

FY 2025/2026 Agreement Funding Application (AFA) Checklist

Agency Name _____

Agreement # _____

Program (check one box only) ☐ MCAH ☐ BIH ☐ AFLP ☐ PEI

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. **Signed**
3. ☐ **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007** | **signed** PDF.
4. ☐ **TXIX Medi-Cal Percentage (MCP) Justification Letter** | see AFA cover letter for items that need to be included in this letter. **Not required if only using base MCP rate. Signed**
5. ☐ **Budget Template** | **submit for Fiscal Year 25/26** 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.) **Signed - MCAH approv.**
6. ☒ **Indirect Cost Rate (ICR) Certification Form** | details methodology and components of the ICR. **Complete only if selecting less than the approved 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. ☐ **MCAH Director Verification Form** | (MCAH only.) **Signed**
10. ☐ **Scope of Work (SOW)** documents for all applicable programs (PDF/Word.)
11. ☐ **Annual Inventory** | Form CDPH 1204.
12. ☐ **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.) **SOW, DS, ORG**
13. ☐ **Certification Statement for the Use of Certified Public Funds (CPF)** | **AFLP CBOs and/or SubK with FFP. Completed & Signed**
14. ☒ **Government Agency Taxpayer ID Form** | **only if remit to address has changed.**
15. ☐ **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. **Signed**
16. ☐ **NFR-CRS** Interest in National Fatality Review-Case Reporting System Form
17. ☐ **Board of Supervisor (BOS) approval** | does your AFA require BOS approval?
☐ Yes. Please advise before or after AFA review After AFA review No ☐

File Naming Convention Example

Please save all electronic documents using the required naming convention below:

Agreement # (space) Program Abbreviation (space) Document # (space)
Document Name (from Checklist Above) (space) (Month/Day/Year) XX.XX.XX

Example for MCAH Program:

2025XX MCAH 1 AFA Checklist 05.01.25
2025XX MCAH 2 Agency Information Form 05.01.25
2025XX MCAH 3 Attestation –Sexual Health Educ. Acct. Act 05.01.25
2025XX MCAH 4 TXIX MCF Justification Letter 05.01.25
2025XX MCAH 5 Budget Template 05.01.25
2025XX MCAH 6 ICR Certification Form 05.01.25
2025XX MCAH 7 Duty Statement Line 1 05.01.25
2025XX MCAH 7 Duty Statement Line 2 05.01.25
2025XX MCAH 7 Duty Statement Line 3-7 05.01.25
2025XX MCAH 7 Duty Statement Line 8-10 05.01.25
2025XX MCAH 8 Org Chart 05.01.25
2025XX MCAH 9 Local MCAH Director Verification of Requirement
2025XX MCAH 10 SOW 05.01.25
2025XX MCAH 11 Annual Inventory 05.01.25
2025XX MCAH 12 SubK Package 05.01.25
2025XX MCAH 13 CPF 05.01.25
2025XX MCAH 14 Govt Agency Taxpayer ID Form 05.01.25
2025XX MCAH 15 Attestation – TXIX FFP (SPMP & Direct Support) 05.01.25
2025XX MCAH 16 NFR-CRS Interest 05.01.25

Please contact your [Contract Liaison](#) (CL) if you have any questions.

California Department Of Public Health
Maternal, Child And Adolescent Health (MCAH) Division

Funding Agreement Period
FY 2025-2026

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 202529 BIH _____ AFLP _____ PEI _____

Update Effective Date (only required when submitting updates) _____

Federal Employer ID#: 94-6000526

Complete Official Agency Name: Nevada County Public Health

Business Office Address: 500 Crown Point Circle, Suite 110, Grass Valley, CA 95945

Agency Phone: 530-265-1450

Agency Fax: 530-271-0894

Agency Website: https://www.nevadacountyca.gov

Agency Remittance Address: 500 Crown Point Circle, Suite 110, Grass Valley, CA 95945

Agreement Funding Application Policy Compliance And Certification

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

MCAH 202529 BIH AFLP PEI

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)

Kathy Cahill, MPH

Title

Director of Public Health

Original Signature

Kathy Cahill

Digitally signed by Kathy Cahill
Date: 2025.05.22 14:50:55 -07'00'

Date

MCAH/AFLP Director

Name (Print)

Jessica Ferrer, BSN, RN, Sr. PHN

Title

MCAH Director

Original Signature

APPROVED

By Jessica Ferrer, RN, Sr. PHN, CLC at 8:30 am, May 06, 2025

Date

MCAH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	Kathy	Cahill	Public Health Director	500 Crown Point Cir, Ste.110, Grass Valley, CA 95945	530-265-1732	Kathy.Cahill@nevadacountyca.gov	MCAH
2	MCAH DIRECTOR	Jessica	Ferrer	MCAH Director	500 Crown Point Cir, Ste.110, Grass Valley, CA 95945	530-265-1491	Jessica.Ferrer@nevadacountyca.gov	MCAH
3	MCAH COORDINATOR (Only complete if different from #2)	Jeanna	McHugh	MCAH Coordinator	500 Crown Point Cir, Ste.110, Grass Valley, CA 95945	530-265-1452	Jeana.McHugh@nevadacountyca.gov.	MCAH
4	MCAH FISCAL CONTACT	Elsie or Jennifer	Poplin Hondel	Accountant Accountant	950 Maidu Ave. Nevada City, CA 95959	530-470-2415 or 530-470-2426	Elsie.Poplin@nevadacountyca.gov Jennifer.Hondel@nevadacountyca.gov	MCAH
5	FISCAL OFFICER	Brie	Mendoza-Perez	Administrative Services Officer	950 Maidu Ave. Nevada City, CA 95959	530-265-1708	Brie.Mendoza-Perez@nevadacountyca.gov	MCAH
6	CLERK OF THE BOARD or	Jeffrey	Thorsby	Chief of Staff / Clerk of the Board	950 Maidu Ave. Nevada City, CA 95959	530-265-1480	Jeffrey.Thorsby@nevadacountyca.gov	MCAH
7	CHAIR BOARD OF SUPERVISORS	Heidi	Hall	Chair Board of Supervisors	950 Maidu Ave. Nevada City, CA 95959	530-265-1480	Heidi.Hall@nevadacountyca.gov	MCAH
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Kathy	Cahill	Public Health Director	500 Crown Point Cir, Ste.110, Grass Valley, CA 95945	530-265-1732	Kathy.Cahill@nevadacountyca.gov	MCAH
9	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT	Jessica	Ferrer	MCAH Director	500 Crown Point Cir, Ste.110, Grass Valley, CA 95945	530-265-1491	Jessica.Ferrer@nevadacountyca.gov	SIDS
10	PERINATAL SERVICES COORDINATOR	Jeana	McHugh	MCAH Coordinator	500 Crown Point Cir, Ste.110, Grass Valley, CA 95945	530-265-1452	Jeana.McHugh@nevadacountyca.gov.	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

PEI Program

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

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: Nevada County Public Health

Agreement/Grant Number: 202529

Compliance Attestation for Fiscal Year: 2025

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

Signed

Nevada County Public Health

Agency Name

202529

Agreement/Grant Number

APPROVED

By Jessica Ferrer, RN, Sr. PHN, CLC at 8:33 am, May 06, 2025

Signature of MCAH Director

Date

Signature of AFLP Director (CBOs only)

Jessica Ferrer

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.

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.

May 19, 2025

CDPH Maternal, Child and Adolescent Health Division/Center for Family Health
MS 8300
P.O. Box 997420
Sacramento, CA 95899-7420

To CDPH/MCAH,

Nevada County is using the following Medi-Cal Factors (MCF) for this Fiscal Year (FY) 25/26, which includes the justifications:

MCF Type	MCF % Justification
	Maximum characters = 1024
Variable	Nevada County will use quarterly time studies based on actual client contacts by MCAH personnel.
Local	
Weighted	
Multiple	
Base	

Sincerely,

APPROVED

By Jessica Ferrer, RN, Sr. PHN, CLC at 7:44 am, May 21, 2025

Jessica Ferrer, BSN, RN, SR. PHN
Maternal Child & Adolescent Health Director

BUDGET SUMMARY	FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
	2025-26	ORIGINAL	ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.1.25

Program:	Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:	202529 Nevada													
SubK:				MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E		
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)
				TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*
ALLOCATION(S) ➡					102,052.00		3,000.00	#VALUE!						

