FY 2024-2025 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name Nevada County Public Health

Agreement # 202429 MCAH

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.
3. ☑ **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007 |** signed PDF.
4. ☑ **TXIX MCF Justification Letter |** see AFA cover letter for items that need to be included in this letter. Not required if only using base MCF rate.
5. ☑ **Budget Template |** submit for Fiscal Year 24/25 list all staff (by position) and costs (including projected salaries and benefits, operating and ICR). Multiple tabs for completion include Summary Page, Detail Pages, and Justifications. Personnel must be consistent with the Duty Statements and Organizational Charts (Excel & signed PDF.)
6. ☑ **Indirect Cost Rate (ICR) Certification Form |** details methodology and components of the ICR.
7. ☑ **Duty Statements (DS) |** for all staff (numbered according to the Personnel Detail Page and Organization Chart) listed on the budget.
8. ☑ **Organization Chart(s)** of the applicable programs, identifying all staff positions on the budget including their Line Item # and its relationship to the local health officer and overall agency.
9. ☑ **MCAH Director Verification Form |** (MCAH only.)
10. NA **BIH Approval Letters |** submit most recent letter on State letterhead with state staff signatures, including waivers for the following positions:

    ☐ BIH Coordinator ☐ Other_____
11. ☑ **Scope of Work (SOW)** documents for all applicable programs (PDF/Word.)
12. ☑ **Annual Inventory** | Form CDPH 1204.
13. NA **Subcontractor (SubK) Agreement Packages |** submit Subcontract Agreement Transmittal Form, brief explanation of the award process, subcontractor agreement or waiver letter, and budget with detailed Justifications (required for all SubKs $5,000 or more.)
14. NA **Certification Statement for the Use of Certified Public Funds (CPE) |** AFLP CBOs and/or SubKs with FFP.
15. ☑ **Government Agency Taxpayer ID Form |** only if remit to address has changed.
16. ☑ **Attestation of Compliance** with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff.
17. ☑ **NFR-CRS** Interest in National Fatality Review-Case Reporting System Form

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

FUNDING AGREEMENT PERIOD
FY 2024-2025

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 202429 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/

AGREEMENT FUNDING APPLICATION
POLICY COMPLIANCE AND CERTIFICATION

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

MCAH 202429 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: 2024.06.27 16:49:19 -07'00'

Date:

MCAH/AFLP Director

Name (Print): Jessica Ferrer, BSN, RN, Sr. PHN

Title: MCAH Director

Original Signature: APPROVED By Jessica Ferrer at 8:44 am, Jun 25, 2024

Date:

MCAH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	Kathy	Cahill	Director of Public Health	500 Crown Point Circle, Suite 110, GV, CA 95945	530-265-1732	Kathy.Cahill@nevadacountyca.gov	MCAH
2	MCAH DIRECTOR	Jessica	Ferrer	MCAH Director	500 Crown Point Circle, Suite 110, GV, CA 95945	530-265-1491	Jessica.Ferrer@nevadacountyca.gov	MCAH
3	MCAH COORDINATOR (Only complete if different from #2)	Jeana	McHugh	MCAH Coordinator	500 Crown Point Circle, Suite 110, GV, CA 95945	530-265-1452	Jeana.McHugh@nevadacountyca.gov	MCAH
4	MCAH FISCAL CONTACT	Sarah	Malugani	Accountant	950 Maidu Ave. Nevada City, CA 95959	530-470-2415	Sarah.Malugani-HHSA@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	ClerkofBoard@nevadacountyca.gov	MCAH
7	CHAIR BOARD OF SUPERVISORS	Sue	Hoek	Chair Board of Supervisors	950 Maidu Ave. Nevada City, CA 95959	530-265-1480	Sue.Hoek@nevadacountyca.gov	MCAH
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Sue	Hoek	Chair Board of Supervisors	950 Maidu Ave. Nevada City, CA 95959	530-265-1480	Sue.Hoek@nevadacountyca.gov	MCAH
9	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT	Jessica	Ferrer	MCAH Director	500 Crown Point Circle, Suite 110, GV, CA 95945	530-265-1491	Jessica.Ferrer@nevadacountyca.gov	SIDS
10	PERINATAL SERVICES COORDINATOR	Jeana	McHugh	MCAH Coordinator	500 Crown Point Circle, Suite 110, GV, 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

#	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

Agreement/Grant Number: 202429 MCAH

Compliance Attestation for Fiscal Year: 2024-2025

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	202429 MCAH
Agency Name	*Agreement/Grant Number*
Jessica Ferrer, RN Digitally signed by Jessica Ferrer, RN Date: 2024.06.21 14:46:27 -07'00'	
Signature of MCAH Director *Signature of AFLP Director (CBOs only)*	*Date*
Jessica Ferrer, BSN, RN, PHN	
Printed Name of MCAH Director *Printed Name of AFLP Director (CBOs only)*	

Exhibit K

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

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 151000-151003

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

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

(a) "Age appropriate" means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(b) A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or sexually transmitted diseases, including HIV, that is conducted, operated, or administered by any state agency, is funded directly or indirectly by the state, or receives any financial assistance from state funds or funds administered by a state agency, but does not include any program offered by a school district, a county superintendent of schools, or a community college district.

(c) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including, but not limited to, the federal Centers for Disease Control and Prevention, the American Public Health Association, the Society for Adolescent Medicine, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

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

(1) All information shall be medically accurate, current, and objective.

(2) Individuals providing instruction or information shall know and use the most current scientific data on human sexuality, human development, pregnancy, and sexually transmitted diseases.

(3) The program content shall be age appropriate for its targeted population.

(4) The program shall be culturally and linguistically appropriate for its targeted populations.

(5) The program shall not teach or promote religious doctrine.

(6) The program shall not reflect or promote bias against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation, as defined in Section 422.56 of the Penal Code.

(7) The program shall provide information about the effectiveness and safety of at least one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and for reducing the risk of contracting sexually transmitted diseases.

(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.

NEVADA COUNTY CALIFORNIA | Public Health

Kathy Cahill, MPH | Public Health Director
Sherilynn Cooke, MD, MPH | Public Health Officer

10075 Levon Ave, STE 202, Truckee, CA 96161 | (Ph) 530-582-7814
500 Crown Point Circle, STE 110, Grass Valley, CA 95945 | (Ph) 530-265-1450

June 24, 2024

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) 24/25, 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 at 4:54 pm, Jun 24, 2024

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

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2024-25	ORIGINAL	ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.20.20

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 202429 Nevada
SubK:

	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

	(1) TOTAL FUNDING	(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) Agency Funds*	(8) %	(9) Combined Fed/State	(10) %	(11) Combined Fed/Agency*	(12) %	(13) Combined Fed/State	(14) %	(15) Combined Fed/Agency*
ALLOCATION(S) →			102,052.00		3,000.00										#VALUE!
EXPENSE CATEGORY															
(I) PERSONNEL	337,913.19		67,333.81		3,000.00		0.00		0.00		103,006.64		0.00		164,572.74
(II) OPERATING EXPENSES	23,989.13		17,138.26		0.00		0.00		0.00		5,544.11		0.00		1,306.76
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	84,478.30		17,579.93		0.00		0.00		0.00		66,898.36		0.00		0.00
BUDGET TOTALS*	446,380.62	22.86%	102,052.00	0.67%	3,000.00	0.00%	0.00	0.00%	0.00	39.30%	175,449.11	0.00%	0.00	37.16%	165,879.50
BALANCE(S) →			0.00		0.00										

	(1)	(3) MCAH-TV	(5) MCAH-SIDS	(7) Agency Funds*	(9)	(10)	(11)	(13)	(14)	(15)
TOTAL MCAH-TV	102,052.00	102,052.00								
TOTAL MCAH-SIDS	3,000.00		3,000.00							
TOTAL TITLE XIX	212,134.19				0.00	[50%]	87,724.56	0.00	[75%]	124,409.63
TOTAL AGENCY FUNDS	129,194.42			0.00		[50%]	87,724.55		[25%]	41,469.87

$ 317,186.19 Maximum Amount Payable from State and Federal resources

WE CE… TED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

APPROVED
By Jessica Ferrer, RN, Sr. PHN, CLC at 4:02 pm, Jul 30, 2024

M… DATE

APPROVED
By Brie Mendoza at 8:45 pm, Jul 30, 2024

AGENCY … 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		67,333.81	3,000.00		0.00	51,503.32	0.00	123,429.56
(II) OPERATING EXPENSES		17,138.26	0.00		0.00	2,772.06	0.00	980.07
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00	0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		17,579.93	0.00		0.00	33,449.18	0.00	0.00
Totals for PCA Codes	317,186.19	102,052.00	3,000.00		0.00	87,724.56	0.00	124,409.63

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202429 Nevada
SubK:	

			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
			MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL											% TRAVEL NON-ENH MATCH				% TRAVEL ENH MATCH		% PERSONNEL MATCH
											33.33%				46.67%		78.74%
	TOTAL OPERATING EXPENSES	**23,989.13**		**17,138.26**		**0.00**		**0.00**		**0.00**		**5,544.11**		**0.00**		**1,306.76**	Match Available
	TRAVEL	2,800.00	20.00%	560.00		0.00		0.00		0.00	33.33%	933.24		0.00	46.67%	1,306.76	**0.00%**
	TRAINING	1,600.00	100.00%	1,600.00		0.00		0.00		0.00		0.00		0.00		0.00	**78.74%**
1	Communication	1,200.00	29.56%	354.72		0.00		0.00		0.00	70.44%	845.28					**8.30%**
2	General Supplies	150.00	22.22%	33.33		0.00		0.00		0.00	77.78%	116.67					**0.96%**
3	Printing/Duplication	750.00	22.22%	166.65		0.00		0.00		0.00	77.78%	583.35					**0.96%**
4	Annual Infant Scale Calibration	120.00	100.00%	120.00		0.00		0.00		0.00		0.00					**78.74%**
5	Translation Services	120.00	100.00%	120.00		0.00		0.00		0.00		0.00					**78.74%**
6	Postage	50.00	22.22%	11.11		0.00		0.00		0.00	77.78%	38.89					**0.96%**
7	IS Department Support	600.00	22.22%	133.32		0.00		0.00		0.00	77.78%	466.68					**0.96%**
8	MCAHAction Dues	1,100.00	100.00%	1,100.00		0.00		0.00		0.00		0.00					**78.74%**
9	Educational Supplies	7,499.13	100.00%	7,499.13		0.00		0.00		0.00		0.00					**78.74%**
10	Risk Reduction Supplies	8,000.00	68.00%	5,440.00		0.00		0.00		0.00	32.00%	2,560.00					**46.74%**
11	Toll Free Line			0.00		0.00		0.00		0.00		0.00					
12				0.00		0.00		0.00		0.00		0.00					
13				0.00		0.00		0.00		0.00		0.00					
14				0.00		0.00		0.00		0.00		0.00					
15				0.00		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		0.00				

