73%	1,770.37	MCAH	95.0%	Variable	YES	100% of the clients are MediCal beneficiaries
3	mg	Fiscal/Technical Specialist	6.00%	49,860	2,992	64.73%	1,936.72	MCAH	51.9%	Base		
4	pm	Administrative Systems Specialist	5.00%	63,000	3,150	64.73%	2,039.00	MCAH	51.9%	Base		
5	Ls	Director Public Health	7.00%	126,000	8,820	64.73%	5,709.19	MCAH	51.9%	Base		
6	nc	WNA/FTS II	3.00%	41,520	1,246	64.73%	806.54	MCAH	51.9%	Base		
7	hb	MCAH PHN	2.00%	86,832	1,737	64.73%	1,124.36	MCAH	51.9%	Base		
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Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health
Agency:	201426 Mono
SubK:	

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		9,242	
	TRAVEL	1,900	travel to conferences, local mileage
	TRAINING	300	MCAH dues
1	COMMUNICATIONS	500	cell phone allowances
2	MEDIA, OUTREACH	6,542	promotional materials, media advertisements
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(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES			

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS		3,000	
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SUBCONTRACTS

1			
2			
3			
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8			

OTHER CHARGES

1	SIDS	3,000	
2			
3			
4			
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6			
7			
8			

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS		20,714	Per CDPH approved ICR
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MCAH DIRECTOR
DUTY STATEMENT

Budget Line: #1

Health Jurisdiction: Mono County

Program: Maternal, Child, and Adolescent Health

Program Position: MCAH Director

County Job Specification: Health Program Manager

The Director of Maternal, Child and Adolescent Health (MCAH) is the lead PHN for this program. This position must meet the definition of a Skilled Professional Medical Personnel (SPMP). Duties and responsibilities of this position include but are not limited to:

Program Development and Implementation

- General responsibility for the implementation of the MCAH contract with evaluation of program goals and objectives
- Plan, organize and coordinate MCAH contract, implementation with evaluation in achievement of objectives
- Gather and analyze data for program planning, management and evaluation
- Maintain appropriate records and reports
- Collaborate with the community in the planning for and development of resources and services for the perinatal population
- Facilitate local, regional, and state partnerships for the improvement of MCAH services

Outreach Activities

- Promote services and resources of the perinatal population with community groups and medical resources
- Facilitate client referrals to health and social services
- Promote the use of MCAH services in the community to increase awareness and the use of appropriate services

Health Education/Consultation

- Promote support for MCAH programs within the county government and medical community
- Evaluate progress of community awareness/support for MCAH programs
- Develop community awareness and support for MCAH programs
- Provide training for health professionals and clients to enable the community to meet the needs of the target population

Resource/Provider Development

- Respond to medical professionals and government, advocating for the MCAH population
- Facilitate collaboration, coordination, communication, and cooperation among service providers

- Facilitate advocacy for MCAH population
- Attend community and state meetings as indicated

Comprehensive Perinatal Services Program (CPSP)

- The MCAH Director serves as the Perinatal Services Coordinator (PSC)
- Provide pregnancy testing, prenatal vitamins, referral services, and application assistance to all women eligible for MediCal services to promote early prenatal care, improved birth outcomes, and sexual health.

SIDS Program

- The MCAH Director serves as the SIDS Coordinator
- Contact all parents/caregivers who experience a presumed SIDS death to provide grief and bereavement support services
- Attend the State SIDS Annual Conference and/or other SIDS training(s)
- Promote SIDS risk reduction activities by providing risk reduction education and materials to the community

PERINATAL SERVICES COORDINATOR (PSC)
DUTY STATEMENT

Budget Line: #2

Health Jurisdiction: Mono County

Program: Maternal, Child, and Adolescent Health

Program Position: MCAH Director/PSC

County Job Specification: Health Program Manager

This position is fulfilled by the MCAH Director and is responsible for managing and coordinating aspects of the Comprehensive Perinatal Services Program (CPSP). This position must meet the definition of a Skilled Professional Medical Personnel (SPMP). Duties and responsibilities of this position include but are not limited to:

- Motivate and assist women eligible for MediCal benefits to receive early and appropriate prenatal care
- Assess ability of women to access OB care and develop implementation strategies to enhance access in coordination with local agencies
- Participate in local or regional information sharing activities to improve access to prenatal care
- Oversee the planning, development and evaluation of all program components, including assisting CPSP providers in their deliverance of services according to the Title 22 California Code of Regulations
- Monitor trends in prenatal care, share findings with local providers and partner agencies, and incorporate assessment findings into the local MCAH plan
- Develop and promote community resources
- Maintain files and records
- Attend the State PSC training workshops as appropriate

FISCAL/TECHNICAL SPECIALIST
DUTY STATEMENT

Budget Line: #3

Health Jurisdiction: Mono County

Program: Maternal, Child, and Adolescent Health

Program Position: MCAH Clerk

County Job Specification: Fiscal and Technical Specialist

The Maternal, Child, and Adolescent Health Program clerical staff, under the direction of the MCAH staff, performs a wide range of clerical duties in support of the program. This position requires a tactful, courteous manner and willingness to work cooperatively with a variety of persons and agencies. There is one bilingual position for MCAH Clerk. Duties and responsibilities of this position include but are not limited to:

- Provide outreach, education, and enrollment referrals or assistance for MediCal, AIM, Healthy Families, and Family PACT
- Provide outreach and referrals to MediCal and potential MediCal clients for MediCal providers and services
- Extract, collect, compile and organize data from questionnaires and assessments
- Organize and maintain program files, indexes and records according to approved methods
- Perform general clerical functions independently
- Provide clerical staff support for the skilled health providers in the MCAH Program
- Assist in the preparation of school, community and public group meetings. Attend meetings and take minutes as needed
- Type from rough draft, with accuracy and correct business English, a variety of reports, Newsletters, interagency agreements, MCH and perinatal correspondence, records, documents, requisitions, grant revisions, questionnaires, etc
- Answer the MCAH toll free line, keep a log of all MCAH calls, and refer calls in a timely manner to the MCAH Director and other MCAH staff
- Other duties as required

ADMINISTRATIVE SYSTEMS SPECIALIST
DUTY STATEMENT

Budget Line: #4

Health Jurisdiction: Mono County

Program: Maternal, Child, and Adolescent Health

Program Position: MCAH Fiscal Agent

County Job Specification: Administrative Services Specialist

The Maternal, Child, and Adolescent Health Program fiscal agent performs all fiscal duties in support of the MCAH program. Duties and responsibilities of this position include but are not limited to:

- Preparation of budget and any budget adjustments
- Prepare any materials necessary for submission to Board of Supervisors for approval
- Processes all invoices for payment through the Auditor's office
- Oversees the data entry of time studies
- Prepares invoices
- Deposits all receipts in appropriate accounts
- Maintains inventory of program equipment
- Prepares fiscal information for periodic reports
- Other duties as required

PUBLIC HEALTH DIRECTOR
DUTY STATEMENT

Budget Line: #5

Health Jurisdiction: Mono County
Program: Maternal, Child, and Adolescent Health
Program Position: Public Health Director
County Job Specification: Public Health Director

This position has its span of responsibility illustrated on the attached organizational chart for the MCAH Program staff and for the Department. The Public Health Director is responsible to the County Administrative Officer for the appropriate programmatic aspects of all Health programs including MCAH. She provides fiscal oversight through the Director of Financial Operations, who directly supervises the Fiscal Agent who produces and manages budgets and expenditures relating to this program. Activities include coordination, training and general administration. This position must meet the definition of a Skilled Professional Medical Personnel (SPMP). Duties and responsibilities of this position include but are not limited to:

- Meets weekly with the MCAH Director and staff to ensure program fits overall department goals and objectives, as well as to prioritize needs
- Supervises all MCAH program personnel
- Interagency coordination, including the provider community to ensure MediCal providers are available for all clients
- Training activities
- Program planning and general administration

WNA/FTS II
DUTY STATEMENT

Budget Line: #6

Health Jurisdiction: Mono County

Program: Maternal, Child, and Adolescent Health

Program Position: MCAH Clerk

County Job Specification: Fiscal and Technical Specialist

The Maternal, Child, and Adolescent Health Program clerical staff, under the direction of the MCAH staff, performs a wide range of clerical duties in support of the program. This position requires a tactful, courteous manner and willingness to work cooperatively with a variety of persons and agencies. There is one bilingual position for MCAH Clerk. Duties and responsibilities of this position include but are not limited to:

- Provide outreach, education, and enrollment referrals or assistance for MediCal, AIM, Healthy Families, and Family PACT
- Provide outreach and referrals to MediCal and potential MediCal clients for MediCal providers and services
- Extract, collect, compile and organize data from questionnaires and assessments
- Organize and maintain program files, indexes and records according to approved methods
- Perform general clerical functions independently
- Provide clerical staff support for the skilled health providers in the MCAH Program
- Assist in the preparation of school, community and public group meetings. Attend meetings and take minutes as needed
- Type from rough draft, with accuracy and correct business English, a variety of reports, Newsletters, interagency agreements, MCH and perinatal correspondence, records, documents, requisitions, grant revisions, questionnaires, etc
- Answer the MCAH toll free line, keep a log of all MCAH calls, and refer calls in a timely manner to the MCAH Director and other MCAH staff
- Other duties as required

MCAH PHN
DUTY STATEMENT

Budget Line: #7

Health Jurisdiction: Mono County

Program: Maternal, Child, and Adolescent Health

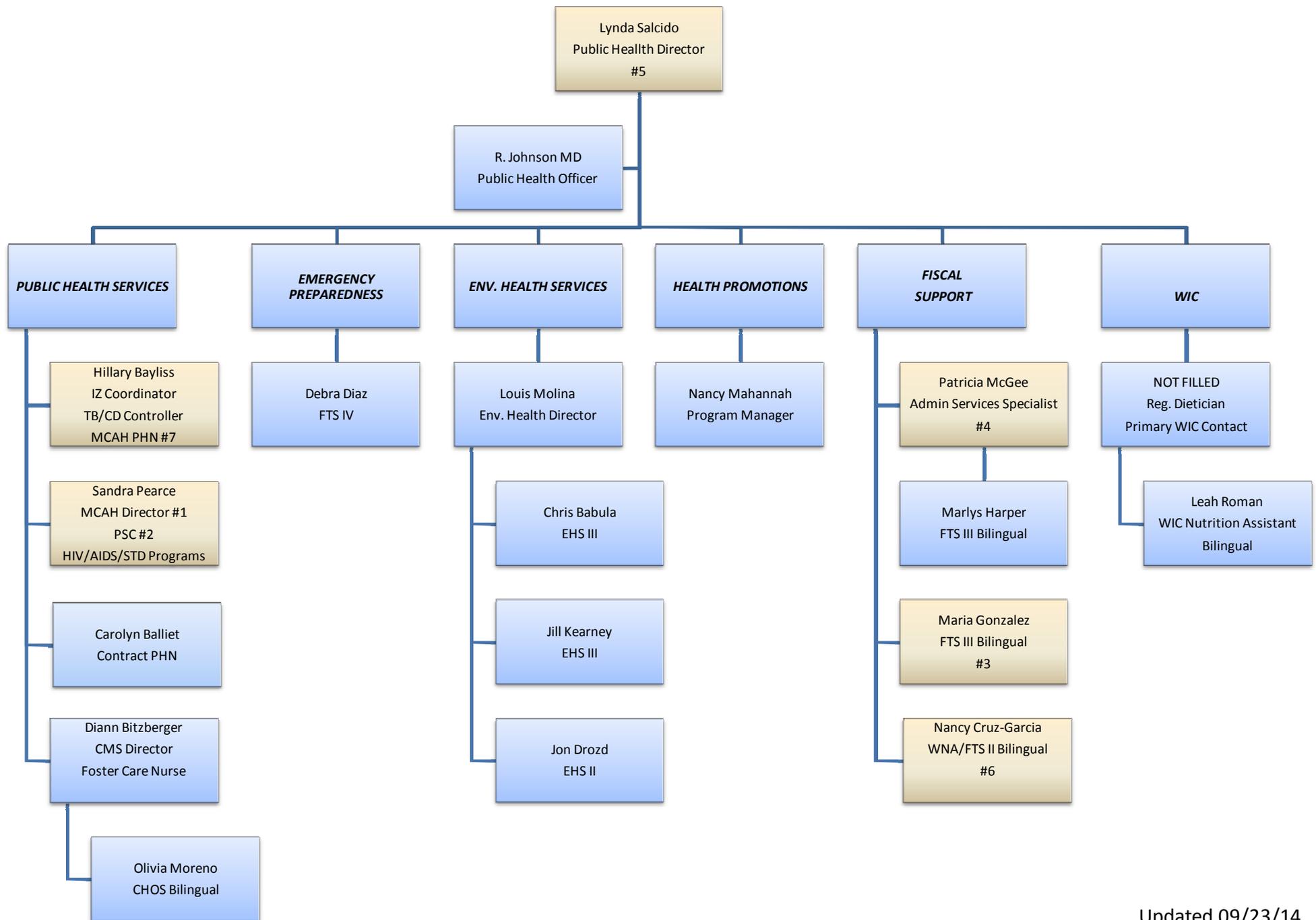
Program Position: MCAH PHN

County Job Specification: PHN II/III or Health Program Manager

Under the supervision of the MCAH Director, this position is responsible for providing MCAH clinical services, educating clients, and linking them to a variety of appropriate agencies and programs. This position must meet the definition of a Skilled Professional Medical Personnel (SPMP). Duties and responsibilities of this position include but are not limited to:

- Provide education to women on reproductive health and contraception.
- Provide referrals to women to improve their safety, well-being, and access to care
- Provide pregnancy tests, prenatal education, vitamins, and linkage to early and continuous prenatal care
- Act as liaison between the local program and other local agencies as appropriate
- Collect data as required by MCAH Branch
- Maintains files and records

Mono County Health Department Organizational Chart





MARK B HORTON, MD, MSPH
Director

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



ARNOLD SCHWARZENEGGER
Governor

June 17, 2008

Lynda Salcido
Public Health Director
County of Mono Health Department
P.O. Box 3329
Mammoth Lakes, CA 93546

MCAH ALLOCATION #200826
REQUEST FOR APPROVAL OF MCAH DIRECTOR IN MONO COUNTY

Dear Ms. Salcido:

The request dated June 6, 2008 for approval of Sandra Pearce, R.N., P.H.N., C.N.S., as the Maternal, Child and Adolescent Health (MCAH) Director at 0.50 Full Time Equivalent (FTE) has been reviewed and approved effective, July 1, 2008.

Sandra Pearce has met the requirements for MCAH Director in Mono County based on total population and professional qualifications as identified in the MCAH Policies and Procedures. This approval is applicable for as long as Sandra Pearce holds this position.