EXPENSE CATEGORY												
(I) PERSONNEL	216,709.00		47,809.03		0.00		0.00		93,717.76		75,182.21	
(II) OPERATING EXPENSES	27,340.51		16,453.47		3,000.00		0.00		5,822.04		2,065.00	
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00	
(IV) OTHER COSTS	40,000.00		25,838.00		0.00		0.00		14,162.00		0.00	
(V) INDIRECT COSTS	54,177.25		11,951.50		0.00		0.00		42,225.75		0.00	
BUDGET TOTALS*		338,226.76	30.17%	102,052.00	0.89%	3,000.00	0.00%	0.00	46.10%	155,927.55	22.84%	77,247.21
BALANCE(S) →			0.00		0.00							

TOTAL MCAH-TV
TOTAL MCAH-SIDS
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

102,052.00	→	102,052.00	
3,000.00	→	3,000.00	
135,899.19	→		[50%] 77,963.78 [75%] 57,935.41
97,275.57	→	0.00	[50%] 77,963.77 [25%] 19,311.80

\$ 240,951.19		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.			
<div>APPROVED</div> <div>By Jessica Ferrer, RN, Sr. PHN, CLC at 10:50 am, Aug 15, 2025</div>		<div>APPROVED</div> <div>By Brie Mendoza at 11:23 am, Aug 15, 2025</div>	
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		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E
PCA Codes		53107		53112				53118		53117
(I) PERSONNEL		47,809.03		0.00				46,858.88		56,386.66
(II) OPERATING EXPENSES		16,453.47		3,000.00				2,911.02		1,548.75
(III) CAPITAL EXPENSES		0.00		0.00				0.00		0.00
(IV) OTHER COSTS		25,838.00		0.00				7,081.00		0.00
(V) INDIRECT COSTS		11,951.50		0.00				21,112.88		0.00
Totals for PCA Codes		240,951.19	102,052.00	3,000.00				77,963.78		57,935.41

Program: Agency: SubK:		Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)				
		202529 Nevada							MCAH-TV		MCAH-SIDS			AGENCY FUNDS	
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)		(14)	(15)
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*			
(II) OPERATING EXPENSES DETAIL											% TRAVEL NON-ENH MATCH		% TRAVEL ENH MATCH		% PERSONNEL MATCH
TOTAL OPERATING EXPENSES			27,340.51		16,453.47		3,000.00		0.00		5,822.04		2,065.00	Match Available	
	TRAVEL	7,000.00	5.33%	373.10	28.00%	1,960.00		0.00	37.17%	2,601.90	29.50%	2,065.00	13.33%		
	TRAINING	1,500.00	23.33%	349.95		0.00		0.00	76.67%	1,150.05		0.00	0.00%		
1	Communication	1,200.00	23.33%	279.96		0.00		0.00	76.67%	920.04			0.00%		
2	General Supplies	150.00	23.33%	35.00		0.00		0.00	76.67%	115.01			0.00%		
3	Printing/Duplication	750.00	23.33%	174.98		0.00		0.00	76.67%	575.03			0.00%		
4	Annual Infant Scale Calibration	220.00	100.00%	220.00		0.00		0.00		0.00			76.67%		
5	Translation Services	120.00	100.00%	120.00		0.00		0.00		0.00			76.67%		
6	Risk Reduction Supplies	10,700.51	100.00%	10,700.51		0.00		0.00		0.00			76.67%		
7	IS Department Support	600.00	23.33%	139.98		0.00		0.00	76.67%	460.02			0.00%		
8	MCAH Action Dues	1,100.00	100.00%	1,100.00		0.00		0.00		0.00			76.67%		
9	Educational Supplies	4,000.00	74.00%	2,960.00	26.00%	1,040.00		0.00		0.00			76.67%		
10	Toll Free Line			0.00		0.00		0.00		0.00					
11				0.00		0.00		0.00		0.00					
12				0.00		0.00		0.00		0.00					
13				0.00		0.00		0.00		0.00					
14				0.00		0.00		0.00		0.00					
15				0.00		0.00		0.00		0.00					

** 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				0.00		0.00		0.00		0.00			

(IV) OTHER COSTS DETAIL												% PERSONNEL MATCH		
TOTAL OTHER COSTS		40,000.00		25,838.00		0.00		0.00		14,162.00		0.00	76.67%	
SUBCONTRACTS														
1	Public Health Nurse / Parent Educator Truckee- Contract	20,000.00	29.19%	5,838.00		0.00		0.00	70.81%	14,162.00		0.00		
2	Parent Educator Truckee- Contract	20,000.00	100.00%	20,000.00		0.00		0.00		0.00		0.00		
3				0.00		0.00		0.00		0.00		0.00		
4				0.00		0.00		0.00		0.00		0.00		
5				0.00		0.00		0.00		0.00		0.00		
OTHER CHARGES														Match Available
1				0.00		0.00		0.00		0.00				
2				0.00		0.00		0.00		0.00				
3				0.00		0.00		0.00		0.00				
4				0.00		0.00		0.00		0.00				
5				0.00		0.00		0.00		0.00				
6				0.00		0.00		0.00		0.00				
7				0.00		0.00		0.00		0.00				
8				0.00		0.00		0.00		0.00				

(V) INDIRECT COSTS DETAIL											
TOTAL INDIRECT COSTS				54,177.25	11,951.50	0.00	0.00	42,225.75			
25.00%	of Total Wages + Fringe Benefits			54,177.25	22.06%	11,951.50	0.00	0.00	77.94%	42,225.75	

Program:	Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:	202529 Nevada													
SubK:				MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E		
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)
				TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL																J-Pers MCF Per Staff		Staff Traveling (X)	
TOTAL PERSONNEL COSTS					216,709.00		47,809.03		0.00		0.00		93,717.76		75,182.21				
	FRINGE BENEFIT RATE			48.00%	70,284.00		15,505.63		0.00		0.00		30,394.95		24,383.42				
	TOTAL WAGES				146,425.00		32,303.40		0.00		0.00		63,322.81		50,798.79				
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES														
1	Charlene Weiss-Wenzl	Director of Public Health Nursing	10.00%	159,590.00	15,959.00	20.00%	3,191.80		0.00		0.00	66.00%	10,532.94	14.00%	2,234.26	80.00%	X		
2	Jessica Ferrer	MCAH Director/Senior Public Health Nu	60.00%	131,140.00	78,684.00	20.00%	15,736.80		0.00		0.00	45.00%	35,407.80	35.00%	27,539.40	80.00%	X		
3	Jeana McHugh	Public Health Nurse II/MCAH Coordinat	25.00%	109,768.00	27,442.00	20.00%	5,488.40		0.00		0.00	34.00%	9,330.28	46.00%	12,623.32	80.00%	X		
4	Debra Ashlock Dugan	Public Health Nurse II/MCAH Coordinat	10.00%	105,394.00	10,539.00	20.00%	2,107.80		0.00		0.00	45.00%	4,742.55	35.00%	3,688.65	80.00%	X		
5	Alison O'Connor	Public Health Nurse II/MCAH Coordinat	10.00%	100,277.00	10,028.00	20.00%	2,005.60		0.00		0.00	33.00%	3,309.24	47.00%	4,713.16	80.00%	X		
6	Carol Smith	Administrative Assistant II	5.00%	75,456.00	3,773.00	100.00%	3,773.00		0.00		0.00		0.00		0.00	30.60%			
7					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
8					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
9					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
10					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
11					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
12					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
13					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
14					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
15					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
16					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
17					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
18					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
19					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
20					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
21					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
22					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
23					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
24					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
25					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
26					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
27					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
28					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
29					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
30					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
31					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
32					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
33					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
34					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
35					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
36					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
37					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
38					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
39					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
40					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
41					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
42					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			
43					0.00		0.00		0.00		0.00		0.00		0.00	0.00%			

Program: Agency: SubK:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
		202529 Nevada										MCAH-TV		MCAH-SIDS			
						(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)		
				TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*			
44					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
45					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
46					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
47					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
48					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
49					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
50					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
51					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
52					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
53					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
54					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
55					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
56					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
57					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
58					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
59					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
60					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
61					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
62					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
63					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
64					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
65					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
66					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
67					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
68					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
69					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
70					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
71					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
72					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
73					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
74					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
75					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
76					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
77					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
78					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
79					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
80					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
81					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
82					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
83					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
84					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
85					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
86					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
87					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
88					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
89					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
90					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
91					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
92					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
93					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
94					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
95					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Program: Agency: SubK:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
		202529 Nevada										MCAH-TV		MCAH-SIDS			
						(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)		
				TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*			
96					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
97					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
98					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
99					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
100					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
101					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
102					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
103					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
104					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
105					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
106					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
107					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
108					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
109					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
110					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
111					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
112					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
113					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
114					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
115					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
116					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
117					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
118					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
119					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
120					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
121					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
122					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
123					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
124					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
125					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
126					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
127					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
128					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
129					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
130					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
131					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
132					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
133					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
134					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
135					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
136					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
137					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
138					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
139					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
140					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
141					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
142					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
143					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
144					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
145					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
146					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
147					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Program: Agency: SubK:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
		202529 Nevada															
						MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E			
					(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)		
					TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		
148					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
149					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
150					0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202529 Nevada
SubK:	0

Version 7.0 - 150 Quarterly 4.1.25

(I) PERSONNEL DETAIL						BASE MEDI-CAL FACTOR %		30.60%	Use the following link to access the current AFA webpage and the current base MCF% for your agency:			
TOTALS			1.20	\$ 681,625.00	\$ 146,425.00		70,284.00					
	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	Charlene Weiss-Wenzl	Director of Public Health Nursing	10.00%	\$ 159,590	\$ 15,959	48.00%	7,660.32	MCAH	80.00%	Variable	YES	Nevada County will use quarterly time studies based on actual client contacts by MCAH personnel.
2	Jessica Ferrer	MCAH Director/Senior Public Health	60.00%	\$ 131,140	\$ 78,684	48.00%	37,768.32	MCAH	80.00%	Variable	YES	Nevada County will use quarterly time studies based on actual client contacts by MCAH personnel.
3	Jeana McHugh	Public Health Nurse II/MCAH Coord	25.00%	\$ 109,768	\$ 27,442	48.00%	13,172.16	MCAH	80.00%	Variable	YES	Nevada County will use quarterly time studies based on actual client contacts by MCAH personnel.
4	Debra Ashlock Dugan	Public Health Nurse II/MCAH Coord	10.00%	\$ 105,394	\$ 10,539	48.00%	5,058.72	MCAH	80.00%	Variable	YES	Nevada County will use quarterly time studies based on actual client contacts by MCAH personnel.
5	Alison O'Connor	Public Health Nurse II/MCAH Coord	10.00%	\$ 100,277	\$ 10,028	48.00%	4,813.44	MCAH	80.00%	Variable	YES	Nevada County will use quarterly time studies based on actual client contacts by MCAH personnel.
6	Carol Smith	Administrative Assistant II	5.00%	\$ 75,456	\$ 3,773	48.00%	1,811.04	MCAH	30.60%	Base		
7			0.00%	\$ -	\$ -				0.00%	0		
8			0.00%	\$ -	\$ -				0.00%	0		
9			0.00%	\$ -	\$ -				0.00%	0		
10			0.00%	\$ -	\$ -				0.00%	0		
11			0.00%	\$ -	\$ -				0.00%	0		
12			0.00%	\$ -	\$ -				0.00%	0		
13			0.00%	\$ -	\$ -				0.00%	0		
14			0.00%	\$ -	\$ -				0.00%	0		
15			0.00%	\$ -	\$ -				0.00%	0		
16			0.00%	\$ -	\$ -				0.00%	0		
17			0.00%	\$ -	\$ -				0.00%	0		
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Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202529 Nevada
SubK:	0

