



RESOLUTION No. 16-501

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING THE RENEWAL AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT NO. 201629 WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH FOR MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) PROGRAM FUNDS FOR FISCAL YEAR 2016/17

WHEREAS, the Public Health Department's Maternal, Child and Adolescent Health Program provides a comprehensive array of health services to protect and improve the health of women of reproductive age, infants, children, adolescents and their families; and

WHEREAS, the State has approved the County's Agreement Funding Application (AFA) for continuation of program funding in the maximum amount of \$200,625 for Fiscal Year 2016/17; and

WHEREAS, the funding provided helps support related department expenses such as personnel costs associated with positions such as the Maternal Child Health Director and Coordinator, Public Health Nurses, administrative/office staff, as well as other operational program costs; and

WHEREAS, local objectives for the MCAH Program during this year include: increasing identification and referrals for treatment of perinatal depression; improving first trimester prenatal care rates; reducing Sudden Infant Death Syndrome/Sudden Unidentified Infant Death during sleep and decreasing substance use/abuse for women of childbearing age; and

WHEREAS, these services greatly benefit community residents by improving health outcomes and reducing health care costs through improving access to care and the provision of preventive services.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the Agreement Funding Application (AFA) for Agreement No. 201629 by and between the County and the California Department of Public Health for Maternal, Child and Adolescent Health (MCAH) Program Funds be and hereby is approved in substantially the form attached hereto and that the Board of Supervisors accepts the funds in the maximum amount payable of \$200,625 for Fiscal Year 2016/17.

Funds to be deposited into Revenue Accounts: 1589-40114-492-3405/446210, 446230.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a special meeting of said Board, held on the 25th day of October, 2016, by the following vote of said Board:

Ayes: Supervisors Nathan H. Beason, Edward Scofield, Dan Miller, Hank Weston and Richard Anderson.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: 



Dan Miller, Chair

10/27/2016 cc: PH*
AC*



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



KAREN L. SMITH, MD, MPH
Director and State Health Officer

EDMUND G. BROWN JR.
Governor

August 2, 2016

Cynthia Wilson, MS, RN, PHN, IBCLC
MCAH Director
Nevada County Public Health Department
500 Crown Point Circle, Ste 110
Grass Valley, CA 95945

Dear Ms. Wilson:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR
AGREEMENT #201629 – FISCAL YEAR 2016-17

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division approves your Agency's AFA, including the enclosed Scope(s) of Work (SOW) and Budget(s) for administration of MCAH related programs.

To carry out the program(s) outlined in the enclosed SOW(s) and Budget(s), during the period of July 1, 2016 through June 30, 2017, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

Maternal Child and Adolescent Health.....\$200,625

The availability of Title V funds and State General funds (BIH only) are based upon funds appropriated in the FY 2016-17 Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH/MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed. The policies and procedures manuals can be accessed at: <http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalPoliciesandProceduresManual.aspx>

For agencies claiming Title XIX funds, you also agree to maintain secondary documentation that clearly substantiates time study activities as being non-program



Ms. Wilson
August 2, 2016
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related, unmatched, non-enhanced or enhanced. You also agree to use either:

1. the web-posted CDPH/MCAH, BIH, and/or AFLP Base Medi-Cal Factor (MCF),
2. a Variable Base MCF for specific staff who serve a unique client population, and who verify and document 100% of their Medi-Cal enrolled and non-Medi-Cal enrolled clients during each time study period (MCAH Program only), and/or
3. the Lodestar generated MCF (AFLP Program only).

Please ensure that all necessary individuals within your Agency are notified of this approval and that the enclosed documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained in the enclosed SOW and Budget is incorrect or different from that negotiated, please contact your Contract Manager, Fiona Humphrey, at (916) 650-0326 or by e-mail at Fiona.humphrey@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,

Rasha A. N. Selama

for Addie Aguirre
Assistant Division Chief

Enclosure(s)

cc: Julie Patterson-Hunter
Clerk of the Board
Nevada County Public Health Department
950 Maidu Ave, Suite 200
Nevada City, CA 95959