(IV) OTHER COSTS DETAIL																% PERSONNEL MATCH
																78.74%
	TOTAL OTHER COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**
	SUBCONTRACTS															
1				0.00		0.00		0.00		0.00		0.00		0.00		0.00
2				0.00		0.00		0.00		0.00		0.00		0.00		0.00
3				0.00		0.00		0.00		0.00		0.00		0.00		0.00
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00
	OTHER CHARGES															Match Available
1				0.00		0.00		0.00		0.00		0.00				
2				0.00		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				
6				0.00		0.00		0.00		0.00		0.00				
7				0.00		0.00		0.00		0.00		0.00				
8				0.00		0.00		0.00		0.00		0.00				

(V) INDIRECT COSTS DETAIL																
	TOTAL INDIRECT COSTS	**84,478.30**		**17,579.93**		**0.00**		**0.00**		**0.00**		**66,898.36**				
25.00%	**of Total Wages + Fringe Benefits**	84,478.30	20.81%	17,579.93		0.00		0.00		0.00	79.19%	66,898.36				

(I) PERSONNEL DETAIL																		
					TOTAL PERSONNEL COSTS	**337,913.19**		**67,333.81**		**3,000.00**		**0.00**		**0.00**		**103,006.64**		**0.00**		**164,572.74**		
				FRINGE BENEFIT RATE	68.29%	137,124.19		27,323.87		1,217.39		0.00		0.00		41,799.79		0.00		66,783.14		
					TOTAL WAGES	200,789.00		40,009.95		1,782.61		0.00		0.00		61,206.84		0.00		97,789.60		
	FULL NAME (First Name Last Name)	**TITLE OR CLASSIFICATION (No Acronyms)**	**% FTE**	**ANNUAL SALARY**	**TOTAL WAGES**															**J-Pers MCF Per Staff**	**Staff Traveling (X)**
1	Charlene Weiss-Wenzl	Director of Public Health Nursing	10.00%	157,167.00	15,717.00	20.00%	3,143.40		0.00		0.00		0.00	40.00%	6,286.80		0.00	40.00%	6,286.80	80.00%	X
2	Jessica Ferrer	Senior Public Health Nurse-MCAH Direc	75.00%	126,074.00	94,556.00	18.11%	17,128.59	1.89%	1,782.61		0.00		0.00	20.00%	18,911.20		0.00	60.00%	56,733.60	80.00%	X
3	Jeana McHugh	PHN II	90.00%	96,581.00	86,923.00	20.00%	17,384.60		0.00		0.00		0.00	40.00%	34,769.20		0.00	40.00%	34,769.20	80.00%	X
4	Carol Smith	Administrative Assistant	5.00%	71,863.00	3,593.00	65.50%	2,353.36		0.00		0.00		0.00	34.50%	1,239.64		0.00		0.00	35.00%	
5					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
6					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
7					0.00		0.00		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		0.00	0.00%	

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:	202429 Nevada																
SubK:		MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E			
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
9		0.00		0.00		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		0.00	0.00%
11		0.00		0.00		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		0.00	0.00%
13		0.00		0.00		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		0.00	0.00%
15		0.00		0.00		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		0.00	0.00%
17		0.00		0.00		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		0.00	0.00%
19		0.00		0.00		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		0.00	0.00%
21		0.00		0.00		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		0.00	0.00%
23		0.00		0.00		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		0.00	0.00%
25		0.00		0.00		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		0.00	0.00%
27		0.00		0.00		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		0.00	0.00%
29		0.00		0.00		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		0.00	0.00%
31		0.00		0.00		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		0.00	0.00%
33		0.00		0.00		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		0.00	0.00%
35		0.00		0.00		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		0.00	0.00%
37		0.00		0.00		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		0.00	0.00%
39		0.00		0.00		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		0.00	0.00%
41		0.00		0.00		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		0.00	0.00%
43		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
44		0.00		0.00		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		0.00	0.00%
46		0.00		0.00		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		0.00	0.00%
48		0.00		0.00		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		0.00	0.00%
50		0.00		0.00		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		0.00	0.00%
52		0.00		0.00		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		0.00	0.00%
54		0.00		0.00		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		0.00	0.00%
56		0.00		0.00		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		0.00	0.00%
58		0.00		0.00		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		0.00	0.00%
60		0.00		0.00		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		0.00	0.00%
62		0.00		0.00		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		0.00	0.00%
64		0.00		0.00		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		0.00	0.00%
66		0.00		0.00		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		0.00	0.00%
68		0.00		0.00		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		0.00	0.00%
70		0.00		0.00		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		0.00	0.00%

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:	202429 Nevada		MCAH-TV		MCAH-SIDS		AGENCY FUNDS			MCAH-Cnty NE				MCAH-Cnty E			
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
72		0.00		0.00		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		0.00	0.00%
74		0.00		0.00		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		0.00	0.00%
76		0.00		0.00		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		0.00	0.00%
78		0.00		0.00		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		0.00	0.00%
80		0.00		0.00		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		0.00	0.00%
82		0.00		0.00		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		0.00	0.00%
84		0.00		0.00		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		0.00	0.00%
86		0.00		0.00		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		0.00	0.00%
88		0.00		0.00		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		0.00	0.00%
90		0.00		0.00		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		0.00	0.00%
92		0.00		0.00		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		0.00	0.00%
94		0.00		0.00		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		0.00	0.00%
96		0.00		0.00		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		0.00	0.00%
98		0.00		0.00		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		0.00	0.00%
100		0.00		0.00		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		0.00	0.00%
102		0.00		0.00		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		0.00	0.00%
104		0.00		0.00		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		0.00	0.00%
106		0.00		0.00		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		0.00	0.00%
108		0.00		0.00		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		0.00	0.00%
110		0.00		0.00		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		0.00	0.00%
112		0.00		0.00		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		0.00	0.00%
114		0.00		0.00		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		0.00	0.00%
116		0.00		0.00		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		0.00	0.00%
118		0.00		0.00		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		0.00	0.00%
120		0.00		0.00		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		0.00	0.00%
122		0.00		0.00		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		0.00	0.00%
124		0.00		0.00		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		0.00	0.00%
126		0.00		0.00		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		0.00	0.00%
128		0.00		0.00		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		0.00	0.00%
130		0.00		0.00		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		0.00	0.00%
132		0.00		0.00		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		0.00	0.00%
134		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%

Program:	Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:	202429 Nevada					MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E		
SubK:					(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
					TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
135					0.00		0.00		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		0.00	0.00%
137					0.00		0.00		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		0.00	0.00%
139					0.00		0.00		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		0.00	0.00%
141					0.00		0.00		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		0.00	0.00%
143					0.00		0.00		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		0.00	0.00%
145					0.00		0.00		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		0.00	0.00%
147					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
148					0.00		0.00		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		0.00	0.00%
150					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**202429 Nevada**
SubK:	**0**

Version 7.0 - 150 Quarterly 4.20.20

(I) PERSONNEL DETAIL

BASE MEDI-CAL FACTOR % **35.00%** Use the following link to access the current AFA webpage and the current base MCF% for your agency:

			TOTALS	1.80	$ 451,685.00	$ 200,789.00		137,124.19					
	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%	$ 157,167	$ 15,717	68.29%	10,733.56	MCAH	80.00%	Variable	YES	Employee will timestudy quarterly to determine MCF. Variable rates will be based upon client counts.
2	Jessica Ferrer	Senior Public Health Nurse-MCAH D	75.00%	$ 126,074	$ 94,556	68.29%	64,574.83	MCAH	80.00%	Variable	YES	Employee will timestudy quarterly to determine MCF. Variable rates will be based upon client counts.
3	Jeana McHugh	PHN II	90.00%	$ 96,581	$ 86,923	68.29%	59,362.05	MCAH	80.00%	Variable	YES	Employee will timestudy quarterly to determine MCF. Variable rates will be based upon client counts.
4	Carol Smith	Administrative Assistant	5.00%	$ 71,863	$ 3,593	68.29%	2,453.76	MCAH	35.00%	Variable		
5			0.00%	$ -	$ -				0.00%	0		
6			0.00%	$ -	$ -				0.00%	0		
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		
18			0.00%	$ -	$ -				0.00%	0		
19			0.00%	$ -	$ -				0.00%	0		
20			0.00%	$ -	$ -				0.00%	0		
21			0.00%	$ -	$ -				0.00%	0		
22			0.00%	$ -	$ -				0.00%	0		
23			0.00%	$ -	$ -				0.00%	0		
24			0.00%	$ -	$ -				0.00%	0		
25			0.00%	$ -	$ -				0.00%	0		
26			0.00%	$ -	$ -				0.00%	0		
27			0.00%	$ -	$ -				0.00%	0		
28			0.00%	$ -	$ -				0.00%	0		
29			0.00%	$ -	$ -				0.00%	0		
30			0.00%	$ -	$ -				0.00%	0		
31			0.00%	$ -	$ -				0.00%	0		
32			0.00%	$ -	$ -				0.00%	0		
33			0.00%	$ -	$ -				0.00%	0		
34			0.00%	$ -	$ -				0.00%	0		
35			0.00%	$ -	$ -				0.00%	0		
36			0.00%	$ -	$ -				0.00%	0		
37			0.00%	$ -	$ -				0.00%	0		

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**202429 Nevada**
SubK:	**0**

Version 7.0 - 150 Quarterly 4.20.20

38			0.00%	$ -	$ -				0.00%	0		
39			0.00%	$ -	$ -				0.00%	0		
40			0.00%	$ -	$ -				0.00%	0		
41			0.00%	$ -	$ -				0.00%	0		
42			0.00%	$ -	$ -				0.00%	0		
43			0.00%	$ -	$ -				0.00%	0		
44			0.00%	$ -	$ -				0.00%	0		
45			0.00%	$ -	$ -				0.00%	0		
46			0.00%	$ -	$ -				0.00%	0		
47			0.00%	$ -	$ -				0.00%	0		
48			0.00%	$ -	$ -				0.00%	0		
49			0.00%	$ -	$ -				0.00%	0		
50			0.00%	$ -	$ -				0.00%	0		
51			0.00%	$ -	$ -				0.00%	0		
52			0.00%	$ -	$ -				0.00%	0		
53			0.00%	$ -	$ -				0.00%	0		
54			0.00%	$ -	$ -				0.00%	0		
55			0.00%	$ -	$ -				0.00%	0		
56			0.00%	$ -	$ -				0.00%	0		
57			0.00%	$ -	$ -				0.00%	0		
58			0.00%	$ -	$ -				0.00%	0		
59			0.00%	$ -	$ -				0.00%	0		
60			0.00%	$ -	$ -				0.00%	0		
61			0.00%	$ -	$ -				0.00%	0		
62			0.00%	$ -	$ -				0.00%	0		
63			0.00%	$ -	$ -				0.00%	0		
64			0.00%	$ -	$ -				0.00%	0		
65			0.00%	$ -	$ -				0.00%	0		
66			0.00%	$ -	$ -				0.00%	0		
67			0.00%	$ -	$ -				0.00%	0		
68			0.00%	$ -	$ -				0.00%	0		
69			0.00%	$ -	$ -				0.00%	0		
70			0.00%	$ -	$ -				0.00%	0		
71			0.00%	$ -	$ -				0.00%	0		
72			0.00%	$ -	$ -				0.00%	0		
73			0.00%	$ -	$ -				0.00%	0		
74			0.00%	$ -	$ -				0.00%	0		
75			0.00%	$ -	$ -				0.00%	0		
76			0.00%	$ -	$ -				0.00%	0		
77			0.00%	$ -	$ -				0.00%	0		
78			0.00%	$ -	$ -				0.00%	0		
79			0.00%	$ -	$ -				0.00%	0		
80			0.00%	$ -	$ -				0.00%	0		
81			0.00%	$ -	$ -				0.00%	0		
82			0.00%	$ -	$ -				0.00%	0		
83			0.00%	$ -	$ -				0.00%	0		
84			0.00%	$ -	$ -				0.00%	0		
85			0.00%	$ -	$ -				0.00%	0		