Version 7.0 - 150 Quarterly 4.1.25

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Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202529 Nevada
SubK:	0

Version 7.0 - 150 Quarterly 4.1.25

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Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202529 Nevada
SubK:	0

Version 7.0 - 150 Quarterly 4.1.25

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
	TRAVEL	7,000.00	Travel to mandatory confrences, trainings for workforce developmet 3 trips x \$2000. Mileage for personal car use up to \$500 for trainings only. SIDS Travel won't be matched with TXIX.
	TRAINING	1,500.00	Workforce development trainings in areas revelvant to MCAH (STIs, CPSP information, Equity, Lactation, Hypertension, etc)
1	Communication	1,200.00	2 phones X \$50/month X 12 months=\$1,200
2	General Supplies	150.00	Office supplies, tissues, paper, disinfecting wipes
3	Printing/Duplication	750.00	Brochures \$250/250 x 3
4	Annual Infant Scale Calibration	220.00	County annual Weights and Measures charge
5	Translation Services	120.00	Translation of outreach materials-2 batches @ \$60/batch or minutes for translation line
6	Risk Reduction Supplies	10,700.51	Resources to provide a safe environment for infants and family members, as assessed by medical professional. Resources may include: diapers, wipes, diaper cream/ Infant formula/ personal protective equipment/ food and water/ hand soap & sanitizer/safety items, cabinet locks, babygates, safe sleeping areas-Pack-N-Plays, corner bumpers, water safety equipment, breast pumps, bottles, or other items.
7	IS Department Support	600.00	Support for phone and computer repairs-\$150/hour X 4 hours
8	MCAH Action Dues	1,100.00	Adjusted to reflect anticipated increase- participation is required
9	Educational Supplies	4,000.00	Printed material, activities and supplies to provide information to families and providers around perinatal health.
10	Toll Free Line	0.00	Toll Free Line is paid by the Public Health Department with billing for all desk phones.
11	0	0.00	
12	0	0.00	
13	0	0.00	
14	0	0.00	
15	0	0.00	

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	0.00	
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(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	40,000.00	
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SUBCONTRACTS			
1	Public Health Nurse / Parent Educator Truckee- Contract	20,000.00	Due to ongoing recruitment challenges and the limited local workforce in rural Truckee, contracting a Public Health Nurse (PHN) is a necessary and strategic solution to ensure consistent home visiting services in the region. Traditional hiring has proven difficult, and contracting allows for greater flexibility—such as part-time work, evening hours, and the ability to engage nurses who live outside the county but can serve Truckee. This approach supports equitable access to care, meets state program requirements, and ensures high-risk families in eastern Nevada County receive timely, trusted, and culturally responsive public health support.

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202529 Nevada
SubK:	0

2	Parent Educator Truckee- Contract	20,000.00	Due to ongoing recruitment challenges and the limited local workforce in rural Truckee, contracting a Parent Educator is a necessary and strategic solution to ensure consistent home visiting services in the region. Traditional hiring has proven difficult, and contracting allows for greater flexibility—such as part-time work, evening hours, and the ability to engage trusted community members who live outside the county but can serve Truckee. This approach is especially important for serving the Spanish-speaking population, who benefit from culturally and linguistically appropriate support provided by someone with lived experience. Nevada County’s standard educational requirements have unintentionally excluded candidates with deep community ties, and contracting allows us to bridge this gap and provide equitable, effective services to high-risk families in eastern Nevada County.
3	0	0.00	
4	0	0.00	
5	0	0.00	
OTHER CHARGES			
1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION		
TOTAL INDIRECT COSTS	54,177.25	Per CDPH approved ICR

MATERNAL CHILD ADOLESCENT HEALTH / CHVP PROGRAM

NEVADA COUNTY

Duty Statement - Director of Public Health Nursing (Budget line #1)

Administration

Maintains oversight of the County's MCAH and CHVP Programs

Assists individuals eligible for Medi-Cal to enroll in the Medi-Cal program or assists individuals enrolled in Medi-Cal to access providers, care, or services

Examples:

- Provides consultation to SPMP staff in other agencies/programs about specific medical conditions within their client population;
- Provides technical assistance to other agencies/programs that interface with the medical care needs of clients;
- Assists in health care planning and resource development with other agencies, which will improve the access, quality and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources;
- Assesses the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system;
- Provides training which improves the medical knowledge and skill level of SPMP medical staff that directly relates to the performance of the person's allowable SPMP administrative activities.

Provides support and consultation to the MCAH Director on a regular and as-needed basis

Works with the CHVP programs regarding needs, including assessments, goals and objectives, staffing, and training

Works with MCAH Director, CHVP program and fiscal staff in developing the budget for MCAH and CHVP

Collaborates with MCAH Director, and executive and management staff of CHVP on MCAH and CHVP SOW

Leads and/or participates in the Community Advisory Board for CHVP

Leads and/or participates in the Child Death Review Team

Attends and participates in CHVP meetings, trainings, and education events

Attends program and non-program related community meetings and collaborates with interagency groups

Apprises the MCAH Director of changes in agency directives and policy

This position must be filled by a qualified SPMP.

MATERNAL CHILD ADOLESCENT HEALTH PROGRAM

NEVADA COUNTY

Duty Statement – MCAH Director – Senior Public Health Nurse (Budget line #2)

Maintains oversight of the County's MCAH Program

Provides program direction for MCAH goals, objectives and works with MCAH staff to accomplish such.

Using SPMP expertise identifies and defines problems and establishes priorities for action, based on measurable, realistic, and attainable goals.

Plans, implements, evaluates, coordinates, and manages MCAH services in the local jurisdiction.

Using SPMP expertise, develops policies, procedures, and protocols for the MCAH program and provides educational in-services to LHJ MCAH, WIC, Social Services and CHVP staff, as needed.

Maintains and reports MCAH activity statistics and other pertinent data specific to MCAH.

Reviews MCAH services and provides Technical Assistance and Quality Assurance activities within the parameters of MCAH practice.

Reports to and works in conjunction with the Director of Public Health Nursing

Represents the County Health Department at MCAH Director's meetings, and participates in statewide planning, advisory and regional boards.

Using SPMP expertise to engage community partners in addressing social determinants of health and encourage participation and support of public health and policy efforts to improve the health of Medi-Cal populations.

Works collaboratively with local community groups, county and non-profit agencies, and individuals to plan and implement solutions to promote improved access to community and provider resources and services, along with joint programs or projects to address mutually agreed upon service gaps and barriers.

Using SPMP expertise, acts as a liaison on medical aspects of MCAH program with providers and other agencies providing medical care.

Participates in the Child Death Review Team

Serves as the LHJ Sudden Infant Death (SIDS) Coordinator.

Provides community and first-responder SIDS education and ongoing grief services to SIDS families.

Participates in the hiring of MCAH personnel and provides orientation to newly hired staff members.

Supervises MCAH PHN home visiting staff, assessing case management and home visiting program

Assists those currently enrolled in Medi-Cal in accessing services, and aids individuals and families eligible for Medi-Cal in the referral process and accessing Medi-Cal providers, care and/or services.

Using SPMP expertise, provides assessments, referrals, and case coordination with partnering agencies, to address the ongoing needs of CYSHCN's.

Receives calls from the county's 24-hour toll-free MCAH telephone line and responds to callers by the next business day to provide referrals to community health and human resources.

Develops the annual MCAH AFA according to state policies and procedures and assesses other needs of Nevada County's MCAH population, not addressed in the plan.

Prepares the annual MCAH Scope of Work (SOW) and work plan from the State's goals and objectives through identified county needs.

Responsible for developing and submitting to the state reports of the county MCAH activities and participates in preparing the annual program budget.

Participates in the CHVP system of care improvement activities in the LHJ, to build local capacity to promote positive outcomes for children and families in the LHJ.

Coordinates with the Director of Public Health Nursing and participates in the CHVP Community Advisory Board (CAB), through quarterly meetings, and assists in development, implementation and reporting of agenda items to improve systems of care for early childhood.

Develops, in collaboration with the Director of Public Health Nursing, community partnerships and relationships and establishes appropriate MOUs with community partners to strengthen referrals, service integration, and continuity of care.

Serves as Program Coordinator, referral, and reporting agent for the Moving Beyond Depression program of Every Child Succeeds, Cincinnati, Ohio. Trained & licensed therapists provide in-home Cognitive Behavioral Therapy in partnership with a home visitation program for women experiencing perinatal depression.

Assists with development and distribution of listing of community referrals.

This position must be filled by a qualified SPMP.

MATERNAL CHILD ADOLESCENT HEALTH PROGRAM

NEVADA COUNTY

Duty Statement - Public Health Nurse I/II/ MCAH Coordinator - (Budget line #3, 4, 5)

Under the program direction of the MCAH Director, designs and carries out strategies that assess the needs, and plans for systems of care that will benefit the high-risk perinatal population.