Central File

ORIGINAL

BUDGET SUMMARY

FISCAL YEAR
2016-17

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BALANCE

Version 4.5-26 Quarterly

Program: Maternal, Child and Adolescent Health	UNMATCHED FUNDING		NON-ENHANCED MATCHING (80/50)		ENHANCED MATCHING (75/25)	
Agency: 201629 Nevada	MCAH-TV	SIDS	MCAH-City-N	MCAH-City-E		
SubC:	(1)	(2)	(3)	(4)	(5)	(6)
	(7)	(8)	(9)	(10)	(11)	(12)
TOTAL FUNDING	%	%	%	%	%	%
ALLOCATION(S) →	107,576	3,000				

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
(I) PERSONNEL	195,199		38,080		3,000												74,903
(II) OPERATING EXPENSES	7,974		7,974														
(III) CAPITAL EXPENDITURES																	
(IV) OTHER COSTS	49,350		20,522														
(V) INDIRECT COSTS	253,223	42.48%	107,576	1.18%	3,000												74,903
BUDGET TOTALS*																	

TOTAL TITLE V	107,576	→	107,576
TOTAL SIDS	3,000	→	3,000
TOTAL TITLE XIX	90,048	→	
TOTAL AGENCY FUNDS	52,597	→	

\$ 200,625	Maximum Amount Payable from State and Federal resources			
WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.				
<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
MCAH PROJECT DIRECTOR'S SIGNATURE	AGENCY/FISCAL AGENT'S SIGNATURE	DATE		
		9/22/16		
*These amounts contain local resource submissions for allowable and matching purposes. MCAH does not reimburse Agency contributions.				
STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT				
(I) PERSONNEL	MCAH-TV	SIDS	MCAH-City-N	MCAH-City-E
(II) OPERATING EXPENSES	53,107	53,112	53,119	53,117
(III) CAPITAL EXPENSES	79,080	3,000	19,608	56,177
(IV) OTHER COSTS	7,974			
(V) INDIRECT COSTS	20,522		14,264	
Totals for PCA Codes	200,625	107,576	33,872	56,177

Program: Maternal, Child and Adolescent Health
 Agency: 201629 Nevada

(1) TOTAL FUNDING	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
	(2) %	(3) MCAH-TV	(4) %	(5) SIDS	(6) %	(7) Agency Funds	(10) %	(11) Combined Fed/Agency	(14) %	(15) Combined Fed/Agency
7,974	100.00%	7,974								

(II) OPERATING EXPENSES DETAIL

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)	% PERSONNEL MATCH	
														Match Available	%
TOTAL OPERATING EXPENSES	7,974	100.00%	7,974											59.36%	Match Available
TRAVEL	1,654	100.00%	1,654											59.36%	
1 Communication	1,000	100.00%	1,000											59.36%	
2 Office/Supplies Expense	915	100.00%	915											59.36%	
3 IS connection charges	300	100.00%	300											59.36%	
4 Copier Costs	1,820	100.00%	1,820											59.36%	
5 Health Education	285	100.00%	285											59.36%	
6 Computer and software for MCAH Coordinator	500	100.00%	500											59.36%	
7	1,500	100.00%	1,500											59.36%	
8															
9															
10															
11															
12															
13															
14															
15															

Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 6), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL

TOTAL CAPITAL EXPENDITURES

(IV) OTHER COSTS DETAIL

TOTAL OTHER COSTS		% PERSONNEL MATCH	
		59.36%	Match Available
SUBCONTRACTS			
1			
2			
3			
4			
5			
OTHER CHARGES			
1			
2			
3			
4			
5			

Program: Maternal, Child and Adolescent Health
 Agency: 201629 Nevada
 Subc:

UNMATCHED FUNDING																	
MCAH-TV			SIDS			AGENCY FUNDS			NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	
TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Feasibility %	%	Combined Feasibility %	%	Combined Feasibility %	%	Combined Feasibility %	%	Combined Feasibility %	
49,050		20,522															
25.00% of Total Wages + Fringe Benefits	41.84%	20,522						58.16%									

(V) INDIRECT COSTS DETAIL

TOTAL INDIRECT COSTS	20,522	28,527
25.00% of Total Wages + Fringe Benefits	41.84%	28,527

