

**Sierra County  
Board of Supervisors'  
Agenda Transmittal &  
Record of Proceedings**

<b>MEETING DATE:</b> May 3, 2016	<b>TYPE OF AGENDA ITEM:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Timed <input checked="" type="checkbox"/> Consent
-------------------------------------	---

<b>DEPARTMENT:</b> Health & Human Services <b>APPROVING PARTY:</b> Darden Bynum, Director <b>PHONE NUMBER:</b> (530) 993-6701
---

**AGENDA ITEM:** Adoption of Resolution approving the Sierra County Allocation Funding Application, (AFA) and the Scope of Work, (SOW) for the ongoing Maternal, Child and Adolescent Health (MCAH) Program for Fiscal Year 2015/16 and authorizing Darden Bynum, Director, to sign documents regarding the AFA.

**SUPPORTIVE DOCUMENTS ATTACHED:**  Memo  Resolution  Agreement  Other  
Funding Application

**BACKGROUND INFORMATION:** : This resolution (2016-013) was approved by the Board of Supervisors on February 16, 2016. However, there were some pages that were missed from the agreement when submitted. This item is being resubmitted with the full agreement.

**FUNDING SOURCE:**  
**GENERAL FUND IMPACT:** No General Fund Impact  
**OTHER FUND:** 5610 Revenue  
**AMOUNT:** \$82,601.00 Annually

**ARE ADDITIONAL PERSONNEL REQUIRED?**  
  
 Yes, -- --  
 No

**IS THIS ITEM ALLOCATED IN THE BUDGET?**  Yes  No  
  
**IS A BUDGET TRANSFER REQUIRED?**  Yes  No

**SPACE BELOW FOR CLERK'S USE**

<p><b>BOARD ACTION:</b></p> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken	<input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____	Resolution 2016- _____ Agreement 2016- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus
		<p><b>COMMENTS:</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

_____ CLERK TO THE BOARD	_____ DATE
-----------------------------	---------------



Darden Bynum, LCSW  
Director

**Social Services**

P.O. Box 1019  
Loyalton, California 96118  
202 Front Street  
**530-993-6720**  
Fax 530-993-6767

**Downieville, California**

P.O. Box 38  
Downieville, California 95936  
22 Maiden Lane  
**530-289-3711**  
CPS 530-289-3720  
Fax 530-289-3716

**Mental Health/Drug/Alcohol**

P.O. Box 265  
Loyalton, California 96118  
704 Mill Street  
**530-993-6746**  
Fax 530-993-6759

**Health Department**

P.O. Box 7  
Loyalton, California 96118  
202 Front Street  
**530-993-6700**  
Fax 530-993-6790

## Memorandum

**To:** Sierra County Board of Supervisors

**From:** Darden Bynum, LCSW, Director, Health & Human Services

**Reference:** Agenda items

**Date of memo:** 27 April 2016

**Date of Board Meeting:** 3 May 2016

**Regarding:** Request Board approval and Adoption of Resolution approving the Sierra County Allocation Funding Application, (AFA) and Scope of Work, (SOW) for the ongoing Maternal, Child and Adolescent Health, (MCAH) program for Fiscal Year 2015/16 and authorizing Darden Bynum, Director, to sign documents regarding the AFA.

**Executive summary:** This memo is to request approval and Adoption of Resolution approving the Sierra County Allocation Funding Application, (AFA) and Scope of Work, (SOW) for the ongoing Maternal, Child and Adolescent Health, (MCAH) program for Fiscal Year 2015/16 and authorizing Darden Bynum, Director, to sign documents regarding the AFA.

**Background information:** This resolution (2016-013) was approved by the Board of Supervisors on February 16, 2016. However, there were some pages that were missed from the agreement when submitted. The items that have been added are as follows:

1. AFA Checklist
2. Update Form
3. Attestation Form
4. Community Profile
5. Waiver letter

Maternal, Child and Adolescent Health services funding has been received by Sierra County going at least as far back as 1998; it appears that every county, including Alpine County, receives MCAH funding.