Using SPMP expertise, initiates and maintains outreach to the high-risk pregnancy and parenting population in Nevada County which includes case finding, case coordination, referrals to needed services and follow up.

Assists and provides referrals to individuals and families, eligible for Medi-Cal, in the referral process and accessing Medi-Cal providers, care and/or services.

Assists individuals currently enrolled in Medi-Cal in accessing Medi-Cal services.

Through home visiting and telephone calls, provide case management for high risk mothers, infants, and children to ensure access to providers of care and other essential services.

Using SPMP expertise, provides assessments, referrals, and case coordination, along with partnering agencies, to address the ongoing needs of CYSHCN's.

Participates in interdisciplinary team meetings with the CPSP program providers and other related care providers.

Acts as an SPMP resource for other programs within the County serving the high-risk population.

Gathers statistical information which is utilized in performing an ongoing assessment of the pregnant and parenting population using drugs, alcohol, and tobacco.

Provides SPMP nursing consultation and technical assistance to other Human Services Departments and CBO's serving the pregnant population.

Using SPMP expertise to engage community partners in addressing social determinants of health and encourage participation and support of public health and policy efforts to improve the health of Medi-Cal populations.

Using SPMP knowledge, participates in planning for the provision of services, case conferencing and multidisciplinary teams.

Partners with professional therapists to provide the Moving Beyond Depression in-home cognitive behavioral therapy (IH-CBT) program to mothers meeting eligibility criteria. This service is performed in conjunction with MCAH home visiting services.

Provides anticipatory guidance to clients with daily living needs that require the specialized training and services of a public health nurse.

Participates in program planning, involvement in goal setting, objectives and evaluation tools, that measure outcomes.

Act as Perinatal Services Coordinator (PSC) in its capacity to support health care homes and clinics needing direction with the Comprehensive Perinatal Service Program as described in the CA State CDPH MCAH Scope of Work goals and objectives.

- Under the program direction of the MCAH Director, designs and carries out strategies that assess the needs, and plans for systems of care that will benefit the high-risk perinatal population.
- Using SPMP expertise in planning, implementation, and evaluation of CPSP Program in accordance with the MCAH Policies and Procedures, specifically targeting Medi-Cal eligible population.
- Provide services and acting as a liaison on medical aspects of CPSP program with providers and other agencies providing medical care as defined in the Comprehensive Perinatal Services Program (CPSP) handbook for Local Health Department Coordinators.
- Monitor local trends and statistics regarding access to care and pregnancy outcomes.
- Using SPMP expertise, engages and collaborates with community partners, agencies and providers to coordinate and maximize outreach efforts to increase access to care for women of child-bearing age.
- Participates in the review of perinatal data to identify and define populations targeted “at risk”.
- Attends community professional and interagency meetings to provide SPMP expertise on perinatal issues and advocates for maternal and child health services.
- Performs outreach activities with providers of prenatal care and community organizations serving pregnant women, regarding the availability of Comprehensive Perinatal Services in Nevada County.

Provides supervision of staff working in the MCAH program as necessary.

Performs office functions as necessary.

Attends professional trainings as appropriate.

This position must be filled by a qualified SPMP.

MATERNAL CHILD ADOLESCENT HEALTH PROGRAM

NEVADA COUNTY

Duty Statement – Administrative Assistant II (Budget line #6)

Under the direction of the MCAH Director and/or Coordinator performs duties that support the activities of the MCAH program staff including SPMP.

Creates and participates in the development of Medi-Cal program specific information via flyers, forms, databases, mailing labels, and other secretarial duties which support the MCAH program staff.

Serves as administrator for County Electronic Health Records, assisting MCAH staff with training and administrative support.

Types letters (for Medi-Cal eligible), assists with grant proposals, types and maintains copies of articles, flyers, grants and reports.

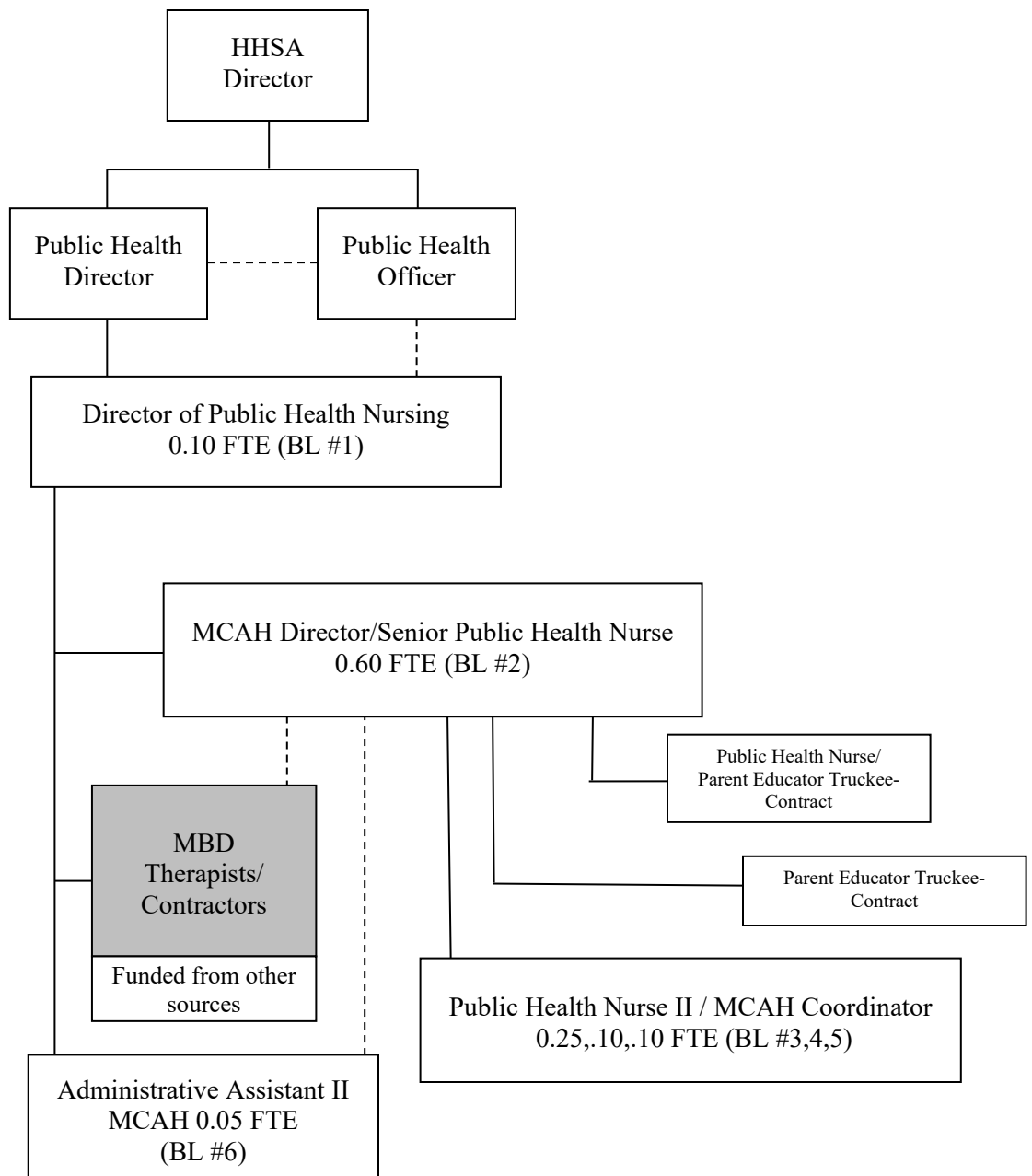
Orders necessary office supplies, journals, reference books, and promotional items.

Helps with set-up and take-down for presentations regarding Medi-Cal related issues, services and resources, receives phone calls and makes appointments and appropriate referrals to Medi-Cal eligible clients.