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**202429 Nevada**
SubK:	**0**

Version 7.0 - 150 Quarterly 4.20.20

86			0.00%	$ -	$ -				0.00%	0		
87			0.00%	$ -	$ -				0.00%	0		
88			0.00%	$ -	$ -				0.00%	0		
89			0.00%	$ -	$ -				0.00%	0		
90			0.00%	$ -	$ -				0.00%	0		
91			0.00%	$ -	$ -				0.00%	0		
92			0.00%	$ -	$ -				0.00%	0		
93			0.00%	$ -	$ -				0.00%	0		
94			0.00%	$ -	$ -				0.00%	0		
95			0.00%	$ -	$ -				0.00%	0		
96			0.00%	$ -	$ -				0.00%	0		
97			0.00%	$ -	$ -				0.00%	0		
98			0.00%	$ -	$ -				0.00%	0		
99			0.00%	$ -	$ -				0.00%	0		
100			0.00%	$ -	$ -				0.00%	0		
101			0.00%	$ -	$ -				0.00%	0		
102			0.00%	$ -	$ -				0.00%	0		
103			0.00%	$ -	$ -				0.00%	0		
104			0.00%	$ -	$ -				0.00%	0		
105			0.00%	$ -	$ -				0.00%	0		
106			0.00%	$ -	$ -				0.00%	0		
107			0.00%	$ -	$ -				0.00%	0		
108			0.00%	$ -	$ -				0.00%	0		
109			0.00%	$ -	$ -				0.00%	0		
110			0.00%	$ -	$ -				0.00%	0		
111			0.00%	$ -	$ -				0.00%	0		
112			0.00%	$ -	$ -				0.00%	0		
113			0.00%	$ -	$ -				0.00%	0		
114			0.00%	$ -	$ -				0.00%	0		
115			0.00%	$ -	$ -				0.00%	0		
116			0.00%	$ -	$ -				0.00%	0		
117			0.00%	$ -	$ -				0.00%	0		
118			0.00%	$ -	$ -				0.00%	0		
119			0.00%	$ -	$ -				0.00%	0		
120			0.00%	$ -	$ -				0.00%	0		
121			0.00%	$ -	$ -				0.00%	0		
122			0.00%	$ -	$ -				0.00%	0		
123			0.00%	$ -	$ -				0.00%	0		
124			0.00%	$ -	$ -				0.00%	0		
125			0.00%	$ -	$ -				0.00%	0		
126			0.00%	$ -	$ -				0.00%	0		
127			0.00%	$ -	$ -				0.00%	0		
128			0.00%	$ -	$ -				0.00%	0		
129			0.00%	$ -	$ -				0.00%	0		
130			0.00%	$ -	$ -				0.00%	0		
131			0.00%	$ -	$ -				0.00%	0		
132			0.00%	$ -	$ -				0.00%	0		
133			0.00%	$ -	$ -				0.00%	0		

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**202429 Nevada**
SubK:	**0**

134			0.00%	$ -	$ -				0.00%	0		
135			0.00%	$ -	$ -				0.00%	0		
136			0.00%	$ -	$ -				0.00%	0		
137			0.00%	$ -	$ -				0.00%	0		
138			0.00%	$ -	$ -				0.00%	0		
139			0.00%	$ -	$ -				0.00%	0		
140			0.00%	$ -	$ -				0.00%	0		
141			0.00%	$ -	$ -				0.00%	0		
142			0.00%	$ -	$ -				0.00%	0		
143			0.00%	$ -	$ -				0.00%	0		
144			0.00%	$ -	$ -				0.00%	0		
145			0.00%	$ -	$ -				0.00%	0		
146			0.00%	$ -	$ -				0.00%	0		
147			0.00%	$ -	$ -				0.00%	0		
148			0.00%	$ -	$ -				0.00%	0		
149			0.00%	$ -	$ -				0.00%	0		
150			0.00%	$ -	$ -				0.00%	0		

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**202429 Nevada**
SubK:	**0**

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(II) OPERATING EXPENSES JUSTIFICATION

	TOTAL OPERATING EXPENSES	TITLE V & TITLE XIX TOTAL	
	TRAVEL	2,800.00	Travel to mandatory confrences, trainings for workforce developmet (2 trips X ~$1100). Mileage ~$50/month x 12 months
	TRAINING	1,600.00	Workforce developmet trainings in areas revelvant to MCAH (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	120.00	County annual Weights and Measures charge
5	Translation Services	120.00	Translation of outreach materials-2 batches @ $60/batch or minutes for tranlation line
6	Postage	50.00	Mail to clients/partners
7	IS Department Support	600.00	Support for phone and computer repairs-$150/hour X 4 hours
8	MCAHAction Dues	1,100.00	Projected annual dues for FY 24/25
9	Educational Supplies	7,499.13	Books, webinars, educational videos and accompanying material for successful parenting. Books, educational toys to encourage healthy development in children.
10	Risk Reduction Supplies	8,000.00	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.
11	Toll Free Line	0.00	Toll Free Line is paid by the Public Health Department with billing for all desk phones.
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	

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	0.00	

SUBCONTRACTS

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**202429 Nevada**
SubK:	**0**

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	**84,478.30**	Per CDPH approved ICR

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

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

Date: 6/19/24

Agency Name: Nevada County Public Health

Contract/Agreement Number: 202429 MCAH

Contract Term/Allocation Fiscal Year: 2024/2025

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

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

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

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

____ **%** Fixed Percent of:

☐ Total Personnel Costs

2. LOCAL HEALTH JURISDICTIONS (LHJ)

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

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

25 **%** Fixed Percent of:

☑ Total Personnel Costs

☐ Total Allowable Direct Costs

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

3. OTHER GOVERNMENTAL AGENCIES AND PUBLIC UNIVERSITIES

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

_____ **%** Fixed Percent of:

☐ Total Personnel Costs (Includes Fringe Benefits)

☐ Total Personnel Costs (Excludes Fringe Benefits)

☐ Total Allowable Direct Costs

Please provide your agency's detailed methodology by listing all indirect costs, fees and percentages in the box below. (i.e. Insurance -- $350,000 – 3%)

Please see attached ICR Approval Letter.

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

The items listed on the ICR are unallocated department costs and are totally separate from expenses in the MCAH budget. All expenses are carefully tracked and classified so that there is no duplication.

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

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

Printed First & Last Name: Sarah Malugani

Title/Position: Accountant

Signature: _____ Date: _____

APPROVED
By Sarah Malugani at 2:19 pm, Jun 20, 2024

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

TOMAS J. ARAGON, M.D., DR.P.H.
Director & State Health Officer

GAVIN NEWSOM
Governor

January 31, 2024

Brie Mendoza
Administrative Services Officer
Nevada County
950 Maidu Ave
Nevada City, CA 95959

Dear Brie Mendoza:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH is using a standardized process that allows each Local Health Department (LHD) to use the negotiated ICR for all contracts, unless the ICR is otherwise designated by state or federal statutes, regulations, or specific grant guidelines, with CDPH.

For Fiscal Year 2024-2025, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

25.0% calculated based on Salaries, Wages and Fringe Benefits

Please note, the rate you provided was approved up to the maximum allowed by CDPH policy (up to 25% for ICR calculated based on Salaries, Wages and Fringe Benefits and up to 15% for ICR calculated based on Allowable Total Direct Costs).

We look forward to working with you to document your approved ICR in CDPH contracts with a start date of July 1, 2024 or later.

If you have any questions, contact CDPH at CDPH-ICR-Mailbox@cdph.ca.gov.

Sincerely,

Luz Lunetta, Accounting Reporting Section Chief
California Department of Public Health

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 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 – Sr. 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 - MCAH Coordinator - Public Health Nurse I/II/Sr. PHN (Budget line #3)

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 #4)

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.