Sierra County MCAH funding is a result of the state's distribution of Title V Maternal, Child and Adolescent Health services Block Grant funding, provided through the federal Public Health Service Act. MCAH funding is key in supporting Sierra County Public Health Infrastructure and helping pay the salaries of staff utilized to assure Sierra County meets the state mandates.

Sierra County's current MCAH plan and related contract with the state, needs to be monitored to determine how this funding is best used in Sierra County. There aren't any new positions or programs anticipated from this approval.

**Recommendation:** By approving this resolution and application, the Board of Supervisors confirms the continuity for people directly receiving services. It is recommended this request be approved.

**BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA**

**RESOLUTION NO. \_\_\_\_\_**

**Approving The Agreement Funding Application (AFA)  
For Agreement #201546  
For the On-going  
Maternal Child and Adolescent Health (MCAH) Agreement  
FY 2015/16**

**WHEREAS**, State of California Department of Health Care Services and Sierra County Health Department have set goals for the Maternal, Child and Adolescent Health Program, and;

**WHEREAS**, The Allocation Funding Application (AFA) for FY 2015/16, the Scope of Work (SOW) and the budget have been sent to the State of California Department of Health Care Services, MCAH Division and were approved. The State will reimburse Sierra County for MCAH program FY 2015/16 expenditures up to \$82,601.00.

**NOW THEREFORE BE IT RESOLVED**, the MCAH Agreement Funding Application for FY 2015/16 and the 2015/16 Scope of Work and budget is hereby approved.

**BE IT FURTHER RESOLVED**, that Darden Bynum, Director, is authorized to sign documents regarding the Agreement Funding Application.

**ADOPTED** by the Board of Supervisors of the County of Sierra, State of California on the 3rd day of May, 2016, by the following vote:

**AYES:  
NOES:  
ABSTAIN:  
ABSENT:**

\_\_\_\_\_  
LEE ADAMS  
Chairman, Board of Supervisors

\_\_\_\_\_  
Date

**ATTEST:**

**APPROVED AS TO FORM:**

\_\_\_\_\_  
HEATHER FOSTER  
Clerk of the Board

\_\_\_\_\_  
CHRISTIAN CURTIS  
County Counsel



## File Naming Convention Example

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

[Agreement # [space] Program Abbreviation [space] Checklist # [space] Document Name [space] Version Date]

Below is an example of the AFA documents submitted by Mono County for FY 14-15:

-  201426 MCAH 1 AFA Checklist 092314.doc
-  201426 MCAH 2 AFA Update Form 10071...
-  201426 MCAH 3 Attestation 092314.doc
-  201426 MCAH 3 Attestation 103014.pdf
-  201426 MCAH 4 Program Narrative 09231...
-  201426 MCAH 5 Budget 102914.xlsx
-  201426 MCAH 5 Budget 110414.pdf
-  201426 MCAH 6 DS Line 1 092314.doc
-  201426 MCAH 6 DS Line 2 092314.doc
-  201426 MCAH 6 DS Line 3 092314.doc
-  201426 MCAH 6 DS Line 4 092314.doc
-  201426 MCAH 6 DS Line 5 092314.doc
-  201426 MCAH 6 DS Line 6 092314.doc
-  201426 MCAH 6 DS Line 7 092314.doc
-  201426 MCAH 7 Org Chart 092314.docx
-  201426 MCAH 8 Approval Letter-MCAH ...
-  201426 MCAH 9 SOW 100114 FINAL.docx
-  201426 MCAH 10 Inventory 092314.docx

Please contact your Contract Manager (CM) if you have any questions.

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

**FUNDING AGREEMENT PERIOD  
FY 2015-2016 (LHJs)/2012-13 to 2015-16 (CBOs)**

**ANNUAL PERSONNEL UPDATE FORM**

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

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

**AGENCY IDENTIFICATION INFORMATION**

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

Please check the applicable "Program" boxes below:

MCAH       AFLP       BIH       FIMR       CHVP

**Fiscal Year: 2015-16**      Update Effective: 08/01/2015 (only required when submitting updates)

Agreement/Contract Number:	<b>2015-46</b>		
Federal Employer ID#:	94-6000536		
Complete Official Agency Name:	Sierra County Health and Human Services		
Business Office Address:	202 Front St Loyalton, CA 96118		
Agency Phone:	530-993-6700	Agency Fax: 530-993-6790	
Agency Website Address:	www.sierracounty.ca.gov		