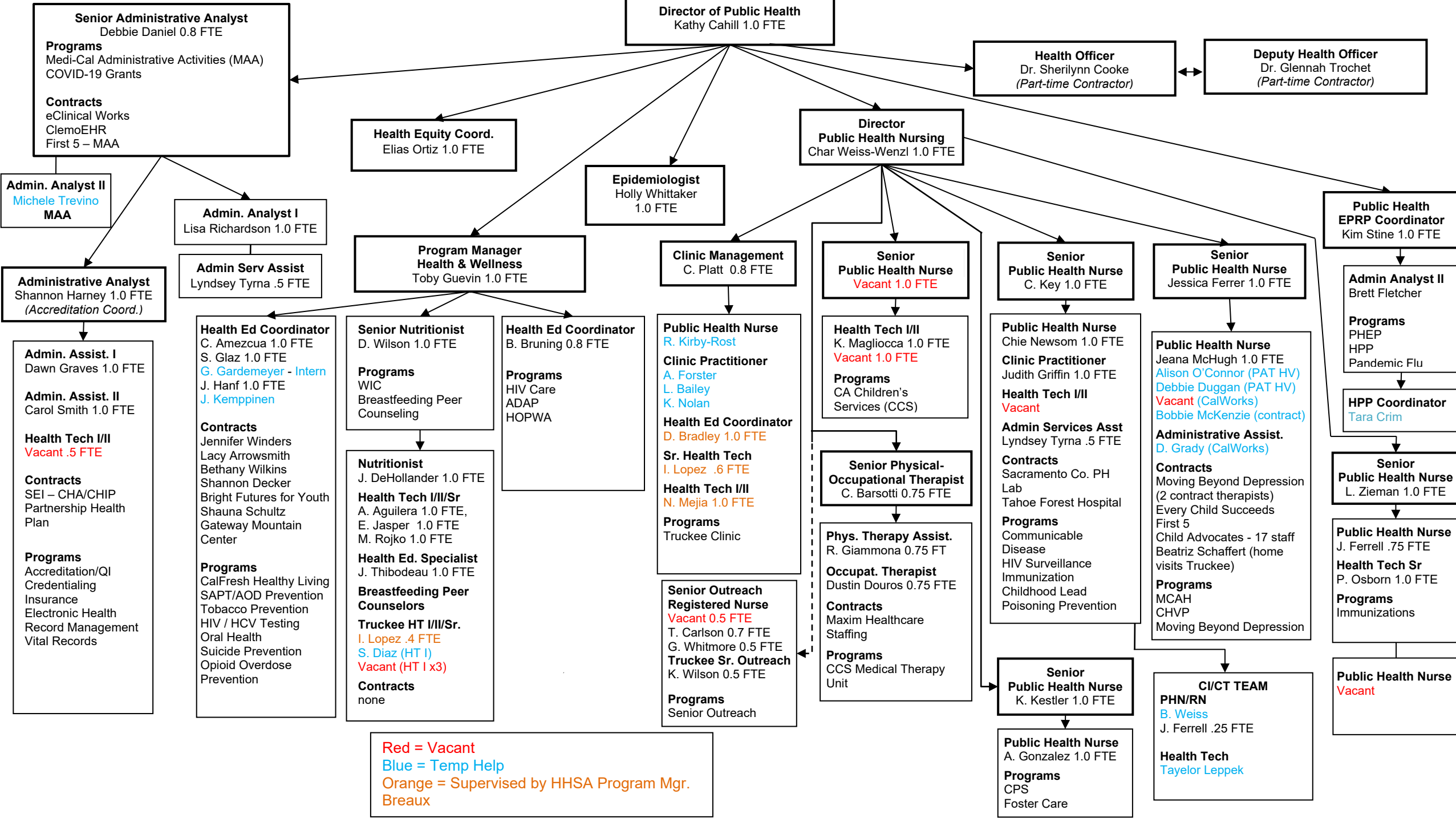
NEVADA COUNTY PUBLIC HEALTH

2025/2026

MATERNAL CHILD AND ADOLESCENT HEALTH ORGANIZATIONAL CHART



Nevada County Public Health Organization Chart - 2025



MCAH Director Verification Form

Local Health Jurisdiction:

Fiscal Year: SFY 2025-26

MCAH Director Qualifications and Full Time Equivalent (FTE) Requirements

All LHJs are required to have an MCAH Director and should have other key positions to support the leadership structure and core functions of the Local MCAH program.

The LHJ must meet the Full Time Equivalent (FTE) and qualification requirement(s) for the MCAH Director as outlined below.

MCAH Director FTE Requirements

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

MCAH Director Full-time Equivalent (FTE) and Qualification Requirements	
Total Population	MCAH Director FTE/Qualification
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
25,001-75,000	0.50 Public Health Nurse
<25,000	0.25 Public Health Nurse

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

Please list key positions, including MCAH Director, that will assist with the responsibilities of the MCAH Director:

Position Title	FTE
MCAH Director	0.75 FTE Senior Public Health Nurse
MCAH Coordinator	.6,.1,.1 FTE PHN II
Perinatal Services Coordinator	
Please list other:	
Please list other:	

MCAH Director Verification Form

MCAH Director Qualification Requirements

The MCAH Director must be a qualified health professional as defined below.

Please indicate the MCAH Director's qualification:

- ☐ 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 is a certified public health nurse (PHN); or
- ☐ Other professional qualifications

Please list other professional qualifications of the MCAH Director below.

REQUIRED FOR ALL LHJS

Please describe how your Local MCAH Program provides clinical oversight. For example, the MCAH Director is a qualified physician as described above and/or a Public Health Nurse (PHN).

The MCAH Director is a qualified Senior Public Health Nurse (Sr. PHN) as described above.

MCAH Director Requirements for LHJs Participating in the California Home Visiting Program (CHVP)

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).

Signature of MCAH Director or Designee	
Signature	Date
<div>APPROVED By Jessica Ferrer, RN, Sr. PHN, CLC at 8:24 am, May 20, 2025</div>	

MCAH Director Verification 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.

CDPH/MCAH may hold reimbursement unless a current form is on file with CDPH/MCAH.

Submittal During AFA Requirements:

- Complete and submit the form annually during the AFA process.
- The form must be signed by MCAH Director or designee.

Changes after the AFA process:

- Submit a new form for any subsequent changes after the AFA process to the CDPH/MCAH Program Consultant.
- Submit the Duty Statement(s).
- Submit Organizational Chart(s).

**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](#)
- [The Spectrum of Prevention](#)
- [Life Course Perspective and Social Determinants of Health](#)
- Policy Systems and Environmental Change (PSE) - (TBD)

All Title V programs must comply with the MCAH Fiscal Policy and Procedures Manual and the Local MCAH Program Policies and Procedures Manual.

Certification by MCAH Director:	Name: Jessica Ferrer, BSN, RN, Sr. PHN
	Title: MCAH Director
	Date: 5/23/2025
	<i>I certify that I have reviewed and approved this Scope of Work.</i>

Note:

- The Title V Maternal and Child Health Block Grant 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.
- CDPH/MCAH is available to provide technical assistance for any required activity and encourages LHJs to communicate their training needs.

Section A: General requirements and activities for all LHJs				
Aligns With	General Requirement(s)	Required Local Activities	Time Frame	Deliverable Description
Title V and CDPH/MCAH Requirement	Local MCAH Annual Report	A1 Complete and submit an Annual Report each fiscal year to report on Scope of Work activities	Annually, each fiscal year	<p>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.</p> <p>In addition to reporting on the status of activities in each population domain, the LHJ shall report on the following counts of individuals served:</p> <ul style="list-style-type: none"> • the number of <i>Pregnant Individuals</i> served in the Fiscal Year • the number of <i>Infants (less than 1 year of age)</i> served in the Fiscal Year • Of the <i>Infants (less than 1 year of age)</i> in the above number, how many are <i>Children and Youth with Special Healthcare Needs (CYSHCN)</i> • the number of individuals <i>Ages 1-21</i> served in the Fiscal Year • Of the individuals <i>Ages 1-21</i> in the above number, how many are <i>CYSHCN</i> • the number of <i>Other*</i> individuals served in the Fiscal Year <p><i>*Other: Individuals that cannot be grouped into Pregnant, Infants, or Ages 1-21; Men and women 22 and over; any individuals with unspecified demographic information. Families with unspecified family members may be included in this category: count the family as one (1). (We acknowledge the undercounting but are following the “verifiable data source” guideline.)</i></p> <p>Guidance for Counting Individuals served are included as part of the Local Annual Report Instruction Manual and is sent out from CDPH/MCAH with the Local Annual Report request.</p>
CDPH/MCAH Requirement	Workforce Development and Training	A2 Attend required trainings/meetings as outlined in the MCAH Program Policies and Procedures. <ul style="list-style-type: none"> • The MCAH Director or designee is required to attend the spring and fall MCAH Action meetings 	Annually, each fiscal year	Report attendance in Annual Report: <ul style="list-style-type: none"> • MCAH Directors’ Spring and Fall meetings • SIDS Coordinators’ Annual meeting

		<ul style="list-style-type: none"> SIDS Coordinators are required to attend the SIDS Annual Conference, SIDS Advisory Council meetings 		
CDPH/MCAH Requirement	MCAH Director	A3 Maintain required MCAH Director position as outlined in the MCAH Policies and Procedures.	Ongoing	The LHJ must submit a Local MCAH Director Verification form annually during the AFA process and resubmit with any changes.
CDPH/MCAH Requirement	Community Resource and Referral Guide	A4 Develop a comprehensive MCAH resource and referral guide of available health, mental health, emergency resources, and social services. <i>QI Opportunity!</i> Partner (participate in short-term workgroup, or respond to a survey, or discuss among other MCAH Directors at MCAH Directors call) with CDPH/MCAH and a workgroup of LHJs to develop a shared approach to an up-to-date and accessible local resource guide that supports all five MCAH population domains, in collaboration with strategic partners and existing systems, such as United Way/211.	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 Report on how you have aligned your resource guide with the recommendations of the workgroup, when available.
CDPH/MCAH Requirement	Protocols	A5 Develop and adopt protocols to ensure that MCAH clients are provided information and referred to health insurance coverage options, including how to access a provider and preventive health visits.	Annually, each fiscal year	Report on linkage/referral protocols for each of the five population domains and opportunities for further improvement in the Annual Report.