(I) PERSONNEL DETAIL

INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL PERSONNEL COSTS		TOTAL WAGES	MCAH-TV	SIDS	AGENCY FUNDS	NON-ENHANCED MATCHING (50/50)	ENHANCED MATCHING (75/25)	4-Pers MCF For Staff	Total Match
				196,199	74,903								
	DF MCAH Coordinator-St PHN	75.00%	86,572	68,429	47.00%	31,222	79,080	3,000		39,215	74,903	55.0%	85.00%
	DF PSC Coordinator-Sr PHN	15.00%	86,572	13,286	1.21%	161	30,787	1,168		15,267	29,161	85.0%	85.00%
	CW MCAH Director-Director of PHN	15.00%	114,891	17,234	67.00%	11,547	48,293	1,832		23,948	45,742	44.1%	33.00%
	CS MCAH Clerical-Admin Ass't	10.00%	47,291	4,729	55.90%	2,844				2,085		44.1%	44.10%
	Vac PHN II	25.00%	72,550	18,139	15.00%	2,721				2,358		85.0%	85.00%
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Program: **Maternal, Child and Adolescent Health**
Agency: **201629 Nevada**
SubK:

	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
	MCAH-TV		SIDS		AGENCY FUNDS		MCAH Crp-N		MCAH Crp-E		(16)	(17)				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)			(11)	(12)	(13)	(14)
TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds	%	Combined Fiscal Agency	%	Combined Fiscal Agency						
40																
41																
42																
43																
44																
45																
46																
47																
48																
49																
50																

Program: Maternal, Child and Adolescent Health		UNMATCHED FUNDING									
Agency: 201629 Nevada		MCAH-TV		SIDS		AGENCY FUNDS		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
SubK:		(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)
		%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*
TOTAL FUNDING		(1)									(17)

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

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

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

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

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

All Title V programs must comply with the MCAH Fiscal Policies and Procedures Manual which is found on the CDPH/MCAH website at:
<http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalDocuments.aspx>

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

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

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

Goal 1: Increase access and utilization of health and social services (cross-cutting)

- o Increase access to oral health services¹
- o Increase screening and referral for mental health and substance use services¹
- o Increase utilization of preventive health services¹
- o Target outreach services to identify pregnant women, women of reproductive age, infants, children and adolescents and their families who are eligible for Medi-Cal assistance or other publicly provided health care programs and assist them in applying for these benefits²
- o Provide developmental screening for all children³

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
		Process Description and Measures	Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)
<p>1.1-1.6</p> <p>All women of reproductive age, pregnant women, infants, children, adolescents and children and youth with special health care needs (CYSHCN) will have access to:</p> <ul style="list-style-type: none"> • Needed and preventive medical, dental, mental health, substance use services, and social services • Early and comprehensive perinatal care • An environment that maximizes their health 	<p>Assessment</p> <p>1.1 Identify and monitor the health status of women of reproductive age, pregnant women, infants, children, adolescents, and CYSHCN, including the social determinants of health and access/barriers to the provision of:</p> <ol style="list-style-type: none"> 1. Preventive, medical, dental, mental health, substance use services, and social services 2. Early and comprehensive perinatal care <p>Monitor trends over time, geographic areas and population group disparities.</p> <p>Annually, share your data with your key health department leadership.</p>	<p>Assessment</p> <p>1.1 This deliverable will be fulfilled by completing and submitting your Community Profile with your Agreement Funding Application each year</p> <p>Report date data shared with the key health department leadership. Briefly describe their response, if significant.</p>	<p>Short and/or Intermediate Outcome Measure(s)</p> <p>Assessment</p>