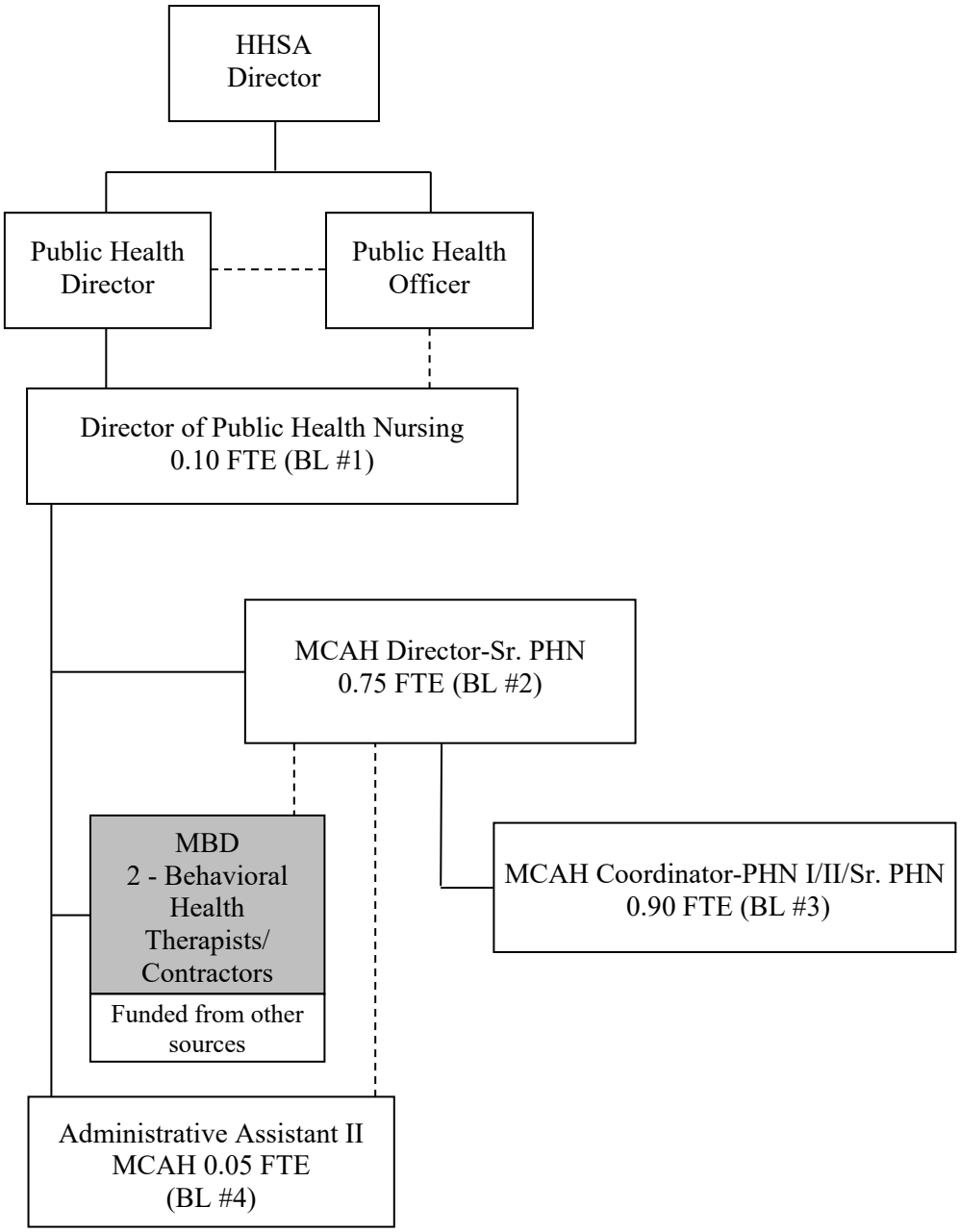
Types letters (for Medi-Cal eligible), assists with grant proposals, types and maintains copies of articles, flyers, grants and reports.

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

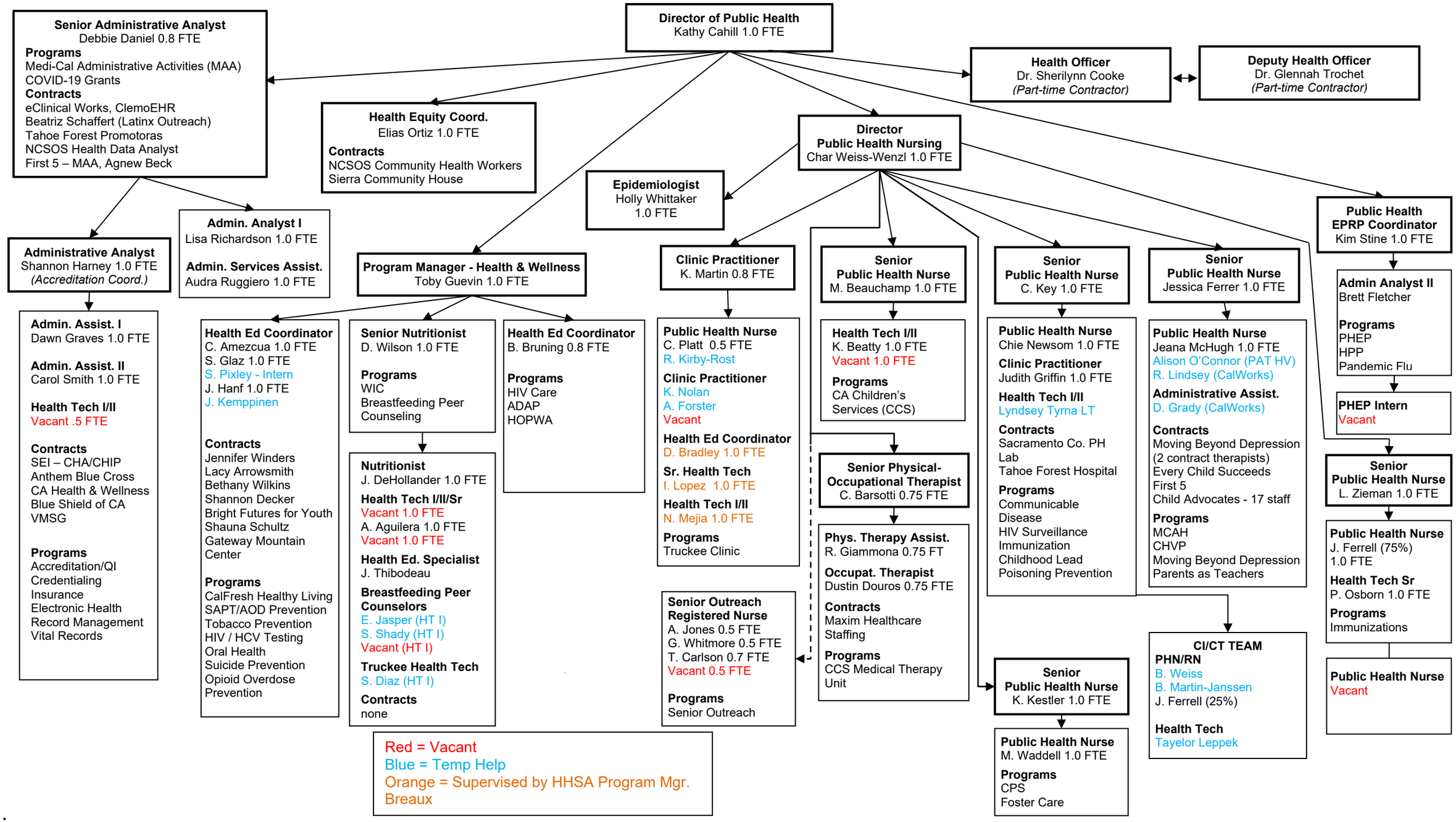
Helps with set-up and take-down for presentations regarding Medi-Cal related issues, services and resources, receives phone calls and makes appointments and appropriate referrals to Medi-Cal eligible clients.

NEVADA COUNTY PUBLIC HEALTH

2024/2025
MATERNAL CHILD AND ADOLESCENT HEALTH
ORGANIZATIONAL CHART



Nevada County Public Health Organization Chart - 2024



6/07/2024

MCAH Director Verification Form

Local Health Jurisdiction: Nevada County **Fiscal Year: SFY 2024-25**

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	
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

APPROVED
By Jessica Ferrer at 3:25 pm, Jun 21, 2024

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 and Toolkit
- The Spectrum of Prevention
- Life Course Perspective and Social Determinants of Health
- The Social-Ecological Model

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: 6/27/2024 *I certify that I have reviewed and approved this Scope of Work.*

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.

Section A: General requirements and activities for all LHJs				
Aligns With	**General Requirement(s)**	**Required Local Activities**	**Time Frame**	**Deliverable Description**
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	The Annual Report will report on progress of program activities and the extent to which the LHJ met the SOW goals and deliverables and how funds were expended.
Title V Requirement	Toll-Free Line	**A2** Provide a toll-free telephone number or "no cost to the calling party" number (and other appropriate methods) which provides a current list of culturally and linguistically appropriate information and referrals to community health and human resources for the public regarding access to prenatal care.	Annually, each fiscal year	Include on Local MCAH budget during the AFA cycle. Report in Annual Report: • List toll-free telephone number
Title V Requirement	MCAH Website	**A3** Share link, if available, to the appropriate Local MCAH Title V Program website.	Annually, each fiscal year	Report in the Annual Report: • List the URL for the Local MCAH Title V program website
Title V/ CDPH/MCAH Requirement	Workforce Development and Training	**A4** Attend required trainings/meetings as outlined in the MCAH Program Policies and Procedures.	Annually, each fiscal year	Report attendance in Annual Report: • MCAH Directors' meeting(s) • SIDS Coordinators' meeting
CDPH/MCAH Requirement	MCAH Director	**A5** Maintain required MCAH Director position and recruit and retain qualified Title V program staff by as outlined in the MCAH Policies and Procedures.	Ongoing	The LHJ must submit a Local MCAH Director Verification form annually during the AFA process and resubmit with any changes.
CDPH/MCAH Requirement	Community Resource and Referral Guide	**A6** Develop a comprehensive MCAH resource and referral guide of available health, mental health, emergency resources, and social services.	By end of 2025	Report in Annual Report: • Submit/upload a copy or link to the existing resource and referral guide
CDPH/MCAH Requirement	Protocols	**A7** Develop and adopt protocols to ensure that MCAH clients are enrolled in health insurance, are linked to a provider and access preventive visits.	Annually, each fiscal year	Report on protocols in the Annual Report.
Title V Requirement	Conduct Local Needs Assessment	**A8** Conduct a Local Needs Assessment to acquire an accurate, thorough picture of the strengths and weaknesses of the local public health system.	Once in five-year cycle	Complete Local Needs Assessment deliverable documents provided by CDPH/MCAH.

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

		LHJs funded for infant mortality reviews will implement activities in accordance with Local MCAH Program Policies and Procedures.		
CDPH/MCAH Requirement	Black Infant Health (BIH) Program	**B8** **Required for BIH funded LHJs only** LHJs funded for BIH will implement the BIH Program in accordance with BIH Policies and Procedures.	Annually, each fiscal year	Report on BIH activities in the Annual Report.
CDPH/MCAH Requirement	Adolescent Family Life Program (AFLP)	**B9** **Required for AFLP funded LHJs only** LHJs funded for AFLP will implement the AFLP Program in accordance with AFLP Policies and Procedures.	Annually, each fiscal year	Report on AFLP activities in the Annual Report.