**1 AGENCY DIRECTOR**

Name:	Darden Bynum					
Title:	Health and Human Services Director					
Mailing Address:	PO Box 7					
City:	Loyalton				Zip:	96118
Phone:	530-993-6707	Ext.:		FAX:	530-993-6790	
E-Mail Address:	darden.bynum@sierracounty.ca.gov					

2 BOARD INFORMATION					
Clerk of the Board <input checked="" type="checkbox"/>			Chair Board of Supervisors <input type="checkbox"/>		
Title:	Heather Foster, County Clerk Recorder				
Mailing Address:	PO Box Drawer C				
City:	Downieville			Zip:	95936
Phone:	530-289-3295	Ext.		FAX:	530-289-2830
E-Mail Address:	hfoster@sierracounty.ca.gov				

3 OFFICIAL AUTHORIZED TO COMMIT AGENCY					
Name:	Darden Bynum				
Title:	Health and Human Services Director				
Mailing Address:	PO Box 7				
City:	Loyalton			Zip:	96118
Phone:	530-993-6707	Ext.		FAX:	530-993-6790
E-Mail Address:	darden.bynum@sierracounty.ca.gov				

4 FISCAL OFFICER					
Name:	Judy Blakney				
Title:	Fiscal Intermediary Officer				
Mailing Address:	PO Box 7				
City:	Loyalton			Zip:	96118
Phone:	530-993-6730	Ext.		FAX:	530-993-6790
E-Mail Address:	jblakney@sierracounty.ca.gov				

5 MCAH DIRECTOR (Please check box if MCAH and AFLP Director are the same) <input type="checkbox"/>					
Name:	Shanna Anseth, RN, PHN				
Title:	MCAH Director				
Mailing Address:	PO Box 7				
City:	Loyalton			Zip:	96118
Phone:	530-993-6705	Ext.		FAX:	530-993-6790
E-Mail Address:	sanseth@sierracounty.ca.gov				

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

7 MCAH BUDGET CONTACT								
Name:	Jamie Thompson							
Title:	Account Technician							
Mailing Address:	PO Box 7							
City:	Loyalton			Zip:	96118			
Phone:	530-993-6770		Ext.			FAX:	530-993-6790	
E-Mail Address:	jthompson@sierracounty.ca.gov							

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

9 PERINATAL SERVICES COORDINATOR (PSC)								
Name:	Shanna Anseth, RN, PHN							
Title:	PSC							
Mailing Address:	PO Box 7							
City:	Loyalton			Zip:	96118			
Phone:	530-993-6705		Ext.			FAX:	530-993-6790	
E-Mail Address:	sanseth@sierracounty.ca.gov							

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

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

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

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

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

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

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

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

18 SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR / CONTACT					
Name:	Shanna Anseth, RN, PHN				
Title:	SIDS Coordinator				
Mailing Address:	PO Box 7				
City:	Loyalton			Zip:	96118
Phone:	530-993-6705	Ext.:		FAX:	530-993-6790
E-Mail Address:	sanseth@sierracounty.ca.gov				

19 CALIFORNIA HOME VISITING PROGRAM (CHVP) COORDINATOR/ NURSING SUPERVISOR					
Name:					
Title:					
Mailing Address:					
City:				Zip:	
Phone:		Ext.:		FAX:	
E-Mail Address:					

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

**AGREEMENT FUNDING APPLICATION  
POLICY COMPLIANCE AND CERTIFICATION**

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

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

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

Health and Human Services Director  
Title

Darden Bynum \_\_\_\_\_  
Name (Type or Print) Date

\_\_\_\_\_  
Original Signature of MCAH/AFLP Director

MCAH Director  
Title

Shanna Anseth \_\_\_\_\_  
Name (Type or Print) Date

## Exhibit K

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

**Agency Name:** Sierra

**Agreement/Grant Number:** 201546

**Compliance Attestation for Fiscal Year:**2015-16

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

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

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

#### Signed

Sierra County  
*Agency Name*

201546  
*Agreement/Grant Number*

\_\_\_\_\_  
*Signature of MCAH Director*  
*Signature of AFLP Director (CBOs only)*