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
1.2	Participate in collaboratives, coalitions, community organizations, etc., to review data and develop policies and products to address social determinants of health and disparities.	Report the total number of collaboratives with MCAH staff participation. Submit Collaborative Surveys that document participation, objectives, activities and accomplishments of MCAH – related collaboratives.	1.2 List policies or products developed to improve infrastructure and address MCAH priorities.
		<p>Policy Development</p> <p>1.3 Describe efforts to develop policy and systems changes that facilitate access to Medi-Cal, MCAP, Covered CA, CHDP, WIC, CCS, Family PACT, Text 4 Baby, and other relevant programs. List formal and informal agreements, including Memoranda of Understanding with Medi-Cal Managed Care (MCMC) plans or other organizations that address the needs of mothers and infants.</p>	<p>Policy Development</p> <p>1.3 Describe the impact of policy and systems changes that facilitate access to Medi-Cal, MCAP, Covered CA, CHDP, WIC, CCS, Family PACT, and other relevant programs.</p>
1.4	Participate in and/or deliver trainings in MCAH and public health competencies and workforce development as resources allow.	List trainings attended or provided and numbers attending.	1.4 Describe outcomes of workforce development trainings in MCAH and public health competencies, including but not limited to, knowledge or skills gained, practice changes or partnerships developed.
		<p>Assurance</p> <p>1.4 Participate in and/or deliver trainings in MCAH and public health competencies and workforce development as resources allow.</p>	<p>Assurance</p> <p>1.4 Describe outcomes of workforce development trainings in MCAH and public health competencies, including but not limited to, knowledge or skills gained, practice changes or partnerships developed.</p>

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>1.5 Conduct activities to facilitate referrals to Medi-Cal, MCAP, Covered CA, CCS, and other low cost/no-cost health insurance programs for health care coverage²</p>	<p>1.5 Describe activities to facilitate referrals to health insurance and programs.</p>	<p>1.5 Report the number of referrals to Medi-Cal, MCAP, Covered CA, CCS, or other low/no-cost health insurance or programs.</p>
	<p>1.6 Provide a toll-free or "no-cost to the calling party" telephone information service and other appropriate methods of communication, e.g. local MCAH Program web page to the local community² to facilitate linkage of MCAH population to services</p>	<p>1.6 Describe the methods of communication, including the cultural and linguistic challenges and solutions to linking the MCAH population to services.</p>	<p>1.6 Report the following: 1. Number of calls to the toll-free or "no-cost to the calling party" telephone information service 2. The number of web hits to the appropriate local MCAH Program webpage</p>

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
<p>1.7 Increase the rate of:</p> <ul style="list-style-type: none"> Developmental screening for children ages 0-5 years according to AAP guidelines – 9 months, 16 months and 30 months All children, including CYSHCN, receive a yearly preventive medical visit 	<p>1.7 Perform activities at the individual, provider, and/or community level. Promote the <u>American Academy of Pediatrics (AAP)</u> developmental screening guidelines.</p> <p>Choose one or more:</p> <ol style="list-style-type: none"> Promote the use of <u>Ages and Stages-SE</u> screening materials consistent with AAP guidelines Work with health plans (HPs), including MCMC, to identify and address barriers to screening, referral, linkage and increase the: <ul style="list-style-type: none"> Number of HPs requiring screening per AAP guidelines Promote the yearly medical visit for children, including CYSHCN 	<p>1.7 Describe outreach efforts, barriers and opportunities for solutions</p> <p>Report the following based on the activities you chose to implement in the second column:</p> <ol style="list-style-type: none"> Number of providers receiving information about Birth to 5 or other screening materials (local pediatric offices, FQHC's) Describe participation in HMG or HMG like programs Describe barriers and strategies to increase screening, referral and linkage <ul style="list-style-type: none"> Number of HPs requiring screenings per AAP guidelines, especially MCMC plans Activities to promote the yearly preventive medical visit 	<p>1.7 Describe the following based on the activities you chose to implement in the second column:</p> <ol style="list-style-type: none"> Number and types of targeted providers using Birth to 5 or other AAP recommended screening materials. <ul style="list-style-type: none"> List other materials used Outcomes of participation in HMG or HMG like programs. Describe results of work to implement HMG core components Outcomes of activities with HPs Number of children, including CYSHCN, receiving a yearly preventive medical visit