Title V Requirement	Conduct Local Needs Assessment	A6 Conduct or leverage existing local needs assessment(s) to acquire an accurate picture of the strengths, weaknesses and needs across the MCAH population health domains.	Approximately every three to five years	Report on Local Needs Assessment findings as directed by CDPH/MCAH.
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Section B: Domain specific requirements and activities				
Aligns With	General Requirement(s)	Required Local Activities	Time Frame	Deliverable Description
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 experiencing an infant loss.	Annually, each fiscal year	Report on SIDS/SUID services and supports in the Annual Report.
CDPH/MCAH Requirement	Infant – Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID)	B1.a. Submit Public Health Services Report Form of a sudden, unexpected infant death to the CDPH/MCAH.	As needed	Submit form in the event of a sudden, unexpected infant death.
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 - Schools Collaboration	B3 <i>New! Replaced B3 and B4</i> Required for Child Domain - all LHJs Explore opportunities to partner with local education agencies/school districts/schools (preschool through 12 th	Annually, each fiscal year	Report on school-linked/school-based collaboration activities in the Annual Report.

		grade and alternative education settings) to collaborate on school-linked/school-based health promotion and services and safe and supportive school climates.		
CDPH/MCAH Requirement	Children and Youth with Special Health Care needs (CYSHCN)	B4 <i>New!</i> Replaced B5 and B6 Required for CYSHCN Domain - all LHJs Strengthen referral pathways and service coordination strategies to connect CYSHCN and their families to safety net and/or social supports, medical service providers, public health programs and Family Resource Centers, as appropriate.	Annually, each fiscal year	Report on referral pathways and service coordination for CYSHCN in the Annual Report.
CDPH/MCAH Requirement	Infant – Infant Mortality Reviews	B5 Required for CA FIMR+ funded LHJs only LHJs funded for infant mortality reviews will implement activities in accordance with Local MCAH Program Policies and Procedures.	Annually, each fiscal year	Report on 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

Woman/Maternal Health Domain

Women/Maternal Priority Need: Advance Black birth equity by supporting women and birthing people to thrive through pregnancy and the postpartum period.

Performance Measures

(National/State Performance Measures)

NPM: Postpartum Visit:

- A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth, and
B) Percent of women who attended a postpartum checkup and received recommended care components

Women/Maternal State Objective 1:

By 2030, reduce the rate of pregnancy-related cardiovascular deaths from 3.3 per 100,000 live births (2019-2021 CA-PMSS) to 3.0 per 100,000 live births.

Women/Maternal State Objective 2:

By 2030, reduce the rate of pregnancy-related deaths among Black birthing people from 49.7 per 100,000 live births (2019-2021 CA-PMSS) to 42.3 per 100,000 live births.

Women/Maternal Focus Area 1: Access to Quality Care & Services

Women/Maternal Access to Quality Care & Services: Strategy 1:

Improve systems of risk-appropriate maternity care including (childbirth) regionalization and prenatal/postpartum access

Women/Maternal Access to Quality Care & Services: Strategy 2:

Increase the proportion of facilities that evaluate the quality of their care using both patient experience and clinical measures

Women/Maternal Access to Quality Care & Services: Strategy 3:

Increase maternal mortality/morbidity prevention by disseminating *California Pregnancy Associated Review Committee (CA-PARC)* recommendations and engaging potential implementation partners

Local Activities for Women/Maternal Objective: Strategy 1

w 1.1.1

☐ Suggested local activity (Optional):
Partner with RPPC and CDPH/MCAH to identify and share local funding barriers and care delivery policies that impede regionalization and perinatal access to care.

What is your anticipated outcome?

Local Activities for Women/Maternal Objective: Strategy 2

w 1.2.1

☐ Suggested local activity (Optional):
Promote policies, procedures, and practices that align with those recommended by Black Birth Equity experts to help perinatal facilities and clinics to combat anti-Black racism and mitigate biased treatment of people with historically marginalized identities.

Local Activities for Women/Maternal Objective: Strategy 3

w 1.3.1

☐ Suggested local activity (Optional):
Use the CDPH/MCAH CA-PARC data-findings and recommendations to inform policy and prevention strategies to reduce pregnancy related morbidity and mortality at the local level.

	What is your anticipated outcome?	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?	w 1.3.2 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?

Women/Maternal Focus Area 2: Mental Health & Substance Use	
Women/Maternal Mental Health & Substance Use: Strategy 1: Implement policy, systems, and environmental change (PSE) activities to improve mental/behavioral health, including in the postpartum period	Women/Maternal Mental Health & Substance Use: Strategy 2: Improve primary prevention, early intervention and social supports across the perinatal period to improve mental/behavioral health
Local Activities for Women/Maternal Objective: Strategy 1	Local Activities for Women/Maternal Objective: Strategy 2
w 2.1.1 <input checked="" type="checkbox"/> Suggested local activity (Optional): Develop and implement PSE approaches to improve mental/behavioral health during pregnancy or postpartum. What is your anticipated outcome? MCAH will educate local providers on PMADs and local treatment options. Providers will verbalize understanding of universal screening, and local treatment options. 100% of home visiting families will be screened and referred for depression and treatment with Moving Beyond Depression.	w 2.2.1 <input type="checkbox"/> Suggested local activity (Optional): Implement postpartum mental health screenings for birthing parent and infant at well child check-ups. What is your anticipated outcome?

<p>w 2.1.2</p> <p><input type="checkbox"/> Suggested local activity (Optional): Develop “Success Story” on PSE strategy/intervention used for mental wellness.</p> <p>What is your anticipated outcome?</p>	<p>w 2.2.2</p> <p><input type="checkbox"/> Suggested local activity (Optional): Develop “Success Story” on primary prevention used for mental wellness.</p> <p>What is your anticipated outcome?</p>
<p>w 2.1.3</p> <p><input type="checkbox"/> Other local activity (Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 2.2.3</p> <p><input type="checkbox"/> Suggested local activity (Please Specify/Optional): Participate in CDPH/MCAH FLOURISH Training, Individualized TA or Learning Cohort</p> <p>What is your anticipated outcome?</p>

Women/Maternal Focus Area 3: Social Determinants & Family Supports	
<p>Women/Maternal Social Determinants & Family Supports: Strategy 1: Promote culturally appropriate care and expand perinatal care teams (e.g., doulas, midwives) to include culturally congruent staff, including during the postpartum period</p>	<p>Women/Maternal Social Determinants & Family Supports: Strategy 2: Partner to improve neighborhood conditions, quality education, economic opportunities and social supports</p>
<p>Local Activities for Women/Maternal Objective: Strategy 1:</p>	<p>Local Activities for Women/Maternal Objective: Strategy 2:</p>
<p>w 3.1.1</p> <p><input type="checkbox"/> Suggested local activity (Optional): Provide education to birthing persons and their families about how to access quality care and care options.</p> <p>What is your anticipated outcome?</p>	<p>w 3.2.1</p> <p><input type="checkbox"/> Suggested local activity (Optional): Collaborate with strategic partners to identify best practices for Local MCAH programs to improve social determinants of health (e.g., neighborhood conditions, quality education, economic opportunities and social supports); share best practices with CDPH/MCAH.</p> <p>What is your anticipated outcome?</p>

w 3.1.2 <input type="checkbox"/> Suggested local activity (Optional): Partner to develop culturally and linguistically appropriate trainings and consumer education materials and supporting tools that promote breastfeeding or birth options for specific local populations (e.g. Mixteca). What is your anticipated outcome?	w 3.2.2 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?
w 3.1.3 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?	

Women/Maternal Focus Area 4: Physical Health & Prevention	
<u>Women/Maternal Physical Health & Prevention: Strategy 1:</u> Promote Policy, Systems, and Environmental (PSE) strategies for leading causes of morbidity before, during and after pregnancy	<u>Women/Maternal Physical Health & Prevention: Strategy 2:</u> Partner on maternal anemia prevention across the perinatal period through PSE strategies
Local Activities for Women/Maternal Objective: Strategy 1:	Local Activities for Women/Maternal Objective: Strategy 2:
w 4.1.1 <input type="checkbox"/> Suggested local activity (Optional):	w 4.2.1 <input type="checkbox"/> Other local activity (Please Specify/Optional):

<p>Identify and implement PSE strategies that address leading causes of morbidity, including cardiovascular disease and gestational diabetes (GDM), before, during, and after pregnancy.</p> <p>What is your anticipated outcome?</p>	<p>What is your anticipated outcome?</p>
<p>w 4.1.2</p> <p><input type="checkbox"/> Suggested local activity (Optional): Participate in a CDPH/MCAH cohort project (to receive training, technical assistance and evaluation support) on PSE strategies focused on GDM.</p> <p>What is your anticipated outcome?</p>	<p>w 4.2.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>w 4.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	

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

Perinatal/Infant Priority Need: Advance Black birth equity and support birthing people and families to have thriving infants.

Performance Measures
(National/State Performance Measures)

NPM: Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery or postpartum care.

Perinatal/Infant State Objective:

By 2030, reduce the rate of Black infant deaths from 8.81 per 1,000 live births (2023 CCMBF/CCMDF) to 8.37.

Perinatal/Infant Focus Area 1: Access to Quality Care & Services

Perinatal/Infant Access to Quality Care & Services: Strategy 1:

Translate Fetal Infant Mortality Review (FIMR) learnings and recommendations into action, including recommendations on the care experience.

Local Activities for Perinatal/Infant Objective: Strategy 1

p 1.1.1

☐ Suggested local activity (Optional):

Participate in collecting infant mortality FIMR data using the National Fatal Review-Case Reporting System.

What is your anticipated outcome?

p 1.1.2

☐ Suggested local activity (Optional):

Conduct and collect interview of families experiencing a stillbirth or infant loss.

What is your anticipated outcome?

p 1.1.3

☐ Suggested local activity (Optional):
Develop “Success Story” on prevention efforts based on FIMR recommendations.

What is your anticipated outcome?

p 1.1.4

☐ Other local activity (Please Specify/Optional):

What is your anticipated outcome?

Perinatal/Infant Focus Area 3: Social Determinants & Family Supports

Perinatal/Infant Social Determinants & Family Supports: Strategy 1:
Partner to increase economic and social supports (e.g., transportation, childcare, parenting resources) to families.

Perinatal/Infant Social Determinants & Family Supports: Strategy 2:
Promote culturally-responsive grief and bereavement and support services.