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

Women/Maternal Health Domain	
Women/Maternal Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 1: Reduce the impact of chronic conditions related to maternal mortality.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year). **ESM 1.1**: Percent of local health jurisdictions that have adopted a protocol to ensure that all persons in MCAH Programs are referred for enrollment in health insurance and complete a preventive visit.
Women/Maternal State Objective 1: By 2025, reduce the rate of pregnancy-related deaths (up to 1 year after the end of pregnancy) from 18.6 deaths per 100,000 live births (2020 CA-PMSS) to 12.2 deaths per 100,000 live births.	
Women/Maternal State Objective 1: Strategy 1: Lead surveillance and investigations of pregnancy-related deaths (up to 1 year after the end of pregnancy) in California.	**Women/Maternal State Objective 1: Strategy 2:** Partner to translate findings from pregnancy-related mortality investigations into recommendations for action to improve maternal health and perinatal clinical practices.
Local Activities for Women/Maternal Objective 1: Strategy 1:	**Local Activities for Women/Maternal Objective 1: Strategy 2:**
w 1.1.1 ☐Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the general public and local partners, including perinatal obstetric providers. **What is your anticipated outcome?**	**w 1.2.1** ☐ Partner with CDPH/MCAH on dissemination and translation of recommendations to improve maternal health and perinatal clinical practices, including quality improvement toolkits to reduce disparities. **What is your anticipated outcome?**
w 1.1.2 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 1.2.2** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Women/Maternal Health Domain		
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 2: Reduce the impact of chronic conditions related to maternal morbidity.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year). **ESM:** The number of Local Health Jurisdictions (LHJs) that report developing or adopting a protocol to link clients (women 22-44) to a provider to access a preventive visit. (Objective 4)	
Women/Maternal State Objective 2: By 2025, reduce the rate of severe maternal morbidity from 110.5 per 10,000 delivery hospitalizations (2021 PDD) to 88.8 per 10,000 delivery hospitalizations.		
Women/Maternal State Objective 2: Strategy 1: Lead surveillance and research related to maternal morbidity in California.	**Women/Maternal State Objective 2: Strategy 2:** Lead statewide regionalization of maternal care to ensure women receive appropriate care for childbirth.	**Women/Maternal State Objective 2: Strategy 3:** Partner to strengthen knowledge and skill among health care providers and individuals on chronic conditions exacerbated during pregnancy.
Local Activities for Women/Maternal Objective 2: Strategy 1	**Local Activities for Women/Maternal Objective 2: Strategy 2**	**Local Activities for Women/Maternal Objective 2: Strategy 3**
w 2.1.1 ☐Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the general public and local partners. **What is your anticipated outcome?**	**w 2.2.1** ☐Partner with local Regional Perinatal Programs of California (RPPC) Director to understand efforts to establish Perinatal Levels of Care and quality improvement efforts. **What is your anticipated outcome?**	**w 2.3.1** ☐Partner with CDPH/MCAH to pilot test educational materials addressing chronic health conditions during pregnancy and disseminate to consumers and providers. **What is your anticipated outcome?**
w 2.1.2 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 2.2.2** ☐ Perinatal Service Coordinator (PSC) will collaborate with Women Infant Children (WIC), RPPC, CDPH/MCAH, Medi-Cal, and other key partners to ensure integration of resources and a coordinated delivery system for women during and after pregnancy. **What is your anticipated outcome?**	**w 2.3.2** ☐ For Black Infant Health (BIH) funded sites only, disseminate culturally responsive materials to inform Black women on chronic health conditions. **What is your anticipated outcome?**

w 2.1.3	w 2.2.3	w 2.3.3
☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Woman/Maternal Health Domain		
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 3: Improve mental health for all mothers in California.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year). **ESM:** The number of Local Health Jurisdictions (LHJs) that report developing or adopting a protocol to link clients (women 22-44) to a provider to access a preventive visit. (Objective 4)	
Women/Maternal State Objective 3: By 2025, increase the receipt of mental health services among women who reported needing help for emotional well-being or mental health concerns during the perinatal period from 54.2% (2021 MIHA) to 56.9%.		
Women/Maternal State Objective 3: Strategy 1: Partner with state and local programs to disseminate information and resources to reduce mental health conditions in the perinatal period.	**Women/Maternal State Objective 3: Strategy 2:** Partner to strengthen knowledge and skill among health care providers, individuals, and families to identify signs of maternal mental health-related needs.	**Women/Maternal State Objective 3: Strategy 3:** Partner to ensure pregnant and parenting women are screened and referred to mental health services during the perinatal period.
Local Activities for Women/Maternal Objective 3: Strategy 1	**Local Activities for Women/Maternal Objective 3: Strategy 2**	**Local Activities for Women/Maternal Objective 3: Strategy 3**
w 3.1.1 ☐Partner with local programs responsible for the provision of mental health services and early intervention programs to promote mental health services in the perinatal period. **What is your anticipated outcome?**	**w 3.2.1** ☐ Perinatal Service Coordinators (PSCs) will ensure providers, local health plans, and other partners in their communities are aware of mental health requirements at roundtable discussions or through other communications. **What is your anticipated outcome?**	**w 3.3.1** ☒Implement and utilize standardized and validated mental health screening tools for pregnant and parenting women in MCAH programs. MCAH will utilize a spreadsheet to track: • whether or not a woman was screened with the Edinburgh Postnatal Depression Screen (EPDS) • the date that she was screened, • the score on the screening paying close attention to question #10 • the actions taken (referral to MBD or other sources) **What is your anticipated outcome?** By June 2025, continue to have 100% of the women who participate in the home visiting programs will be screened for perinatal depression, following the program's protocols, or as needed.
w 3.1.2 ☐Partner with local mental health service providers to improve referral and linkages to mental health services**.**	**w 3.2.2** ☐Partner with local Mental Health Services Act (MHSA)/Prop. 63 funded programs to increase available services to women during perinatal period.	**w 3.3.2** ☐Lead the development of a county maternal mental health algorithm that outlines a referral system and the services available to address maternal mental health and identify systems gaps.

What is your anticipated outcome?	**What is your anticipated outcome?**	**What is your anticipated outcome?**
w 3.1.3 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 3.2.3** ☐Partner with CDPH/MCAH to disseminate mental health promotional messages that educate women and families to recognize early signs and symptoms of mental health disorders. **What is your anticipated outcome?**	**w 3.3.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**
w 3.1.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 3.2.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 3.3.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Woman/Maternal Health Domain			
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 4: Ensure optimal health before pregnancy and improve pregnancy planning and birth spacing.*			
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year). **ESM:** The number of Local Health Jurisdictions (LHJs) that report developing or adopting a protocol to link clients (women 22-44) to a provider to access a preventive visit. (Objective 4)		
Women/Maternal State Objective 4: By 2025, increase the percent of women who had an optimal interpregnancy interval of at least 18 months from 73.1% (2021 CCMBF) to 76.4%.			
Women/Maternal State Objective 4: Strategy 1: Partner to increase provider and individual knowledge and skill to improve health and health care before and between pregnancies.	**Women/Maternal State Objective 4: Strategy 2:** Lead a population-based assessment of mothers in California, the Maternal and Infant Health Assessment Survey (MIHA), to provide data to guide programs and services.	**Women/Maternal State Objective 4: Strategy 3:** Lead efforts to improve local perinatal health systems utilizing morbidity and mortality data and implement evidence-based interventions to improve the health of pregnant individuals and their infants.	**Women/Maternal State Objective 4: Strategy 4:** Fund the DHCS Indian Health Program (IHP) to administer the American Indian Maternal Support Services (AIMSS) to provide case management and home visitation program services for American Indian women during and after pregnancy.
Local Activities for Women/Maternal Objective 4: Strategy 1	**Local Activities for Women/Maternal Objective 4: Strategy 2**	**Local Activities for Women/Maternal Objective 4: Strategy 3**	**No Local Activities**
w 4.1.1 ☐Partner with CDPH/MCAH to disseminate and promote best practices and resources from key preconception initiatives. **What is your anticipated outcome?**		**w 4.3.1** ☐Partner with Perinatal Service Coordinators (PSCs) to identify barriers in access to care in medically underserved areas and collaborate with local health plans to reduce barriers. **What is your anticipated outcome?**	
w 4.1.2 ☐Coordinate with CDPH/MCAH to identify uninsured populations and conduct outreach and awareness of health insurance options. **What is your anticipated outcome?**	**w 4.2.2** ☐Partner with CDPH/MCAH to disseminate MIHA data findings and guidance to the public and local partners. **What is your anticipated outcome?**	**w 4.3.2** ☐ Outreach coordination to underserved populations and provide information and education on topics to improve health outcomes for parents, infants, and their families (e.g., social media, resource fairs). **What is your anticipated outcome?**	

w 4.1.3 ☐Partner with CDPH/MCAH to promote preconception/inter-conception health programs. **What is your anticipated outcome?**	**w 4.2.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 4.3.3** ☐ Monitor the health status of the MCAH population including disparities and social determinants of health and work with local leadership to address identified issues. **What is your anticipated outcome?**	
w 4.1.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 4.2.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 4.3.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	

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

Woman/Maternal Health Domain	
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 5: Reduce maternal substance use.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with preventive medical visit in the a past year). **ESM:** The number of Local Health Jurisdictions (LHJs) that report developing or adopting a protocol to link clients (women 22-44) to a provider to access a preventive visit. (Objective 4)
Women/Maternal State Objective 5: By 2025, reduce the rate of maternal substance use from 20.8 per 1,000 delivery hospitalizations (2021 PDD) to 19.7 per 1,000 delivery hospitalizations.	
Women/Maternal State Objective 5: Strategy 1: Lead research and surveillance on maternal substance use in California.	**Women/Maternal State Objective 5: Strategy 2:** Partner at the state and local level to increase prevention and treatment of maternal opioid and other substance use.
Local Activities for Women/Maternal Objective 5: Strategy 1	**Local Activities for Women/Maternal Objective 5: Strategy 2**
w 5.1.1 ☐Coordinate with CDPH/MCAH to disseminate data findings, guidance, and education to the general public and local partners. **What is your anticipated outcome?**	**w 5.2.1** ☐Identify county specific resources on treatment and best practices to address substance use and collaborate to improve referral and linkages to services. **What is your anticipated outcome?**
w 5.1.2 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 5.2.2** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Section C: Local Activities by Domain

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

Perinatal/Infant Health Domain			
Perinatal/Infant Priority Need: Ensure all infants are born healthy and thrive in their first year of life. *Perinatal/Infant Focus Area 1: Improve healthy infant development through breastfeeding.* *Perinatal/Infant Focus Area 2: Improve healthy infant development through caregiver/infant bonding.*			
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 4a**: Percent of infants who are ever breastfed. **NPM 4b:** Percent of infants breastfed exclusively through 6 months. **ESM 4.1:** Number of online views/hits to the "Lactation Support for Low-Wage Workers". **SPM 1:** Preterm birth rate among infants born to non-Hispanic Black women.		
Perinatal/Infant State Objective 1: By 2025, increase the percent of women who report exclusive in-hospital breastfeeding from 69.2% (2021 GDSP) to 72.5%.			
Perinatal/Infant State Objective 1: Strategy 1: Lead surveillance of breastfeeding practices and assessment of initiation and duration trends.	**Perinatal/Infant State Objective 1: Strategy 2:** Lead technical assistance and training to support breastfeeding initiation, including the implementation of the Model Hospital Policy or Baby Friendly in all California birthing hospitals by 2025.	**Perinatal/Infant State Objective 1: Strategy 3:** Partner to develop and disseminate information and resources about policies and best practices to promote breastfeeding duration, including lactation accommodation within all MCAH programs.	**Perinatal/Infant State Objective 1: Strategy 4:** Partner with birthing hospitals to support caregiver/infant bonding.
Local Activities for Perinatal/Infant Objective 1: Strategy 1	**Local Activities for Perinatal/Infant Objective 1: Strategy 2**	**Local Activities for Perinatal/Infant Objective 1: Strategy 3**	**Local Activities for Perinatal/Infant Objective 1: Strategy 4**
p 1.1.1 ☐Monitor and track breastfeeding initiation and duration rates and disseminate data to community and local partners. **What is your anticipated outcome?**	**p 1.2.1** ☐Promote breastfeeding education to prenatal women in local MCAH programs. **What is your anticipated outcome?**	**p 1.3.1** ☐Partner to develop and disseminate information and resources about policies and best practices to promote extending breastfeeding duration, including lactation accommodation within local MCAH programs. **What is your anticipated outcome?**	**p 1.4.1** ☐Partner with Regional Perinatal Program of California (RPPC) Directors to work with local birthing hospitals on messaging related to infant bonding with an emphasis on a client-centered approach. **What is your anticipated outcome?**