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
<p>1.8 At least one specific short and/or intermediate SMART outcome objective(s) to address access and utilization of health and social services</p>	<p>1.8 List activities to address health disparities, social determinants and barriers to increased access to health and human services here.</p> <p>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance. http://www.publichealth.lacounty.gov/qi/corefcns.htm</p>	<p>1.8</p> <ul style="list-style-type: none"> • Continue universal usage of Edinburgh screen for all perinatal women in Nevada County as standard screen • Maintain notes summary of meetings w/providers of perinatal services • Survey HCP & partnering agencies of screenings obtained 	<p>1.8</p> <p>Pregnant and Postpartum women w/children to age 1 screened for PMAD services/Total number of pregnant and postpartum women w/children to age 1 in Nevada County</p>
<p>Fiscal Year 2, 2016-2017 By June 30, 2017, Health Care Providers (HCP) will screen Nevada County pregnant women and mothers of children less than 1 year of age for PMAD. If screened (+), will be referred to an appropriate treatment program.</p>	<p>1.8</p> <ul style="list-style-type: none"> • Continue fostering collaboration between home visiting staff and therapy staff members • Engage HCP's, clinics & existing community partners to share referral resource network, including eastern Nevada County/Truckee area • Promote obtaining PMAD screenings through education in community workshops and community professional meetings, including local non-profits working with the perinatal population of women • Consider design & printing of a Resource Directory 	<p>1.8</p>	<p>1.8</p>

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)
<p>By June 30, 2017, continue provision of all women enrolled in a HV program screening positive (+) with a score of EPDS >11, will be offered Cognitive Behavioral Therapy (CBT) through the MBD model or given referral for follow up to an appropriate agency.</p>	<ul style="list-style-type: none"> Develop and implement a CQI/QA process to monitor implementation of policies/processes, develop a regular feedback mechanism to continually improve the process, and a plan to evaluate the MBD impact in the community Assist in annual budgeting process for MBD Provide NCF5 grant oversight and data managing, provide reports, as needed to Nevada County Behavioral Health Assist in setting up data collection procedure in MBD QI process/REDCap Schedule leadership QI calls (once/quarter) w/MBD staff Secure that obtained data is sent to MBD prior to leadership call Participate in MBD leadership calls 	<ul style="list-style-type: none"> CQI/QA process developed 	<p>Women w/(+) EPDS >11 enrolled in HV referred to MBD or appropriate agency for follow-up/Total number of women enrolled in a HV program</p>
<p>By June 30, 2017, determine the feasibility of the NC MBD contract therapists providing CBT home visitation implementing Medi-Cal billing for service reimbursement to qualified women, to maintain the sustainability of the MBD program.</p>	<ul style="list-style-type: none"> Develop procedures to provide Medi-Cal super billing Conduct trainings for contract therapists w/BH Fiscal re: billing process Coordinate Medi-Cal billing w/Anasazi charting 	<p>Report on:</p> <ul style="list-style-type: none"> Use of currently existing and newly created billing/reimbursement means 	<p>Medi-Cal qualified women receiving CBT services/Number of women in NC receiving CBT</p>

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
<p>Fiscal Year 2: 2016-2017 By June 30, 2017, Policies will be developed for Nevada County health care providers to screen all pregnant and postpartum women for Perinatal Substance Use (PSU) and refer women who screen positive for follow-up</p>	<p>Perform the following activities:</p> <ul style="list-style-type: none"> • Continue Year 1 intervention activities: • Assist providers (CPSP and other medical providers, nurse practitioners, etc.) to develop protocols and identify and implement the use of validated PSU screening tools (e.g., CPSP Initial Combined Assessment Form, 4 P's, etc.). References include: 1) <i>Local MCAH Jurisdiction Survey on Prenatal Substance Use Screening Data (Sept. 22, 2006)</i>, pp. 21-24 http://www.cdph.ca.gov/HealthInfo/healthyiving/childfamily/Documents/MO-PSU-LocalJurisdictionSurvey.pdf 2) <i>Screening Instruments for Pregnant Women and Women of Childbearing Age: Substance Use, Mental Health and Intimate Partner Violence (VA Dept. of Behavioral Health and Developmental Services, 2012)</i> http://www.dhhs.virginia.gov/library/document-library/scrn-perinatal-instrumentschart.pdf 3) Perinatal Substance Use Screening in California (Chasnoff et al, 2008), p. 12 http://www.cdph.ca.gov/HealthInfo/healthyiving/childfamily/Documents/MO-ChasnoffPerinatalSubstanceUseScreeningReport-10-24-08.pdf <ul style="list-style-type: none"> • Engage existing community partners/collaborative involved w/PSU clientele • Develop and complete an 		