08/01/2015  
*Date*

Shanna Anseth  
*Printed Name of MCAH Director*  
*Printed Name of AFLP Director (CBOs only)*

## Exhibit K

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

CALIFORNIA CODES  
HEALTH AND SAFETY CODE  
SECTION 151000-151003

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

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

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

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

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

## Exhibit K

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

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

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

# Sierra County Maternal Child and Adolescent Health Community Profile 2015-2016

## Section 1 – Demographics

	Local	State
<b>Our Community</b>		
Total Population <sup>1</sup>	3146	37,826,160
Total Population, African American	4	2,203,540
Total Population, American Indian/ Alaskan Natives	33	164,381
Total Population, Asian/Pacific Islander	1	5,035,603
Total Population, Hispanic	243	14,501,606
Total Population, White	2824	14,953,617
Total Live Births	23	503,763
<b>Our Mothers and Babies</b>		
% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy <sup>2</sup>	76.2	83.6%
% of births covered by Medi-Cal <sup>2</sup>	54.8	47.0%
% of women ages 18-64 without health insurance <sup>3</sup>	18.9	22.4%
% of women giving birth to a second child within 24 months of a previous pregnancy <sup>2</sup>	25.6	38.5%

	Local	State
<b>Our Mothers and Babies (continued)</b>		
% live births less than 37 weeks gestation <sup>2</sup>	10.6	9.8%
Gestational diabetes per 1,000 females age 15-44	0	8.1
% of female population 18-64 living in poverty (0-200% FPL) <sup>3</sup>	34.1	35.0%
Substance use diagnosis per 1,000 hospitalizations of pregnant women	0	15.7
Unemployment Rate <sup>4</sup>	13.2	11.5
<b>Our Children and Teens</b>		
Teen Birth Rate per 1,000 births (ages 15-19) <sup>2</sup>	13.0	28.4
Motor vehicle injury hospitalizations per 100,000 children age 0-14	0	17.3
% of children, ages 0-18 years living in poverty (0-200% FPL) <sup>3</sup>	47.3	46.8%
Mental health hospitalizations per 100,000 age 15-24	##	1,348.6
Children in Foster Care per 1,000 children <sup>5</sup>	14.1	6.5
Substance abuse hospitalization per 100,000 aged 15-24	##	691.2

Data sources: <sup>1</sup>CA Dept. of Finance population estimates 2012, <sup>2</sup>CA Birth Statistical Master Files 2010-2012, <sup>3</sup>US Census Bureau - Small Area Health Insurance Estimates 2010-2012, <sup>4</sup>CA Employment Development Dept. 2010-2012, <sup>5</sup>Data from CA Child Welfare Indicators Project, UC Berkeley 2010-2012

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

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

1) Sierra County is a rural county spread over approx 950 square miles, separated by a mountain range into East and West. Loyalton is our largest city with 750 residents, Downieville is the second largest with 200 residents, then multiple small towns throughout the county with total census being 3146 (2010 Census).

2) Agriculture and Government agencies (HHS, School, USFS) are the main employers, tourism increases dramatically during the summer and fall. Loyalton is approximately 40 miles from larger towns such as Reno and Truckee, therefore many residents commute out of town for work.

3)The county's two largest cities/towns are very accessible for walkability and bike-riding with well-maintained sidewalks. Many children ride bikes to school during spring and summer although most are driven via private vehicle or school buses. Those who live in town can easily walk to the store, medical clinic, school, etc. There is no public transportation in Sierra County but both sides of the county offer the Senior Van for transportation to Reno, Truckee or Grass Valley at the cost of \$8/trip on a first come, first serve basis.

## Section 3 – Health System – Health and Human Services for the MCAH Population

Describe the following using brief narratives or bullets: Strategies/initiatives that address the following: Maternal/Women's Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs and cross cutting or life course issues (public health issues that impact multiple MCAH population groups).