Please keep a copy of this approval in your MCAH files for audit purposes. Please submit a copy with each MCAH Agreement Funding Application submitted while the approval is in effect.

If there are any questions about this letter, please contact your Nurse Consultant, Paula Curran, P.H.N., M.H.A., at (916) 650-0376.

Sincerely,

Anita Mitchell, M.D., Chief
Program Standards Branch
Maternal, Child and Adolescent Health Program

cc: See next page

Lynda Salcido
Page 2
June 10, 2008

cc: David Humes, P.H.N. II
MCAH Director
County of Mono Health Department
P.O. Box 3329
Mammoth Lakes, CA 93546

Joelyene Browne, Contract Manager
Program Allocations, Integrity & Support Branch
Maternal, Child and Adolescent Health Program

Paula Curran, P.H.N., M.H.A.
Nurse Consultant II
Program Standards Branch
Maternal, Child and Adolescent Health Program

MCAH Central File

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

BACKGROUND:

In an effort to increase efficiency, simplify and allow for local flexibility, MCAH has consolidated four Title V programs into one scope of work (SOW). All Local Health Jurisdictions (LHJs) will be accountable for Part I, the Local MCAH SOW. Only those LHJs with the Fetal Infant Mortality Review (FIMR) Program funding are accountable for Objectives 3.5-3.7 and 3.8 within Part I of the Local MCAH SOW.

LHJs that receive funding for the Adolescent Family Life Program (AFLP) and/or the Black Infant Health (BIH) Program must adhere to their respective SOWs.

The Local MCAH SOW has one part:

Part I. Local MCAH, which includes Title V and State required activities, the Comprehensive Perinatal Services Program (CPSP), the Sudden Infant Death Syndrome (SIDS) Program, and FIMR for those LHJs with FIMR funding.

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

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

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

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

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

BUDGET:

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

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

ACTION REQUIRED:

Part I. Local MCAH

All LHJs must perform the activities in the shaded areas in Goals 1-3 and monitor and report on the corresponding evaluation/performance measures. In addition, each LHJ is required to develop objectives to address one problem in each of Goals 1 and 2. LHJs are required to develop 2 objectives for Goal 3, a SIDS objective to promote infant safe sleep and risk reduction community health education and an objective to improve infant health outcomes. If resources allow, LHJs should also develop additional objectives, which they may place under any of the Goals 1-6. All activities in this SOW must take place within the fiscal year.