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>environmental scan of provider clinics, showing steps taken to implement PSU screening and referral policies or protocols</p> <ul style="list-style-type: none"> • Collaborate with other providers, community organizations, and support groups to establish a referral resource network • Develop and implement a Continuous Quality Improvement/Quality Assurance (CQI/QA) process to monitor implementation of policies/processes, a regular feedback mechanism to continually improve the process and evaluate the impact 		

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

Goal 2: Improve preconception health by decreasing risk factors for adverse life course events among women of reproductive age

- Decrease unintended pregnancies¹
- Decrease the burden of chronic disease¹
- Decrease intimate partner violence¹
- Assure that all pregnant women will have access to early, adequate, and high quality perinatal care with a special emphasis on low-income and Medi-Cal eligible women²

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
2.1-2.3 All women will have access to quality maternal and early perinatal care, including CPSP services for Medi-Cal eligible women.	2.1 Assurance Develop MCAH staff knowledge of the system of maternal and perinatal care. Conduct local activities to facilitate increased access to early and quality perinatal care.	2.1 Assurance Report the following: 1. List of trainings received by staff on perinatal care 2. List activities implemented to increase access of women to early and quality perinatal care 3. Barriers and opportunities to improve access to early and quality perinatal care	2.1 Assurance Describe outcomes of the following: 1. Behavior or practice change following receipt of training 2. Activities implemented to increase access to and improve the quality of perinatal care 3. Activities addressing the barriers to improve access to early and quality perinatal care
	2.2 Maintain and manage a network of perinatal providers, including certified CPSP providers. Provide technical assistance or education to improve perinatal care access and quality of	2.2 Describe local network of perinatal providers, including CPSP providers (e.g. concentration of Medi-Cal Managed Care, Fee-for Service, etc) List technical assistance activities provided to perinatal and CPSP providers (e.g. resources.)	2.2 Describe adequacy of current network of perinatal providers in meeting the needs of local maternal population. Describe improvement/s in provider knowledge or practice following technical assistance on

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
	<p>perinatal services.</p>	<p>referrals, tracking system for follow-up, assessments, interventions, infant care etc).</p> <p>** If above is not applicable to the local site,</p> <p>Summarize perinatal training or education sessions conducted with at-risk, Medi-Cal eligible women.</p> <p>Briefly summarize shared activities performed with current provider networks and/or local health plans to improve access to and quality of perinatal services including coordination and integration of care.</p>	<p>perinatal care access and quality of perinatal services.</p>
	<p>Conduct activities with local provider networks and/or health plans to improve access to and quality of perinatal services including coordination and integration of care.</p>	<p>2.3</p> <p>Conduct face-to-face quality assurance/quality improvement (QA/QI) activities with CPSP providers or MCMC liaison to ensure that protocols are in place and implemented.</p>	<p>Describe outcome of shared activities performed with the perinatal provider networks and/or local health plan in improving access to and quality of perinatal services</p>
	<p>2.3</p> <p>Conduct face-to-face quality assurance/quality improvement (QA/QI) activities with CPSP providers or MCMC liaison to ensure that protocols are in place and implemented.</p>	<p>2.3</p> <p>List the types of CPSP provider QA/QI activities conducted during site visits.</p> <p>Identify your MCMC liaison contact</p> <p>Report the number of actual site visits conducted with enrolled CPSP providers and/or MCMC liaison</p>	<p>2.3</p> <p>Describe the results of QA/QI activities that were conducted.</p>

Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
<p>Fiscal Year 2 2016-2017</p> <ul style="list-style-type: none"> By June 30, 2017, at least one additional Medi-Cal provider will begin to accept presumptive eligibility (PE) to provide CPSP services for prenatal care. (including Licensed Midwives, dependent on SB 407 passing and enactment of law) 	<ul style="list-style-type: none"> Identify providers who are not currently accepting Presumptive Eligibility (PE) Encourage them to provide Medi-Cal +/-or CPSP services, if they are not already Encourage them to become PE providers, benefits of and provide information on application and implementation Assist the providers to apply and implement PE in their practice Establish working relationships w/MCMC programs (CA H&W, Anthem Blue Cross) to ensure CPSP like services are provided to the perinatal population California Department of Health Care Services: Presumptive Eligibility for Pregnant Women: http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE.aspx 	<ul style="list-style-type: none"> Briefly describe the written and verbal process to encourage additional providers to become PE providers Briefly describe successes and barriers Number of OB providers, Medi-Cal PE at baseline <p>Number of PNC Medi-Cal providers/number beginning to accept presumptive eligibility</p>