There are two medical clinics providing basic health care throughout the county, each staffed by an FNP. There are no hospitals or CPSP providers located in Sierra County therefore East-side residents must travel 40 miles to Reno, NV (if they have private insurance), 20 miles to Portola, or 40 miles to Truckee for prenatal care, xrays, lab testing, specialty and acute care. West-side residents travel 50 miles to Grass Valley for their advanced care. The west side of the county operates a primary care mobile van that travels to our most remote areas. This van used to travel to these areas once per week but has since cut back to once per month. Both clinics see Medi-Cal clients but we do not have a dental provider in our county who will see Medi-Cal clients. These clients must travel to Portola, Truckee or Quincy to see a Medi-Cal provider and the wait times for an appointment are quite long. The School District no longer has a School Nurse so the MCAH Director works closely with the school to provide assistance with IZ, flu reporting, communicable disease issues, etc.

Our Medi-Cal Managed Care plans are Anthem Blue Cross and California Health and Wellness.

## Section 4 – Health Status and Disparities for the MCAH Population

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

\*Geographic isolation from advanced medical care-Local HCP's are utilizing Telemedicine to help their clients access the specialists they need. Managed care plans are also responsible for providing transportation to appointments if clients are not able to arrange their own transportation.

\*Lack of Medi-Cal/Denti-Cal providers-Neighboring Plumas County is researching the possibility of contracting with our local dental provider to lease their Loyalton office one day per week to a Denti-Cal provider.

\*High smoking and smokeless tobacco rates- Tobacco Prevention Program Campaign to increase awareness and target children prior to them ever trying smoking or chewing.

\*Poverty and lack of job opportunities (13.2%unemployment rate compared to the state which is 12.3%)

**IMPORTANT:** By clicking this box, I agree to allow the state MCAH Program to post my LHJ's Community Profile on the CDPH/MCAH website.

<b>BUDGET SUMMARY</b>	<b>FISCAL YEAR</b> 2015-16	<b>BUDGET</b> ORIGINAL	<b>BUDGET STATUS</b> ACTIVE	<b>BALANCE</b>
-----------------------	-------------------------------	---------------------------	--------------------------------	----------------

Version 4.4A-50 Quarterly

Program: <b>Maternal, Child and Adolescent Health</b>	<b>UNMATCHED FUNDING</b>				<b>NON-ENHANCED MATCHING (50/50)</b>		<b>ENHANCED MATCHING (75/25)</b>				
Agency: <b>201546 Sierra</b>	MCAH-TV		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E				
SubK:	(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
	TOTAL FUNDING	%	TITLE V	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		
	ALLOCATION(S) →		80,002								

EXPENSE CATEGORY	(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
(I) PERSONNEL	50,471		48,063						2,408		
(II) OPERATING EXPENSES	15,206		14,491				715				
(III) CAPITAL EXPENDITURES											
(IV) OTHER COSTS	5,700		5,432				268				
(V) INDIRECT COSTS	12,618		12,016				602				
<b>BUDGET TOTALS*</b>	83,995	95.25%	80,002		-	1.89%	1,585	2.87%	2,408		
<b>BALANCE(S)</b> →											

TOTAL TITLE V	80,002	→	80,002								
TOTAL -	-	→									
TOTAL -	-	→									
TOTAL TITLE XIX	2,599	→				[50%]	793	[75%]	1,806		
TOTAL AGENCY FUNDS	1,395	→				[50%]	793	[25%]	602		

<b>\$</b>	<b>82,601</b>	<b>Maximum Amount Payable from State and Federal resources</b>
WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.		
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE	_____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE
		_____ DATE

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	AGENCY FUNDS	MCAH Cnty-N	MCAH Cnty-E
(I) PERSONNEL		53107		53118	53117
		48,063			1,806
(II) OPERATING EXPENSES		14,491		358	
(III) CAPITAL EXPENSES					
(IV) OTHER COSTS		5,432		134	
(V) INDIRECT COSTS		12,016		301	
<b>Totals for PCA Codes</b>	82,601	80,002		793	1,806