Please see the MCAH Policies and Procedures Manual for further instructions on completing the SOW.

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

For LHJs that receive FIMR funding, perform the activities in the shaded area in Goal 3, Objectives 3.5-3.7 and 3.8. In the second shaded column, Intervention Activities to Meet Objectives, insert the number and percent of cases you will review for the fiscal year.

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

Please review your data with key health department leadership at least annually.

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

FIMR LHJs are required to comply with requirements as stated in the FIMR Policies and Procedures Manual:

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

¹ 2001-2015 Tittle V State Priorities

² Tittle V Requirement

³ State Requirement

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

- Link the MCAH population to needed medical, mental, social, dental, and community services to promote equity in access to quality services, especially for those who are eligible for Medi-Cal or other publicly provided health care programs ¹.
- Outreach services will be targeted to identify pregnant women, women of reproductive age, infants, children and adolescents and their families who are eligible for Medi-Cal assistance or other publicly provided health care programs and assist them in applying for these benefits ².

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
1.1-1.6 All women, infants and children will have access to: <ul style="list-style-type: none"> • Medical, mental, dental care and available social support services • Early and comprehensive perinatal care and maternal medical, dental, and mental health care • An environment that maximizes their health 	Assessment 1.1 Identify and monitor trends, geographic areas and/or population groups, including disparities, social determinants and barriers to the provision of: <ol style="list-style-type: none"> 1. Health and human services to the MCAH population 2. Early and comprehensive perinatal care 3. Maternal medical, dental and mental health care 4. Fetal and infant health care Annually, share your data with your key health department leadership.	Assessment 1.1 List and briefly describe trends, geographic areas and/or population groups, including disparities, social determinants and barriers to the provision of: <ol style="list-style-type: none"> 1. Health and human services to the MCAH population 2. Early and comprehensive perinatal care 3. Maternal medical, dental and mental health care 4. Fetal and infant health care. Date data shared with the key health department leadership. Briefly describe their response, if significant.	Assessment 1.1 Submit Long Term Outcome Objectives Data Table.

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

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

¹ 2001-2015 Tittle V State Priorities

² Tittle V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	1.5 Conduct activities to facilitate referrals to Covered CA, Medi-Cal, and other low cost/no-cost health insurance programs for health care coverage and local MCAH programs, CHDP, WIC, and other relevant programs ² , such as Text4baby.	1.5 Describe activities to facilitate referrals to health insurance and programs.	1.5 Report the number of referrals to Medi-Cal, CHDP, WIC, FamilyPACT, Text4Baby, or other low/no-cost health insurance or programs.
	1.6 Provide a toll-free or “no-cost to the calling party” telephone information service and other appropriate methods of communication, e.g. local MCAH Program web page to the local community ² to facilitate linkage of MCAH population to services.	1.6 Describe the methods of communication, including the, cultural and linguistic challenges and solutions to linking the MCAH population to services.	1.6 Report the following: <ol style="list-style-type: none"> 1. Number of calls to the toll-free or “no-cost to the calling party” telephone information service 2. The number of web hits to the appropriate local MCAH Program webpage

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
1.7 By June 30, 2015, complete an oral health needs assessment for children in grades TK-8 in the Eastern Sierra Unified School District.	1.7 <ul style="list-style-type: none"> • Research various survey questions to assess local oral health needs. • Collaborate with Oral Health Task Force to review and select questions to put on the Miles of Smiles school based sealant program consent form. • Update Miles of Smiles consent form, distribute, and collect. • Analyze data from consent forms. 	1.7 <ul style="list-style-type: none"> • Briefly describe the following: <ul style="list-style-type: none"> ○ The process of reviewing and selecting questions for an oral health needs assessment. ○ The collaborative process with the Oral Health Taskforce. ○ The process of updating, distributing, and collecting the consent forms. ○ The data analysis process. ○ Any barriers, challenges, and/or solutions to the oral health needs assessment process. 	1.7 <ul style="list-style-type: none"> • Number of oral health assessments completed/ 1 oral health assessment. • Describe participation in and outcomes of the oral health needs assessment.