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

Goal 3: Reduce infant morbidity and mortality

- o Reduce pre-term births and infant mortality¹
- o Increase infant safe sleep practices¹
- o Increase breastfeeding initiation and duration¹

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

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

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)	
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
<p>3.3 At least one specific objective(s) addressing infant safe sleep practices and SIDS risk reduction community health education is required here.</p>	<p>3.3 List activities to promote infant safe sleep practices and SIDS risk reduction education activities to the community here.</p> <p>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance. http://www.publichealth.lacounty.gov/qi/corefons.htm</p>	<ul style="list-style-type: none"> • Number of presentations given to childcare providers • Briefly describe what was observed • Briefly describe evaluation tool developed • Briefly describe key infant safe sleep education and SIDS risk reduction accomplishments and barriers • List technical assistance provided • Number of parents receiving infant safe sleep and SIDS risk reduction information from the childcare providers • Briefly describe the CQI/QA process developed 	<ul style="list-style-type: none"> • Number of childcare providers represented @ infant safe sleep presentations/ total number of county childcare providers • Number of childcare providers who adopt infant safe sleep practices and SIDS risk reduction/ the total number of childcare providers educated • Briefly describe the results of the evaluation • Describe the outcomes of the CQI/QA process including methods of measurements and results
<p>Fiscal Year 2, 2016-2017 By June 30, 2017, childcare providers will demonstrate increased knowledge and will adopt infant safe sleep practice and SIDS risk reduction in their childcare center</p>	<ul style="list-style-type: none"> • SIDS coordinator/public health professional provides infant safe sleep education and SIDS risk reduction to childcare providers • SIDS coordinator/public health professional observes infant safe sleep practices and SIDS risk reduction in childcare center • Provide technical assistance to childcare providers as needed • Public health professionals work with childcare providers to promote activities on infant safe sleep education and SIDS risk reduction • Encourage childcare providers to share the educational materials with parents to promote the infant safe 	<ul style="list-style-type: none"> • Number of presentations given to childcare providers • Briefly describe what was observed • Briefly describe evaluation tool developed • Briefly describe key infant safe sleep education and SIDS risk reduction accomplishments and barriers • List technical assistance provided • Number of parents receiving infant safe sleep and SIDS risk reduction information from the childcare providers • Briefly describe the CQI/QA process developed 	<ul style="list-style-type: none"> • Number of childcare providers represented @ infant safe sleep presentations/ total number of county childcare providers • Number of childcare providers who adopt infant safe sleep practices and SIDS risk reduction/ the total number of childcare providers educated • Briefly describe the results of the evaluation • Describe the outcomes of the CQI/QA process including methods of measurements and results

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>sleep education and SIDS risk reduction</p> <ul style="list-style-type: none"> Develop and administer evaluation tool to measure implementation of safe sleep and SIDS risk reduction practice in child care providers Contact the Family Health Outcomes Project (FHOP) as needed for assistance in developing an evaluation tool. SIDS Awareness and Risk Reduction Outcome Measurement Tools¹ at FHOP website: http://fhop.ucsf.edu/fhop/htm/ca_m_cah/SIDS_awareness.html Utilize SIDS educational materials located at the State web site: http://www.cdph.ca.gov/programs/SIDS/Pages/default.aspx And the California SIDS Program web site: http://californiasids.cdph.ca.gov <p>Develop and implement a Continuous Quality Improvement/Quality Assurance (CQ/QA) process to monitor implementation of policies/processes, a regular feedback mechanism to continually improve the process and evaluate the impact.</p>		