Program: Agency: SubK:	<b>Maternal, Child and Adolescent Health</b>			<b>UNMATCHED FUNDING</b>				<b>NON-ENHANCED MATCHING (50/50)</b>		<b>ENHANCED MATCHING (75/25)</b>			
	<b>201546 Sierra</b>			MCAH-TV		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E			
	(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)		
<b>TOTAL FUNDING</b>			<b>%</b>	<b>TITLE V</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/Agency*</b>			

<b>(II) OPERATING EXPENSES DETAIL</b>											% PERSONNEL MATCH	
<b>TOTAL OPERATING EXPENSES</b>		<b>15,206</b>		<b>14,491</b>				<b>715</b>			<b>4.70%</b>	Match Available
	TRAVEL	1,500	95.30%	1,430				4.70%	71			<b>4.70%</b>
	TRAINING	2,100	95.30%	2,001				4.70%	99			
1	Communications	1,000	95.30%	953				4.70%	47			
2	Office Supplies	3,000	95.30%	2,859				4.70%	141			
3	Building/General Maintenance	3,364	95.30%	3,206				4.70%	158			
4	Rents/Leases	600	95.30%	572				4.70%	28			
5	Utilities	1,500	95.30%	1,430				4.70%	71			
6	Staff Training	100	95.30%	95				4.70%	5			
7	Collect Calls	42	95.30%	40				4.70%	2			
8	Professional Services	2,000	95.30%	1,906				4.70%	94			
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. 5), and/or Agency (Col. 7) funds.

<b>(III) CAPITAL EXPENDITURE DETAIL</b>										
<b>TOTAL CAPITAL EXPENDITURES</b>										

<b>(IV) OTHER COSTS DETAIL</b>											% PERSONNEL MATCH	
<b>TOTAL OTHER COSTS</b>		<b>5,700</b>		<b>5,432</b>				<b>268</b>			<b>4.70%</b>	Match Available
<b>SUBCONTRACTS</b>												
1	TBD Educational Speaker	1,000	95.30%	953				4.70%	47			
2												
3												
4												
5												
<b>OTHER CHARGES</b>												
1	Educational Materials	4,700	95.30%	4,479				4.70%	221			
2												
3												
4												
5												

Program: Agency: SubK:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
	201546 Sierra		MCAH-TV		AGENCY FUNDS		MCAH Cnty-N		MCAH Cnty-E			
	(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)	
TOTAL FUNDING		%	TITLE V	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*			

<b>(V) INDIRECT COSTS DETAIL</b>										
TOTAL INDIRECT COSTS		12,618		12,016				602		
25.00% of Total Wages + Fringe Benefits		12,618	95.23%	12,016			4.77%	602		

<b>(I) PERSONNEL DETAIL</b>												
TOTAL PERSONNEL COSTS				50,471			48,063			2,408		
FRINGE BENEFIT RATE		41.80%		14,878			14,168			710		
TOTAL WAGES				35,593			33,895			1,698		
INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES						J-Perf MCF Per Staff	Total Match	
1 SA	MCAH Director	38.00%	70,160	26,661	94.00%	25,061			6.00%	1,600	64.3%	6.00%
2 SA	PSC	7.00%	70,160	4,911	98.00%	4,813			2.00%	98	64.3%	2.00%
3 SA	MCAH Director for SIDS	4.00%	70,160	2,806	100.00%	2,806					64.3%	
4 TBD	Public Health Educator	2.50%	48,611	1,215	100.00%	1,215					64.3%	
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												

## **DUTY STATEMENT**

### **MCAH Director**

**Health Jurisdiction:** Sierra County

**Program:** Maternal, Child and Adolescent Health

**Program Position:** MCAH Director #1

**County Job Specification:** Senior Public Health Nurse

### **General Responsibilities**

The MCAH Director plans, organizes, controls, and leads the MCAH program. The MCAH Director also oversees the Perinatal Services Program and SIDS as the coordinator (PSC). This position must be a Skilled Professional Medical Personnel (SPMP).