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

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

Perinatal/Infant Health Domain		
Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities. *Perinatal/Infant Focus Area 3: Reduce Black Infant Mortality.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 4a:** Percent of infants who are ever breastfed **NPM 4b:** Percent of infants breastfed exclusively through 6 months **ESM 4.1:** Number of online views to the "Lactation Support for Low-Wage Workers Report" **SPM 1:** Preterm birth rate among infants born to non-Hispanic Black women.	
Perinatal/Infant State Objective 2: By 2025, reduce the rate of infant deaths from 4.1 per 1,000 live births (2021 BSMF/DSMF) to 4.0. **Note: Even though the objective has been surpassed, California has chosen to keep the target at the same level (4.0) for now because this might have been a statistical fluctuation and we want to ascertain if it is an actual stable trend.*		
Perinatal/Infant State Objective 2: Strategy 1: Lead research and surveillance related to fetal and infant mortality in California.	**Perinatal/Infant State Objective 2: Strategy 2:** Lead planning and development of evidence-based practices and lesson learned for reducing infant mortality rates.	**Perinatal/Infant State Objective 2: Strategy 3:** Lead the California SIDS Program to provide grief and bereavement support to parents, technical assistance, resources, and training on infant safe sleep to reduce infant mortality.
Local Activities for Perinatal/Infant Objective 2: Strategy 1	**No Local Activities**	**Local Activities for Perinatal/Infant Objective 2: Strategy 3**
p 2.1.1 ☐ Monitor and track fetal and infant mortality utilizing the National Fatality Review-Case Reporting System (NFR-CRS) and disseminate data to community and local partners. **What is your anticipated outcome?**	**p 2.2.1** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 2.3.1** ☒Promote and disseminate information and resources related to SIDS/SUID risk factors and reduction strategies. **What is your anticipated outcome?** 1. Provide all new referred parent(s) a *Safe to Sleep* campaign booklet on first home visit. Make information booklet available to local hospitals and healthcare providers. 2. Provide a free Pack ‘n Play to families who need a safe place for baby to sleep. 3. Review other risk factors including smoking/breastfeeding as these activities relate to SIDs with every homevisiting family. 4. Provide access to infant CPR classes
p 2.1.2 ☐Other local activity (Please Specify/Optional):		**p 2.3.2** ☐Disseminate Safe to Sleep® campaign and Safe Sleep strategies that address SIDS and other sleep-related causes of infant death.

What is your anticipated outcome?		**What is your anticipated outcome?**
p 2.1.3 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**		**p 2.3.3** ☐Partner with Regional Perinatal Programs of California (RPPC) to work with birthing hospitals to disseminate Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID) risk reduction information to parents or guardians of newborns upon discharge. **What is your anticipated outcome?**
p 2.1.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**		**p 2.3.4** ☐Partner with local childcare licensing, birthing facilities, clinics, Women Infant Children (WIC) sites, and medical providers to provide SIDS/SUID and Safe Sleep education. **What is your anticipated outcome?**
p 2.1.5 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**		**p 2.3.5** ☐ Provide SIDS/SUID grief and bereavement services and supports through home visits and/or mail resource packets to families suffering an infant loss. **What is your anticipated outcome?**

		p 2.3.6 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Perinatal/Infant Health Domain			
Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities. *Perinatal/Infant Focus Area 4: Reduce preterm births.*			
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)		**NPM 4a:** Percent of infants who are ever breastfed **NPM 4b:** Percent of infants breastfed exclusively through 6 months **ESM 4.1:** Number of online views to the "Lactation Support for Low-Wage Workers Report" **SPM 1:** Preterm birth rate among infants born to non-Hispanic Black women.	
Perinatal/Infant State Objective 3: By 2025, reduce the percentage of preterm births from 9.1% (2021 BSMF) to 8.4%.			
Perinatal/Infant State Objective 3: Strategy 1: Lead research and surveillance on disparities in preterm birth rates in California.	**Perinatal/Infant State Objective 3: Strategy 2:** Lead the implementation of the Black Infant Health (BIH) Program to reduce the impact of stress due to structural racism to improve Black birth outcomes.	**Perinatal/Infant State Objective 3: Strategy 3:** Lead the implementation of the state general fund effort, Perinatal Equity Initiative (PEI), to support local initiatives to support birthing populations of color.	**Perinatal/Infant State Objective 3: Strategy 4:** Lead the development and dissemination of preterm birth reduction strategies across California.
Local Activities for Perinatal/Infant Objective 3: Strategy 1	**Local Activities for Perinatal/Infant Objective 3: Strategy 2**	**Local Activities for Perinatal/Infant Objective 3: Strategy 3**	**Local Activities for Perinatal/Infant Objective 3: Strategy 4**
p 3.1.1 ☐Monitor and track local preterm birth rates and disseminate data to community and local partners. **What is your anticipated outcome?**	**p 3.2.1** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 3.3.1** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 3.4.1** ☐Partner with local birthing hospitals, and community stakeholders to disseminate social media campaigns about preterm birth reduction strategies. **What is your anticipated outcome?**

p 3.1.2 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 3.2.2** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 3.3.2** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 3.4.2** ☐Develop and disseminate preterm birth reduction materials and resources to the community and agencies providing services to moms and babies. **What is your anticipated outcome?**
p 3.1.3 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 3.2.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 3.3.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 3.4.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Section C: Local Activities by Domain

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

Child Health Domain			
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 1: Expand and support developmental screening.*			
(National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. **ESM 6.1**: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.		
Child State Objective 1: By 2025, increase the percentage of children (ages 9 through 35 months) who received a developmental screening from a health care provider using a parent-completed screening tool in the past year from 25.2% (NSCH 2022) to 32.4%. *Please note: We are waiting for the incoming NSCH oversample before updating this target.			
Child State Objective 1: Strategy 1: Partner to build data capacity for public health surveillance and program monitoring and evaluation related to developmental screening in California.	**Child State Objective 1: Strategy 2:** Partner to improve early childhood systems to support early developmental health and family well-being.	**Child State Objective 1: Strategy 3:** Partner to educate and build capacity among providers and families to understand developmental milestones and implement best practices in developmental screening and monitoring within MCAH programs.	**Child State Objective 1: Strategy 4:** Support implementation of Department of Health Care Services (DHCS) policies regarding child health and well-being, including developmental screening.
No Local Activities	**Local Activities for Child Objective 1: Strategy 2**	**Local Activities for Child Objective 1: Strategy 3**	**Local Activities for Child Objective 1: Strategy 4**
	ch 1.2.1 ☐ Partner with local stakeholders and partners, such as the local First 5 program, Help Me Grow system (if available in your jurisdiction), or Home Visiting Community Advisory Board to identify key local resources for developmental screening/linkage. **What is your anticipated outcome?**	**ch 1.3.1** ☐ Partner with early childhood and family-serving programs (including CHVP, AFLP, BIH) to assess current policies and practices on developmental screening and monitoring developmental milestones and determine whether additional monitoring or screening should be incorporated into the programs. **What is your anticipated outcome?**	**ch 1.4.1** ☐Build capacity by partnering with local Medi-Cal managed care health plans to educate and share information with providers about Medi-Cal developmental screening reimbursement and quality measures. **What is your anticipated outcome?**

	ch 1.2.2 ☐Lead the development of a community resource map that links referrals to services. **What is your anticipated outcome?**	**ch 1.3.2** ☐Partner with providers to educate families in MCAH programs about specific milestones and developmental screening needs. **What is your anticipated outcome?**	**ch 1.4.2** ☐Track County Medi-Cal managed care health plan developmental screening data. **What is your anticipated outcome?**
	ch 1.2.3 ☐ Implement a social media campaign or other outreach to educate families on the importance of well-child and other preventive health visits. **What is your anticipated outcome?**	**ch 1.3.3** ☐Partner with Help Me Grow (HMG) and other key partners to educate providers and families about developmental screening recommendations and tools. **What is your anticipated outcome?**	**ch 1.4.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**
	ch 1.2.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 1.3.4** ☐Partner with Women Infant Children (WIC) to disseminate developmental milestone information, educational resources, and tools. **What is your anticipated outcome?**	**ch 1.4.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**
	ch 1.2.5 ☐Other local activity (Please Specify/Optional):	**ch 1.3.5** ☐Other local activity (Please Specify/Optional):	**ch 1.4.5** ☐Other local activity (Please Specify/Optional):

	What is your anticipated outcome?	**What is your anticipated outcome?**	**What is your anticipated outcome?**

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

Child Health Domain		
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 2: Raise awareness of adverse childhood experiences and prevent toxic stress through building resilience.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. **ESM 6.1**: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.	
Child State Objective 2: By 2025, increase the percentage of children (ages 0 - 17 years) who live in a home where the family demonstrated qualities of resilience (i.e., met all four resilience items as identified in the NSCH survey) during difficult times from 85.1% (NSCH 2022) to 84.5%.		
Child State Objective 2: Strategy 1: Partner with CDPH Essentials for Childhood and other stakeholders to build data capacity to track and understand experiences of adversity and resilience among children and families.	**Child State Objective 2: Strategy 2:** Partner to build capacity and expand programs and practices to build family resiliency by optimizing the parent-child relationship, enhancing parenting skills, and addressing child poverty through increasing access to safety net programs within MCAH-funded programs.	**Child State Objective 2: Strategy 3:** Support the California Office of the Surgeon General and DHCS' ACEs Aware initiative to build capacity among communities, providers, and families to understand the impact of childhood adversity and the importance of trauma-informed care.
Local Activities for Child Objective 2: Strategy 1	**Local Activities for Child Objective 2: Strategy 2**	**Local Activities for Child Objective 2: Strategy 3**
ch 2.1.1 ☐Identify and examine local county data sources for childhood adversity, childhood poverty, and social determinants of health affecting child health and family resilience. **What is your anticipated outcome?**	**ch 2.2.1** ☒ Assess current MCAH program practices to promote healthy, safe, stable, and nurturing parent-child relationships within MCAH programs. **What is your anticipated outcome?** 1. Increasing parents' knowledge of parenting and child development. 2. Introducing development-centered skills, such as nurturing, guiding, responding, communicating, and supporting learning.	**ch 2.3.1** ☐ Participate and promote within local county agencies the Surgeon General's ACEs trainings. **What is your anticipated outcome?**
ch 2.1.2 ☐ Identify opportunities to expand data collection on key child adversity and family resilience measures. **What is your anticipated outcome?**	**ch 2.2.2** ☐ Research and share information on statewide initiatives that address social determinants of health and strengthen economic supports for families.	**ch 2.3.2** ☐ Share information to support the Surgeon General and DHCS' efforts on trauma screening and training for health care providers. **What is your anticipated outcome?**