Local Activities for Perinatal/Infant Objective: Strategy 1

Local Activities for Perinatal/Infant Objective: Strategy 2

p 3.1.1

☐ Suggested local activity (Optional):
Identify opportunities to involve and integrate fathers into MCAH programs.

p 3.2.1

☐ Suggested local activity (Optional):
Partner with CDPH/MCAH to develop and disseminate resources on navigating the legal aspects of infant or maternal loss (e.g. death certificates, adding unmarried spouse to birth certificate, etc.)

What is your anticipated outcome?	What is your anticipated outcome?
<p>p 3.1.2</p> <p><input type="checkbox"/> Suggested local activity (Optional): Partner with CDPH/MCAH to identify best practice strategies for MCAH programs to provide families with economic and social supports.</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 3.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	

Perinatal Focus Area 4: Physical Health & Prevention

<p><u>Perinatal/Infant Physical Health & Prevention: Strategy 1:</u> Partner on maternal anemia prevention through policy, systems and environmental change (PSE) strategies to improve perinatal and infant outcomes</p>	<p><u>Perinatal/Infant Physical Health & Prevention: Strategy 2:</u> Promote breastfeeding initiation and duration through PSE and workforce strategies, including considerations of the care experience</p>
<p>Local Activities for Perinatal/Infant Objective: Strategy 1</p>	<p>Local Activities for Perinatal/Infant Objective: Strategy 2</p>
<p>p 4.1.1</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 4.2.1</p> <p><input checked="" type="checkbox"/> Suggested local activity (Optional): Promote training, tools, policies and best practices, including workforce strategies, that support breastfeeding initiation and duration to families who choose to breastfeed.</p> <p>What is your anticipated outcome? Hospitals, pediatricians, OBGYN, Midwives and local birth workers will know of MCAH lactation consultation, Nevada County Breastfeeding Coalition (NCBFC), and WIC supports for lactating dyads. MCAH will continue to participate in NCBF to promote trainings, tolls and best practices that support breastfeeding.</p>
	<p>p 4.2.2</p> <p><input type="checkbox"/> Suggested local activity (Optional): Identify resources and training opportunities for organizations, hospitals, birthing centers to support families who choose to breastfeed.</p> <p>What is your anticipated outcome?</p>

	<p>p 4.2.3</p> <p><input type="checkbox"/> Suggested local activity (Optional): Develop “Success Story” on PSE strategy/intervention used for breastfeeding promotion.</p> <p>What is your anticipated outcome?</p>
	<p>p 4.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

Perinatal/Infant Focus Area 5: Injury Prevention & Safe Environments	
<u>Perinatal/Infant Injury Prevention & Safe Environments: Strategy 1:</u> Identify new partnerships to improve SIDS/SUID prevention	
Local Activities for Perinatal/Infant Objective: Strategy 1	
<p>p 5.1.1</p> <p><input type="checkbox"/> Suggested local activity (Optional): Develop population-specific recommendations for safe sleep practices based on FIMR data.</p> <p>What is your anticipated outcome?</p>	

p 5.1.2

☐ Suggested local activity (Optional):

Partner with local institutional organizations such as Nursing schools, Residency Programs, and other medical professions groups on Safe Sleep Education.

What is your anticipated outcome?

p 5.1.3

☐ Other local activity (Please Specify/Optional):

What is your anticipated outcome?

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	
Child Priority Need: <i>Improve the physical and mental health and development of all children so they flourish and thrive.</i>	
Performance Measures (National/State Performance Measures)	NPM: Medical Home - Overall*: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
Child State Objective: NSCH 4.12 Medical Home By 2030, increase the percent of children in CA who have received care within a medical home from 39.3% (NSCH 2022-2023) to 41%.	

Child Focus Area 1: Access to Quality Care & Services	
Child Access to Quality Care & Services: Strategy 1: Promote the pediatric medical home through school-linked and school-based health prevention, education and services.	Child Access to Quality Care & Services: Strategy 2: Promote linkage and referrals to care and support services, especially those that target social determinants of health
Local Activities for Child Objective: Strategy 1	Local Activities for Child Objective: Strategy 2
ch 1.1.1 <input type="checkbox"/> Suggested local activity (Optional): Partner with local provider groups, MCPs and organizations to increase understanding, build capacity, and promote the seven American Academy of Pediatrics components of a medical home. What is your anticipated outcome?	ch 1.2.1 <input type="checkbox"/> Suggested local activity (Optional): Work with state and local partners to promote and disseminate information to families around social supports and economic family supports, especially those that target social drivers of health, including housing, childcare, and nutrition. What is your anticipated outcome?
ch 1.1.2 <input type="checkbox"/> Other local activity (Please Specify/Optional):	ch 1.2.2 <input type="checkbox"/> Other local activity (Please Specify/Optional):

What is your anticipated outcome?

What is your anticipated outcome?

Child Focus Area 2: Mental Health & Substance Use

Child Mental Health & Substance Use: Strategy 1:

Promote social connectedness

Child Mental Health & Substance Use: Strategy 2:

Collaborate to improve education and awareness of, and access to mental and behavioral health care

Local Activities for Child Objective: Strategy 1

Local Activities for Child Objective: Strategy 2

ch 2.1.1

☐ Suggested local activity (Optional):
Identify and lead/participate in a policy, systems and environmental change (PSE) activity or primary prevention activity, in collaboration with local early childhood, parenting groups, and/or community-based organizations, centering social connectedness for children and their families, promoting positive parent-child relationships, connection, family wellness and resilience, and uplifting Positive Childhood Experiences and create a success story to share.

What is your anticipated outcome?

ch 2.2.1

☐ Suggested local activity (Optional):
Connect with local education agencies to assist with/establish referral networks through the California Youth Behavioral Health Initiative School-Linked Multi-payer Fee Schedule for mental and behavioral health services.

What is your anticipated outcome?

ch 2.1.2

☐ Suggested local activity (Optional):
Partner with community organizations to promote free play for children, access to green spaces, and safe/accessible community gathering places.

What is your anticipated outcome?

ch 2.2.2

☐ Suggested local activity (Optional):
Increase LHJ capacity and understanding of trauma-responsive/ trauma-informed care and primary prevention of mental and behavioral health for children and families.

What is your anticipated outcome?

ch 2.1.3 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?	ch 2.2.3 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?

Child Focus Area 4: Physical Health & Prevention			
Child Physical Health & Prevention: Strategy 1: Increase child preventive health rates	Child Physical Health & Prevention: Strategy 2: Promote early childhood prevention, screening and intervention	Child Physical Health & Prevention: Strategy 3: Optimize nutrition and physical activity for children	Child Physical Health & Prevention: Strategy 4: Identify and work to reduce child health disparities
Local Activities for Child Objective: Strategy 1	Local Activities for Child Objective: Strategy 2	Local Activities for Child Objective: Strategy 3	Local Activities for Child Objective: Strategy 4
ch 4.1.1 <input type="checkbox"/> Suggested local activity (Optional): Lead and/or partner to participate in local activities promoting pediatric preventive health visits, screening, assessments and routine pediatric vaccinations, especially activities that are school-linked/school based and/or community-based. What is your anticipated outcome?	ch 4.2.1 <input type="checkbox"/> Suggested local activity (Optional): Partner with local First 5, Help Me Grow, home visiting and other early intervention programs to increase access to and promote universal infant and child developmental screening based on AAP Bright Futures guidelines and closed-loop early intervention referrals. What is your anticipated outcome?	ch 4.3.1 <input type="checkbox"/> Suggested local activity (Optional): Partner with schools, local WIC agencies, Early Childcare Education programs, and other organizations (such as SunBucks and The Governor’s Council on Physical Fitness) to improve food security and promote healthy nutrition and physical activity choices for children and families, including the Child MyPlate nutrition guidelines. What is your anticipated outcome?	ch 4.4.1 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?

ch 4.1.2 <input type="checkbox"/> Suggested local activity (Optional): Partner with local oral health programs, CDPH Office of Oral Health, and CDPH Office of School Health to promote children’s oral health screening, preventive visits and closed-loop referrals, especially those that are school-linked/school-based. What is your anticipated outcome?	ch 4.2.2 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?	ch 4.3.2 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?	
ch 4.1.3 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?			

Child Focus Area 5: Injury Prevention & Safe Environments	
<u>Child Injury Prevention & Safe Environments: Strategy 1:</u> Promote safe environments and communities and prevent unintentional injury for children and families	<u>Child Injury Prevention & Safe Environments: Strategy 2:</u> Uplift prevention efforts to reduce child abuse and neglect
Local Activities for Child Objective: Strategy 1	Local Activities for Child Objective: Strategy 2
ch 5.1.1 <input type="checkbox"/> Suggested local activity (Optional):	ch 5.2.1 <input checked="" type="checkbox"/> Suggested local activity (Optional):

<p>Create/participate in and disseminate a child injury prevention campaign locally, targeting child passenger safety, infant/toddler car seat safety, teen driving safety, bike helmet use, water safety, or other areas of child injury prevention important to the local MCAH population.</p> <p>What is your anticipated outcome?</p>	<p>Partner with local Child Abuse Prevention Council and network(s) to improve community-led efforts to create changes within systems and structures to reduce ACEs, child abuse and neglect and promote positive childhood experiences.</p> <p>What is your anticipated outcome? Create CHVP funded liaison/admin position which specifically focuses on HOPE trainings and helping MCAH reach goal of reducing child abuse and neglect. This position will gather data and create reports to reflect work completed toward goal of reducing child abuse.</p>
<p>ch 5.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 5.2.2</p> <p><input type="checkbox"/> Suggested local activity (Optional): Partner with local child welfare efforts to develop County Comprehensive Prevention Plans to determine local primary, secondary, and tertiary prevention strategies that can reduce the incidence of children and youth engaging with the child welfare system.</p> <p>What is your anticipated outcome?</p>
	<p>ch 5.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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: *Improve access to supports and services.*

Performance Measures (National/State Performance Measures)	NPM: Medical Home - Care Coordination: Percent of children with and without special health care needs, ages 0 through 17, who receive needed care coordination NPM: Transition: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care.
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CYSHCN State Objective 1: By 2030, increase the percentage of children with special health care needs, ages 0 through 17, who receive needed care coordination from 47.7% (NSCH 2021-2023) to 50%.
CYSHCN State Objective 2: By 2030, increase the percentage of adolescents with special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care from 17% (NSCH 2021-2023) to 18%.