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Goal 2: Improve Maternal and Women’s Health

- Improve maternal health by optimizing the health and well-being of girls and women across the lifecourse ¹
- Reduce maternal morbidity and mortality and the increasing disparity in maternal health outcomes ¹
- Assure that all pregnant women will have access to early, adequate, and high quality perinatal care with a special emphasis on low-income and Medi-Cal eligible women ²

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
2.1-2.3 All women will have access to quality maternal and early perinatal care, including CPSP services for Medi-Cal eligible women.	2.1 Assurance Develop MCAH staff knowledge of the system of maternal and perinatal care and CPSP. Recruit and assist Medi-Cal providers to become CPSP providers and implement CPSP according to MCAH Policies and Procedures.	2.1 Assurance Report the following: 1. Number of current and newly enrolled CPSP providers 2. Number of Medi-Cal Obstetric (OB) providers 3. Barriers and opportunities for successful recruitment and retention of CPSP providers 4. Barriers and opportunities to improve access to quality maternal and perinatal care	2.1 Assurance Describe the impact on access to and quality of maternal and perinatal care and CPSP services.
	2.2 Provide technical assistance to CPSP providers and MCMC Plans related to the provision of CPSP services.	2.2 List technical assistance provided to CPSP providers and MCMC plans.	2.2 Describe outcomes of technical assistance provided to CPSP providers and MCMC plans.
	2.3 At a minimum, conduct annual quality improvement quality assurance (QI/QA) activities, reviewing CPSP prenatal and postpartum services, for CPSP providers. Conduct QI/QA in collaboration with MCMC plan staff, if applicable.	2.3 List CPSP provider QI/QA activities that were conducted. Report the number of site visits and face to face contacts with current and potential CPSP providers and MCMC providers and plans.	2.3 Describe the results of QI/QA activities that were conducted.

¹ 2001-2015 Tittle V State Priorities

² Tittle V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
		Report the percentage of CPSP providers receiving a QI/QA site visit.	
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
2.4 By June 30, 2015, implement a Patient Delivered Partner Therapy (PDPT) program for Chlamydia treatment at Mammoth Hospital to reduce the incidence and burden of this disease for women.	2.4 <ul style="list-style-type: none"> • Convene meetings with the appropriate staff members at Mammoth Hospital. • Review current laws, policies, best practices, and barriers to administering PDPT. • Discuss possible models of PDPT. • Provide supporting documentation and resources for PDPT and assist in the development of a policy for Mammoth Hospital. • Develop a CQI process to monitor implementation, improve the process, and evaluate the impact of the PDPT program. • Implement, monitor, and evaluate the PDPT program. 	2.4 <ul style="list-style-type: none"> • Briefly describe the following: <ul style="list-style-type: none"> ○ The process of meeting with Mammoth Hospital staff. ○ Reviewing current laws, policies, best practices, and barriers to administering PDPT. ○ Discussion of PDPT models. ○ Policy and CQI development process. ○ Implementation, monitoring, and evaluation the PDPT program. ○ Any barriers, challenges, and/or solutions to the PDPT Program process. 	2.4 <ul style="list-style-type: none"> • Number of PDPT Programs developed and implemented / 1 PDPT program • Describe participation in and outcomes of the PDPT Program.

¹ 2001-2015 Tittle V State Priorities

² Tittle V Requirement

³ State Requirement

Goal 3: Improve Infant Health

- Reduce infant mortality and address disparities by promoting preconception health and health care and by preventing causes such as birth defects, low birth weight/prematurity, SIDS, and maternal complications in pregnancy ¹

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

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

¹ 2001-2015 Tittle V State Priorities

² Tittle V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
3.3 By June 30, 2015, create culturally appropriate media campaigns for the English and Spanish speaking populations in Mono County on safe sleep for infants.	3.3 Develop and conduct media campaign: <ul style="list-style-type: none"> • Key informant interviews to determine best ways to deliver message and who should deliver message. • Design culturally competent messages (or adapt existing messages). • Pilot test messages. • Run messages. 	3.3 <ul style="list-style-type: none"> • Briefly describe the following: <ul style="list-style-type: none"> ○ Results of key informant interviews. ○ Development of culturally competent messages. ○ Results of piloting test messages. ○ Any barriers, challenges, and/or solutions in the media campaign development process. 	3.3 <ul style="list-style-type: none"> • Number of media campaigns/ 1 media campaign • Description of the media campaign and run times.
3.4 By June 30, 2015, develop and implement a survey for local teens addressing alcohol/drug use and unprotected sex. Taking the life course perspective approach, the survey will enable development of an intervention to reduce unintended pregnancies for teens and substance use during pregnancy, thereby improving infant health.	3.4 <ul style="list-style-type: none"> • Research survey questions from the Montana Meth Project (MMP), Youth Risk Behavioral Survey (YRBS), California Healthy Kids Survey (CHKS), and Staying Healthy Assessment (SHA) to find questions appropriate for local use that are not duplicative of surveys already being implemented in Mono County. • Work with the SDRR collaborative to review and select questions to include in the survey. • Determine how the survey will be implemented and develop appropriately. • Analyze data from consent forms. 	3.4 <ul style="list-style-type: none"> • Briefly describe the following: <ul style="list-style-type: none"> ○ Process of researching survey questions and selection process for local use. ○ Process of determining how to implement the survey. ○ Data analysis. ○ Any barriers, challenges, and/or solutions to the survey development and implementation process. 	3.4 <ul style="list-style-type: none"> • Number of surveys developed/ 1 survey • Description of the final survey developed, participation, and results.