	What is your anticipated outcome?	
ch 2.1.3 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 2.2.3** ☐Incorporate policies and practices to strengthen economic supports, including improving access to safety net programs, for families within MCAH programs. **What is your anticipated outcome?**	**ch 2.3.3** ☐ Identify resources and training opportunities locally on ACEs and trauma-informed care for local programs. **What is your anticipated outcome?**

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

Child Health Domain	
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 3: Support and build partnerships to improve the physical health of all children.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. **ESM 6.1**: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.
Child State Objective 3: By 2025, increase the percentage of children (ages 1 - 17 years) who had a preventive dental visit in the past year from 81.1% (NSCH 2022) to 82.6%.	
Child State Objective 3: Strategy 1: Support the CDPH Office of Oral Health in their efforts to increase access to regular preventive dental visits for children by sharing information with MCAH programs.	
Local Activities for Child Objective 3: Strategy 1	
ch 3.1.1 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	

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

Child Health Domain	
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 3: Support and build partnerships to improve the physical health of all children.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. **ESM 6.1**: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.
Child State Objective 4: By 2025, decrease the percentage of fifth grade students who are overweight or obese from 41.3% (2019) to 39.3%.	
Child State Objective 4: Strategy 1: Partner to enable the reporting of data on childhood overweight and obesity in California.	**Child State Objective 4: Strategy 2:** Partner with WIC and others to provide technical assistance to local MCAH programs to support healthy eating and physically active lifestyles for families.
Local Activities for Child Objective 4: Strategy 1	**Local Activities for Child Objective 4: Strategy 2**
ch 4.1.1 ☐ Contingent upon CDPH/MCAH procuring sub-State-level data on child overweight and obesity, utilize guidance to inform local-level prevention initiatives. **What is your anticipated outcome?**	**ch 4.2.1** ☐ Partner with local WIC, local Center for Healthy Communities Programs and Initiatives, local Education initiatives, and local CDPH/MCAH programs and initiatives, stakeholders, and partners to identify resources and best practices and tools on healthy eating and share with families in MCAH programs. **What is your anticipated outcome?**
ch 4.1.2 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 4.2.2** ☐Partner with Women Infant Children (WIC), and other local programs to refer and link eligible families to WIC and other healthy food resources. **What is your anticipated outcome?**
ch 4.1.3 ☐Other local activity (Please Specify/Optional):	**ch 4.2.3** ☐Partner with CDPH/MCAH to utilize the Policies, Systems, and Environmental Change Toolkit to improve physical activity, nutrition, and breastfeeding within the local health jurisdiction.

What is your anticipated outcome?	**What is your anticipated outcome?**
ch 4.1.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 4.2.4** ☐ Share the child MyPlates and related messaging with families and providers to promote healthy eating in children. **What is your anticipated outcome?**
ch 4.1.5 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 4.2.5** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Child Health Domain	
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 3: Support and build partnerships to improve the physical health of all children.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 17:** Medical home. **ESM 17.1**: Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule.
Child State Objective 5: By 2025, increase the percentage of children (ages 1 – 17 years) who had a preventive medical visit in the past year from 70.0% (NSCH 2022) to TBD%	

Child State Objective 5: Strategy 1: Support local MCAH programs in ensuring children and their families have access to preventive and primary medical care.	**Child State Objective 5: Strategy 2:** Partner to build data capacity and program monitoring and evaluation to evaluate availability and access of regular, routine medical care for children and families in California.
Local Activities for Child Objective 4: Strategy 1	**Local Activities for Child Objective 4: Strategy 2**
ch 5.1.1 ☐ Link and refer families in MCAH programs to safety net and public health care programs such as Family Planning, Access, Care, and Treatment (PACT), Medi-Cal, and Denti-Cal. **What is your anticipated outcome?**	No Local Activities
ch 5.1.2 ☐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 CYSHCN Health Domain

Children and Youth with Special Health Care Needs (CYSHCN) Domain		
CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families. *CYSHCN Focus Area 1: Build capacity at the state and local levels to improve systems that serve CYSHCN and their families.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 12:** Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care. **ESM 12.1:** Number of Local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.	
CYSHCN State Objective 1: By 2025, maintain the number of Local MCAH programs (44) that chose to implement a Scope of Work objective focused on CYSHCN public health systems and services.		
CYSHCN State Objective 1: Strategy 1: Lead state and local MCAH capacity-building efforts to improve and expand public health systems and services for CYSHCN.	**CYSHCN State Objective 1: Strategy 2:** Lead program outreach and assessment within State MCAH to ensure best practices for serving CYSHCN are integrated into all MCAH programs.	**CYSHCN State Objective 1: Strategy 3:** Partner to build data capacity to understand needs and health disparities in the CYSHCN population.
Local Activities for CYSHCN Objective 1: Strategy 1	**Local Activities for CYSHCN Objective 1: Strategy 2**	**No Local Activities**
cy 1.1.1 ☐ Conduct an environmental scan focused on CYSHCN and their families, which could include strengths, opportunities, needs, gaps, and resources available in your county or region. **What is your anticipated outcome?**	**cy 1.2.1** ☐ Create or update a resource guide or diagram to help families, providers, and organizations understand the landscape of available local resources for CYSHCN. **What is your anticipated outcome?**	
cy 1.1.2 ☐Improve coordination of emergency preparedness and disaster relief support for CYSHCN and their families. **What is your anticipated outcome?**	**cy 1.2.2** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	

cy 1.1.3 ☐Conduct a local data/evaluation project focused on CYSHCN. **What is your anticipated outcome?**	**cy 1.2.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	
cy 1.1.4 ☐Create or join a public health taskforce focused on the needs of CYSHCN in your county or region. **What is your anticipated outcome?**	**cy 1.2.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	
cy 1.1.5 ☒Partner with your county CCS program to improve connections and referrals between CCS and Local MCAH. **What is your anticipated outcome?** 1. MCAH will assess the needs of CYSHCN transitioning from CCS to ECM and whole child model. MCAH will develop communication between MCAH, CCS and Partnership Health. 2. MCAH will assess gap areas for families with CYSHCN and needed resources.	**cy 1.2.5** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	

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

Children and Youth with Special Health Care Needs (CYSHCN) Domain		
CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families. CYSHCN Focus Area 2: Increase access to coordinated primary and specialty care for CYSHCN.		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 12:** Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care **ESM 12.1:** Number of Local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems	
CYSHCN State Objective 2: By 2025, increase the percent of adolescents with special health care needs (ages 12 – 17) who received services necessary to make transitions to adult health care from 18.4% to 20.2%. (NSCH 2016-20)		
CYSHCN State Objective 2: Strategy 1: Partner on identifying and incorporating best practices to ensure that CYSHCN and their families receive support for a successful transition to adult health care.	**CYSHCN State Objective 2: Strategy 2:** Fund DHCS/ISCD to assist CCS counties in providing necessary care coordination and case management to CCS clients to facilitate timely and effective access to care and appropriate community resources.	**CYSHCN State Objective 2: Strategy 3:** Fund DHCS/ISCD to increase timely access to qualified providers for CCS clients to facilitate coordinated care.
Local Activities for CYSHCN Objective 2: Strategy 1	**No Local Activities**	**No Local Activities**
cy 2.1.1 ☐Conduct an environmental scan in your county and/or region to understand needs, strengths, barriers, and opportunities in the transition to adult health care, supports, and services for youth with special health care needs. **What is your anticipated outcome?**		
cy 2.1.2 ☐Develop a communication and/or outreach campaign focused on transition from pediatric care to adult health care, including supports and services for youth with special health care needs. **What is your anticipated outcome?**		

cy 2.1.3 ☐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. **What is your anticipated outcome?**		
cy 2.1.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**		

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

Children and Youth with Special Health Care Needs (CYSHCN) Domain		
CYSHCN Priority Need 2: Increase engagement and build resilience among CYSHCN and their families. *CYSHCN Focus Area 3: Empower and support CYSHCN, families, and family-serving organizations to participate in health program planning and implementation.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 12:** Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care. **ESM 12.1:** Number of Local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.	
CYSHCN State Objective 3: By 2025, maintain the number of local MCAH programs (17) that chose to implement a Scope of Work objective focused on family engagement, social/community inclusion, and/or family strengthening for CYSHCN.		
CYSHCN State Objective 3: Strategy 1: Partner to train and engage CYSHCN and families to improve CYSHCN-serving systems through input and involvement in state and local MCAH program design, implementation, and evaluation.	**CYSHCN State Objective 3: Strategy 2:** Fund DHCS/ISCD to support continued family engagement in CCS program improvement, including the Whole Child Model, to assist families of CYSHCN in navigating services.	**CYSHCN State Objective 3: Strategy 3:** Support statewide and local efforts to increase resilience among CYSHCN and their families.
Local Activities for CYSHCN Objective 3: Strategy 1	**No Local Activities**	**Local Activities for CYSHCN Objective 3: Strategy 3**
cy 3.1.1 ☐ Collaborate with a local Family Resource Center or other CYSHCN-serving community organization to develop a training for LHJ staff on best practices for working with families of CYSHCN. **What is your anticipated outcome?**		**cy 3.3.1** ☐ Implement a project focused on mental health for parents/caregivers of CYSHCN (examples: connecting families in the NICU to home visiting or other Local MCAH programs, provider outreach to integrate maternal mental health screening into NICU follow-up visits or other pediatric specialty visits). **What is your anticipated outcome?**

cy 3.1.2 ☐ Provide training to a local Family Resource Center or other CYSHCN-serving community organization on how to access Local MCAH programs and resources. **What is your anticipated outcome?**		**cy 3.3.2** ☐ Implement a project focused on social and community inclusion for CYSHCN and their families (examples: creating a youth with special health care needs advisory group to improve community inclusion, partner with Parks and Rec or other non-traditional partners to make public spaces and events more inclusive). **What is your anticipated outcome?**
cy 3.1.3 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**		**cy 3.3.3** ☐ Partner with child welfare to address health needs (including mental health) of children and youth in foster care. **What is your anticipated outcome?**
cy 3.1.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**		**cy 3.3.4** ☐ Integrate trauma-informed and resilience-building practices specific to CYSHCN and their families into local MCAH programs. **What is your anticipated outcome?**

cy 3.1.5 ☐Other (Please Specify/Optional): **What is your anticipated outcome?**		**cy 3.3.5** ☐Other (Please Specify/Optional): **What is your anticipated outcome?**