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>3.4 List activities to improve perinatal/infant health here.</p> <p>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance. http://www.publichealth.lacounty.gov/qi/corefncs.htm</p>		
<p>For FIMR LHJs Only: 3.5-3.7 Preventable fetal, neonatal and postneonatal deaths will be reduced.</p>	<p>For FIMR LHJs Only: Assessment 3.5 Complete the review of at least ___ cases, which is approximately ___% of all fetal, neonatal, and postneonatal deaths.</p>	<p>For FIMR LHJs Only: Assessment 3.5 Submit number of cases reviewed as specified in the Annual Report table.</p>	<p>For FIMR LHJs Only: Assessment 3.5 Submit periodic local summary report of findings and recommendations (periodicity to be determined by consulting with MCAH).</p>
	<p>Assurance 3.6 Establish, facilitate, and maintain a Case Review Team (CRT) to review selected cases, identify contributing factors to fetal, neonatal, and postneonatal deaths, and make recommendations to address these factors.</p>	<p>Assurance 3.6-3.7 Submit FIMR Tracking Log and FIMR Committee Membership forms for CRT and CAT with the Annual Report.</p>	
	<p>3.7</p>		

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	Short and/or Intermediate Outcome Measure(s)
	Establish, facilitate, and maintain a Community Action Team (CAT) to recommend and implement community, policy, and/or systems changes that address review findings.		
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
<p>3.8 For FIMR LHJs Only:</p> <p>One objective addressing the development of interventions to prevent fetal, neonatal, and postneonatal deaths is required here.</p>	<p>3.8 For FIMR LHJs Only:</p> <p>Based on CRT recommendations, identify and implement at least one intervention involving policy, systems, or community norm changes here.</p>	<p>3.8 For FIMR LHJs Only:</p> <p>Develop process measures for applicable intervention activities here.</p>	<p>3.8 For FIMR LHJs Only:</p> <p>Develop short and/or intermediate outcome-related performance measures for the objectives and activities here.</p>

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

Goal 4: Increase the proportion of children, adolescents and women of reproductive age who maintain a healthy weight

- o Increase consumption of a healthy diet¹
- o Increase physical activity¹

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>4.1 Add specific short and/or intermediate SMART outcome objective(s) here.</p> <p>Consider addressing local problems related to:</p> <ul style="list-style-type: none"> • Overweight/obesity • Physical activity 	<p>4.1 List activities to meet the Outcome Objective(s) here.</p> <p>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance. http://www.publichealth.lacounty.gov/qi/corefncns.htm</p>	<p>4.1 Develop process measures for applicable intervention activities here.</p>	<p>4.1 Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p>

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

Goal 5: Improve the cognitive, physical, and emotional development of all children, including children and youth with special health care needs

- Reduce unintentional injuries¹
- Reduce child abuse and neglect¹
- Provide developmental screening for all children¹

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>5.1 Add specific short and/or intermediate SMART outcome objective(s) here.</p> <p>Consider addressing local problems related to:</p> <ul style="list-style-type: none"> • Childhood injury • Child abuse and neglect • CYSHCN 	<p>List activities to meet the Outcome Objective(s) here.</p> <p>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development, and Assurance. http://www.publichealth.lacounty.gov/a/i/corefncns.htm</p> <p>Activities county MCAH PHN's participate:</p> <ul style="list-style-type: none"> • MCAH Director member Steering Committee of the Community Support Network (CSN)- collaborative of western Nevada County • MCAH PHN's participate in CSN monthly meetings • Child Abuse Prevention Council (CAPC) • Child Death Review Team (CDRT) of Nevada County MCAH Director- Convener • Car seat referral site for western Nevada County • Annual Safety Fair 	<ul style="list-style-type: none"> • Maintain agendas and daily tracking log of meetings attended and # of participants • Provide brief narratives for AR describing success and barriers 	<ul style="list-style-type: none"> • Report number of events/ meetings attended and number of points of contact/participants • Report number of car seat referrals received and clients referred to CHP for safety checks and car seat fitting

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)

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

Goal 6: Increase conditions in adolescents that lead to improved adolescent health

- Decrease teen pregnancies¹
- Reduce teen dating violence, bullying and harassment¹

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>6.1 Add specific short and/or intermediate SMART outcome objective(s) here.</p> <p>Consider addressing local problems related to:</p> <ul style="list-style-type: none"> ● Adolescent sexual health ● Adolescent pregnancy ● Adolescent injuries ● Adolescent violence ● Adolescent mental health 	<p>6.1 List activities to meet the Outcome Objective(s) here.</p> <p>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development, and Assurance. http://www.publichealth.lacounty.gov/qi/corefcns.htm</p>		

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