¹ 2001-2015 Tittle V State Priorities

² Tittle V Requirement

³ State Requirement

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

¹ 2001-2015 Tittle V State Priorities

² Tittle V Requirement

³ State Requirement

Goal 4: Improve Nutrition and Physical Activity

- **Promote healthy nutrition and physical activity among MCAH populations throughout the lifespan beginning with exclusive breastfeeding of infants to six months of age¹**

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>4.1 By June 30, 2015, collaborate with the Community Development Department to update the Mono County General Plan to include a “Health in All Policies” approach with language specific to promoting healthy lifestyles through policies and the built environment.</p>	<p>4.1</p> <ul style="list-style-type: none"> ● Review “Health in All Policies” materials from Change Lab Solutions. ● Meet with appropriate staff in Community Development to discuss process of updating the general plan and policies related to healthy lifestyle promotion that we would like to be addressed. ● Craft language for policy changes and edit as needed. ● Community Development will complete the environmental assessment and documentation (CEQA). ● Adoption of the General Plan Amendment by the BOS. 	<p>4.1</p> <ul style="list-style-type: none"> ● Briefly describe the following: <ul style="list-style-type: none"> ○ Process of meeting with Community Development to discuss updating the general plan and policies related to healthy lifestyle promotion. ○ Crafting language for policy changes. ○ The environmental assessment and documentation (CEQA). ○ Adoption of the General Plan Amendment by the BOS. ○ Any barriers, challenges, and/or solutions to the General Plan Amendment process. 	<p>4.1</p> <ul style="list-style-type: none"> ● Number of General Plan Amendments/ 1 General Plan Amendment ● Description of the final General Plan Amendment.

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

INSTRUCTIONS FOR CDPH 1204
(Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to; (a) conduct an inventory of CDPH equipment and/or property (see definitions A, and B) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with CDPH funds and used to conduct state business under this contract. (See *Health Administrative Manual (HAM)*, Section 2-1060 and Section 9-2310.)

The CDPH Program Contract Manager is responsible for obtaining information from the Contractor for this form. The CDPH Program Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to AM.

Inventory: List all CDPH tagged equipment and/or property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted CDPH 1203s**, "Contractor Equipment Purchased with CDPH Funds." AM will contact the CDPH Program Contract Manager if there are any discrepancies. (See HAM, Section 2-1040.1.)

Disposal: (*Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).*) The CDPH 1204 should be completed, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of; (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. After receipt of this form, the AM will contact the CDPH Program Contract Manager to arrange for the appropriate disposal/transfer of the items. (See HAM, Section 2-1050.4.)

1. List the state/ CDPH property tag, quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of;
 - A. Major Equipment: **(These items were issued green numbered state/ CDPH property tags.)**
 - Tangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
 - Intangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video.)
 - B. Minor Equipment/Property:
Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than \$5,000. The minor equipment and/or property items were issued green unnumbered "BLANK" state/ CDPH property tags with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers and switches.
2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services. (See HAM, Section 2-10050.)
3. If all items being reported do not fit on one page, make copies and write the number of pages being sent in the upper right-hand corner (e.g. "Page 1 of 3.")
4. The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS1801, P.O. Box 997377, 1501 Capitol Avenue, Sacramento, CA 95899-7377.
5. Use the version on the CDPH Intranet forms site. The CDPH 1204 consists of one page for completion and one page with information and instructions.

For more information on completing this form, call AM at (916) 650-0124.