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

Section C: Local Activities by Domain

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

Adolescent Domain		
Adolescent Priority Need 1: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. *Adolescent Focus Area 1: Improve sexual and reproductive health and well-being for all adolescents in California.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 10:** Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. **ESM 10.1:** Percent of AFLP participants who received a referral for preventive services.	
Adolescent State Objective 1: By 2025, increase the proportion of sexually active adolescents who use condoms and/or hormonal or intrauterine contraception to prevent pregnancy and provide barrier protection against sexually transmitted diseases as measured by: • percent of sexually active adolescents who used a condom at last sexual intercourse from 55% to 58% • percent of sexually active adolescents who used the most effective or moderately effective methods of FDA-approved contraception from 23% to 25%.		
Adolescent State Objective 1: Strategy 1: Lead surveillance and program monitoring and evaluation related to adolescent sexual and reproductive health.	**Adolescent State Objective 1: Strategy 2:** Lead to strengthen knowledge and skills to increase use of protective sexual health practices within CDPH/MCAH-funded programs.	**Adolescent State Objective 1: Strategy 3:** Partner across state and local health and education systems to implement effective comprehensive sexual health education in California.
Local Activities for Adolescent Objective 1: Strategy 1	**Local Activities for Adolescent Objective 1: Strategy 2**	**Local Activities for Adolescent Objective 1: Strategy 3**
a 1.1.1 ☐Utilize California Adolescent Sexual Health Needs Index (CASHNI) to target adolescent sexual health programs and efforts to youth facing the greatest inequities in health and social outcomes. **What is your anticipated outcome?**	**a 1.2.1** ☐For non-AFLP funded county agencies, partner with local AFLP agencies and/or other community partners to promote healthy sexual behaviors and healthy relationships among expectant and parenting youth. **What is your anticipated outcome?**	**a 1.3.1** ☐ For non- ASH Ed funded county agencies, partner with local ASH Ed funded agencies and/or other community partners to ensure local implementation of sexual health education that is aligned with the California Healthy Youth Act (CHYA) to young people facing the greatest inequities in health and social outcomes. **What is your anticipated outcome?**

a 1.1.2 ☐Utilize and disseminate California's Adolescent Birth Rate (ABR) data report to the public and local partners. **What is your anticipated outcome?**	**a 1.2.2** ☒ Build capacity of local MCAH workforce to promote protective adolescent sexual health practices by disseminating information, resources, and training opportunities. **What is your anticipated outcome?** 1.Pursue partnership with established ASH Ed programs. Explore and implement areas of collaboration. 2.Partner with NJUHSD to improve health outcomes for pregnant and parenting teens and their infants and children by providing case management services through the Young Parents Program imbedded within the Nevada Joint Union High School District. 3.Continue partnership with with BFFY in implementing an evidence based education and case management program to improve health outcomes for pregnant and parenting teens and their infants and children.	**a 1.3.2** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**
a 1.1.3 ☐Other (Please Specify/Optional): **What is your anticipated outcome?**	**a 1.2.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**a 1.3.3** ☐Other (Please Specify/Optional): **What is your anticipated outcome?**

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

Adolescent Domain	
Adolescent Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. *Adolescent Focus Area 2: Improve awareness of and access to youth-friendly services for all adolescents in California.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 10:** Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. **ESM 10.1:** Percent of AFLP participants who received a referral for preventive services.
Adolescent State Objective 2: By 2025, increase the percent of adolescents 12 -17 with a preventive medical visit in the past year from 59.8% (NSCH 2020-2021) to 83.8%.	
Adolescent State Objective 2: Strategy 1: Lead to develop and implement best practices in CDPH/MCAH funded programs to support youth with accessing youth-friendly preventative care, sexual and reproductive health care, and mental health care.	**Adolescent State Objective 2: Strategy 2:** Partner to increase the quality of preventive care for adolescents in California.
Local Activities for Adolescent Objective 2: Strategy 1	**Local Activities for Adolescent Objective 2: Strategy 2**
a 2.1.1 ☐Implement evidence-based screening tools or evidence-informed assessments to connect adolescents in Local MCAH programs to needed services. **What is your anticipated outcome?**	**a 2.2.1** ☐ Partner with CDPH/MCAH to disseminate tools and resources to improve the quality and accessibility of adolescent health care in their communities. **What is your anticipated outcome?**
a 2.1.2 ☐Lead the development of a community resources map that links referrals to services for young people. **What is your anticipated outcome?**	**a 2.2.2** ☐Other (Please Specify/Optional): **What is your anticipated outcome?**
a 2.1.3 ☐Partner to disseminate adolescent preventive care recommendations to improve the quality of adolescent health services.	**a 2.2.3** ☐Other local activity (Please Specify/Optional):

What is your anticipated outcome?	**What is your anticipated outcome?**
a 2.1.4 ☐Implement referrals to youth-friendly preventive care, mental health care, and sexual and reproductive health care, including the California's Family Planning, Access, Care and Treatment program. **What is your anticipated outcome?**	**a 2.2.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Adolescent Domain		
Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. *Adolescent Focus Area 3: Improve social, emotional, and mental health and build resilience among all adolescents in California.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 10:** Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. **ESM 10.1:** Percent of AFLP participants who received a referral for preventive services.	
Adolescent State Objective 3: By 2025, increase the percent of adolescents aged 12-17 who have an adult in their lives with whom they can talk to about serious problems from 76.7% (NSDUH 2018-2019) to 79.7%.		
Adolescent State Objective 3: Strategy 1: Lead to strengthen resilience among expectant and parenting adolescents to improve health, social, and educational outcomes.	**Adolescent State Objective 3: Strategy 2:** Partner to identify opportunities to build protective factors for adolescents at the individual, community, and systems levels.	**Adolescent State Objective 3: Strategy 3:** Partner to strengthen knowledge and skills among providers, individuals, and families to identify signs of distress and mental health related needs among adolescents.
Local Activities for Adolescent Objective 3: Strategy 1	**Local Activities for Adolescent Objective 3: Strategy 2**	**Local Activities for Adolescent Objective 3: Strategy 3**
a 3.1.1 ☐Partner with CDPH/MCAH to utilize evidence-based tools and resources, such as the Positive Youth Development (PYD) Model, to build youth resiliency to improve health, social, and educational outcomes among expectant and parenting youth. **What is your anticipated outcome?**	**a 3.2.1** ☐ Conduct a Positive Youth Development (PYD) Organizational Assessment to build agency capacity to engage and promote youth leadership and youth development. **What is your anticipated outcome?**	**a 3.3.1** ☐Identify local needs and assets relating to adolescent mental health. **What is your anticipated outcome?**
a 3.1.2 ☐Lead or participate on an Adolescent Family Life Program's (AFLP) Local Stakeholder Coalition (if AFLP exists in the county). **What is your anticipated outcome?**	**a 3.2.2** ☐Establish or join a local youth advisory board to incorporate youth voice and feedback into local MCAH health programs and initiatives. **What is your anticipated outcome?**	**a 3.3.2** ☐Partner with or join local adolescent health coalitions and co-develop a plan to improve adolescent mental health and well-being. **What is your anticipated outcome?**

a 3.1.3 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**a 3.2.3** ☐Partner with local community agencies to understand and promote efforts to improve youth engagement and leadership opportunities. **What is your anticipated outcome?**	**a 3.3.3** ☐ Partner to disseminate training opportunities and resources related to adolescent mental health and well-being. **What is your anticipated outcome?**
a 3.1.4 ☐Other (Please Specify/Optional): **What is your anticipated outcome?**	**a 3.2.4** ☐Other (Please Specify/Optional): **What is your anticipated outcome?**	**a 3.3.4** ☐Other (Please Specify/Optional): **What is your anticipated outcome?**

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

State of California
Financial Information System for California (FI$Cal)

GOVERNMENT AGENCY TAXPAYER ID FORM

2000 Evergreen Street, Suite 215
Sacramento, CA 95815
www.fiscal.ca.gov
1-855-347-2250

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields marked with an asterisk (*) are required. Hover over fields to view help information. Please print the form to sign prior to submittal. You may email the form to: vendors@fiscal.ca.gov, or fax it to (916) 576-5200, or mail it to the address above.

Principal Government Agency Name*: County of Nevada

Remit-To Address (Street or PO Box)*: 500 Crown Point Circle, Suite 110

City*: Grass Valley State *: CA Zip Code*+4: 95945-9561

Government Type:
- ☐ City
- ☑ County
- ☐ Special District
- ☐ Federal
- ☐ Other (Specify)

Federal Employer Identification Number (FEIN)*: 94-6000526

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Dept/Division/Unit Name	Complete Address
Public Health Department	500 Crown Point Circle, Ste 110, Grass Vall

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Contact Person*: Kathy Cahill, MPH Title: Director of Public Health

Phone number*: 530-265-1450 E-mail address: kathy.cahill@nevadacountyca.gov

Signature*: APPROVED By Kathleen Cahill at 4:49 pm, Jun 27, 2024 Date:

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

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

GAVIN NEWSOM
Governor

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

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

Nevada County Public Health,

has determined that the list of individuals in the attached Exhibit A are eligible for the enhanced SPMP reimbursement rate, for the State Fiscal Year 24/25, based on our review of all the criteria below:

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

The undersigned hereby attests that he/she:

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

Nevada County Public Health
Agency Name/Local Health Jurisdiction

Kathy Cahill, Director of Public Health	Kathy Cahill Digitally signed by Kathy Cahill Date: 2024.06.27 16:51:43 -07'00'	6/26/24
Name and Title	*Signature*	*Date*

SPMP ATTESTATION
Exhibit A

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1	Jessica Ferrer	Sr. PHN/ MCAH Director	Bachelor of Science - Nursing (B.S.N)	Registered Nurse, Public Health Nurse	RN 818771, PHN 85449
2	Jeana McHugh	PHN/ MCAH Coordinator	Bachelor of Science - Nursing (B.S.N)	Registered Nurse, Public Health Nurse	RN 95186923, PHN 567212
3	Charlene Weiss-Wenzl	Sr. PHN/ Director of Nursing	Bachelor of Science - Nursing (B.S.N)	Registered Nurse, Public Health Nurse	RN 836556, PHN 86138
4	Alison O'Connor	PHN/ MCAH Coordinator	Masters- Public Health, Bachelor of Science - Nursing (B.S.N)	Registered Nurse, Public Health Nurse	RN 584575, PHN 63951
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#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
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#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
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INTEREST IN UTILIZING THE NATIONAL FATALITY REVIEW-CASE REPORTING SYSTEM (NFR-CRS)

Local Health Jurisdiction: Nevada **Fiscal Year:** SFY 2024-25

My LHJ is interested in utilizing the National Fatality Review-Case Reporting System (NFR-CRS)

- ☐ Yes
- ■ No

If you check "Yes" please supply the following information:

Name:

Job Title:

E-mail address:

Phone number:

The State FIMR Coordinator will contact you with more detailed information about your desire to utilize the NFR-CRS.