CYSHCN Focus Area 1: Access to Quality Care & Services

CYSHCN Access to Quality Care & Services Objective 1: Strategy 1: Partner to improve access to quality, coordinated care and support services for CYSHCN and their families.	CYSHCN Access to Quality Care & Services Objective 1: Strategy 2: Fund the Department of Health Care Services (DHCS) to provide necessary care coordination and case management for California Children’s Services (CCS) program clients and improve systems to assist CYSHCN families in navigating services.
Local Activities for CYSHCN Objective 1: Strategy 1: cy 1.1.1 <input checked="" type="checkbox"/> Suggested local activity (Optional): Partner with your county CCS program AND/OR an organization that provides care coordination for CYSHCN and their families (i.e. community-based organizations, home visiting (CHVP), schools/universities, Regional Centers, other state/local governmental agencies/departments) to improve care coordination and communication between provider types for CYSHCN.	Local Activities for CYSHCN Objective 1: Strategy 2: cy 1.2.1 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?

<p>What is your anticipated outcome?</p> <p>Through promoting CHVP PAT program Interactions Across Abilities CCS, MTU and other organizations that provide care coordination to CYSHCN will utilize home visiting to build resilience in families with complex medical/behavioral needs. Partnerships/referrals and case coordination will improve outcomes for CYSHCN.</p>	
<p>cy 1.1.2</p> <p><input type="checkbox"/> Suggested local activity (Optional): 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 1.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	

CYSHCN Focus Area 2: Mental Health & Substance Use	
<p>CYSHCN Mental Health & Substance Use State Objective 2: Strategy 1:</p> <p>Partner to develop programs and resources to enhance resilience and mental wellness support for CYSHCN and their families.</p>	<p>CYSHCN Mental Health & Substance Use State Objective 2: Strategy 2:</p> <p>Support local health jurisdictions (LHJs) to build workforce capacity in serving CYSHCN and their families.</p>
<p>Local Activities for CYSHCN Objective 2: Strategy 1:</p> <p>cy 2.1.1</p>	<p>Local Activities for CYSHCN Objective 2: Strategy 2:</p> <p>cy 2.2.1</p>

<div><input type="checkbox"/> Suggested local activity (Optional): Implement a project focused on mental health for parents/caregivers of CYSHCN (examples: connecting families in the NICU to home visiting, provider outreach to integrate parental mental health screening into pediatric visits, partner with family-serving organization(s) and/or community members to develop a CYSHCN-focused/awareness building social media campaign, training program, or peer support network).</div> <div>What is your anticipated outcome?</div>	<div><input type="checkbox"/> Suggested local activity (Optional): Participate in a workgroup or training covering primary prevention or Policy, Systems, or Environmental change (PSE) strategies/interventions to enhance resilience and mental wellness for CYSHCN families and develop a success story to share out best practices with other local MCAH Directors.</div> <div>What is your anticipated outcome?</div>
<div>cy 2.1.2</div> <div><input type="checkbox"/> Other local activity (Please Specify/Optional):</div> <div>What is your anticipated outcome?</div>	<div>cy 2.2.2</div> <div><input type="checkbox"/> Other local activity (Please Specify/Optional):</div> <div>What is your anticipated outcome?</div>

CYSHCN Focus Area 3: Social Determinants & Family Supports	
CYSHCN Social Determinants & Family Supports Objective 2: Strategy 1: Partner with diverse organizations to build workforce capacity to serve CYSHCN and their families.	CYSHCN Social Determinants & Family Supports Objective 2: Strategy 2: Lead development of informational platforms and tools for CYSHCN and their families
Local Activities for CYSHCN Objective 2: Strategy 1:	Local Activities for CYSHCN Objective 2: Strategy 2:
<div>cy 3.1.1</div> <div><input type="checkbox"/> Suggested local activity (Optional): Implement a project focused on social and community inclusion for CYSHCN and their families (examples: partner with Parks and Recreation departments to make public spaces and events more inclusive; partner with community organizations or government agencies to improve emergency preparedness and disaster relief support for CYSHCN and their families).</div>	<div>cy 3.2.1</div> <div><input type="checkbox"/> Other local activity (Please Specify/Optional):</div> <div>What is your anticipated outcome?</div>

<p>What is your anticipated outcome?</p>	
<p>cy 3.1.2</p> <p><input type="checkbox"/> Suggested local activity (Optional): Partner with youth-facing programs and organizations (examples: youth community groups, service clubs, and youth serving non-profits) to include CYSHCN populations, considerations, and voices in programming, resource development, and event planning.</p> <p>What is your anticipated outcome?</p>	
<p>cy 3.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	

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: Enhance strengths, skills, and access to equitable supports, ensuring all youth thrive.	
Performance Measures (National/State Performance Measures)	NPM: Adolescent Well-Visit: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
Adolescent State Objective: By 2030, increase the percentage of adolescents, ages 12 through 17, with a preventive medical visit in the past year from 62.9% to 66%.	

Adolescent Focus Area 1: Access to Quality Care & Services	
Adolescent Access to Quality Care & Services: Strategy 1: Improve awareness of and access to quality youth-friendly care	Adolescent Access to Quality Care & Services: Strategy 2: Support youth in valuing and prioritizing preventive care
Local Activities for Adolescent Objective: Strategy 1:	Local Activities for Adolescent Objective: Strategy 2:
a 1.1.1 <input type="checkbox"/> Suggested local activity (Optional): Promote and/or collaborate with school-linked/school-based services and school-based health centers to increase youth linkage to and engagement in health services. What is your anticipated outcome?	a 1.2.1 <input type="checkbox"/> Suggested local activity (Optional): Disseminate information to youth and youth-serving partners about what happens during a preventive care visit and the benefits of attending recommended preventive care appointments (youth voice is encouraged in this work). What is your anticipated outcome?
a 1.1.2	a 1.2.2

<div><input type="checkbox"/> Suggested local activity (Optional) Disseminate information to youth and youth-serving partners about insurance coverage, minor consent, and confidentiality for primary and behavioral health care services.</div> <div>What is your anticipated outcome?</div>	<div><input type="checkbox"/> Other local activity (Please Specify/Optional):</div> <div>What is your anticipated outcome?</div>
<div>a 1.1.2</div> <div><input type="checkbox"/> Other local activity (Please Specify/Optional):</div> <div>What is your anticipated outcome?</div>	

Adolescent Focus Area 2: Mental Health & Substance Use	
<div>Adolescent Mental Health & Substance Use: Strategy 1: Promote primary prevention and early intervention best practices for behavioral health</div>	<div>Adolescent Mental Health & Substance Use: Strategy 2: Enhance resilience and coping skills</div>
<div>Local Activities for Adolescent Objective: Strategy 1:</div>	<div>Local Activities for Adolescent Objective: Strategy 2:</div>
<div>a 2.1.1</div> <div><input type="checkbox"/> Suggested local activity (Optional): Partner to disseminate training opportunities and resources for youth and those that work with youth related to adolescent mental health and well-being, substance use disorder education/prevention/intervention, and harm-reduction strategies.</div> <div>What is your anticipated outcome?</div>	<div>a 2.2.1</div> <div><input type="checkbox"/> Suggested local activity (Optional): Promote resources and supports for youth around healthy relationships with self and others (family, peer, romantic and sexual partners).</div> <div>What is your anticipated outcome?</div>

<p>a 2.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 2.2.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
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Adolescent Focus Area 4: Physical Health & Prevention	
<p>Adolescent Physical Health & Prevention: Strategy 1: Promote youth-friendly sexual and reproductive health services, information, and education</p>	<p>Adolescent Physical Health & Prevention: Strategy 2: Enhance skills for independent living and transition to adulthood</p>
<p>Local Activities for Adolescent Objective: Strategy 1:</p>	<p>Local Activities for Adolescent Objective: Strategy 2:</p>
<p>a 4.1.1</p> <p><input checked="" type="checkbox"/> Suggested local activity (Optional): Promote medically accurate adolescent sexual and reproductive health practices by disseminating information, resources, and training opportunities to local youth-serving agencies and organizations.</p> <p>What is your anticipated outcome? MCAH will create and chair an adolescent health coalition, consisting of PHNs, local medical providers and youth ambassadors. The coalition will focus on overcoming obstacles local youth face in accessing quality care and information. Ultimately, this coalition will increase teen access to youth-friendly sexual and reproductive health services. This coalition will meet quarterly with the goal of improving adolescent care. MCAH PHN with ASHed specialty, will continue to provide training/information and resources to local youth-serving organizations.</p>	<p>a 4.2.1</p> <p><input type="checkbox"/> Suggested local activity (Optional): Partner with CDPH/MCAH to utilize evidence-based and/or evidence-informed tools and resources (such as the AFLP Positive Youth Development (PYD) approach or other strengths-based frameworks) to enhance autonomy and increase opportunities to improve health, social, and educational outcomes as youth transition to adulthood.</p> <p>What is your anticipated outcome?</p>
<p>a 4.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>	<p>a 4.2.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>

What is your anticipated outcome?

What is your anticipated outcome?

FINAL