### **Specific Duties**

- Planning and Policy Development of the Sierra County MCAH program.
- Coordinate and implement the allocation of MCAH funding. This includes developing budget plans and reviewing quarterly invoicing.
- Evaluate progress toward meeting the program objectives. This includes gathering and analyzing data for program planning, management, and assessment.
- Provide expert medical consultation and case conference collaboration to include addressing strategies to promote access to care and use of Medi-Cal services.
- Collaborate with community providers/agencies/organizations in the planning and development of solutions for barriers to care, increasing health education and health promotion.
- Foster local, regional and state partnerships to improve MCAH services.
- Attend statewide meetings and trainings.
- Collaborate with other agencies and community groups to improve the availability and efficacy of services, and to minimize the duplication of effort.
- Facilitate collaboration, coordination, communication and cooperation among providers of services and advocacy for MCAH programs.
- Attend meetings of various community networks, agencies or individuals that provide services.
- Develop community awareness and support for MCAH programs through outreach activities.
- Provide educational materials and training to medical and social service professionals as well as clients.
- Maintain proper documentation and prepare reports.
- Attend staff meetings and perform documentation of time and expense.
- Ensure MCAH activities meet Title V grant time expenditures for Preventative and Primary Care Services for Children (PPCSC), and Children with Special Health Care Needs (CSHCN).

## **DUTY STATEMENT**

### **Perinatal Services Coordinator**

**Health Jurisdiction:** Sierra County

**Program:** Maternal, Child and Adolescent Health

**Program Position:** Perinatal Services Coordinator (PSC) #2

**County Job Specification:** Senior Public Health Nurse

#### **General Responsibilities**

Under the general direction of the MCAH Director, the Sr. Public Health Nurse functions in the Perinatal Services Program as its coordinator (PSC). This position must be a Skilled Professional Medical Personnel (SPMP).

#### **Specific Duties**

- Promotes, develops and coordinates professional and community resources to serve the multi-disciplinary needs of women of childbearing years and their partners including their families.
- Identifies and interacts with health care providers, key informants in the community, coalitions, etc., for the purpose of sharing analyses of local vital statistics, identifying at risk populations and conducting surveys to assess health needs in the community.
- Identifies barriers to the provision of health and human services for MCAH population.
- Participates in outreach activities that improve community health indicators for women and their partners, children, and their families.
- Participates in quality assurance activities that improve community health indicators for women and their partners, children and families.
- Provides on-going liaison with the community and health care providers around issues of preventive health services, medical care, and program policy and regulations.
- Educates the health care providers and the community about the components of preconception and interconception health, the reproductive life plan, and breastfeeding.
- Responsible for local CPSP Program monitoring such as : coordinating and facilitating a process to improve provider protocols, staff orientation, improvement in provision and receipt of perinatal services; facilitating provider specific quality improvement process (ie. identifying barriers to perinatal care, improving office/administrative systems to track client follow-up and completion of referrals, improving care coordination and resource utilization ; and coordinating and conducting provider QA visits that involve any of the following : chart reviews, administrative review or CPSP component observation and staff interview

- Responsible for providing consultation and technical assistance in the completion of the CPSP application process and required provider agreements, and the submission of final recommendation to state MCAH regarding provider application.
- Provides technical assistance to the CPSP providers in the implementation of required CPSP components.

## **DUTY STATEMENT**

### **SIDS Coordinator**

**Health Jurisdiction:** Sierra County

**Program:** Maternal, Child and Adolescent Health

**Program Position:** SIDS Coordinator #3

**County Job Specification:** Senior Public Health Nurse

#### **General Responsibilities**

Under the general direction of the MCAH Director, the Sr. Public Health Nurse functions as the SIDS coordinator. This position must be a Skilled Professional Medical Personnel (SPMP).

#### **Specific Duties**

- Promotes community awareness of safe sleeping measures and patient education regarding SIDS prevention.
- Provides CPSP providers and home visitors with information regarding SIDS risk factors and safe sleeping.
- Follow up with families who have experienced a SIDS death by making contact, offering support, resource information, and sending a report to the State SIDS Program.
- Attend quarterly meetings of the Northern California SIDS Advisory Group and the Annual SIDS Conference.
- Review Coroner's Final Reports on possible SIDS diagnosis, infant's sleeping position and other related data.
- Prepare written reports on SIDS and maintain on file all data collection for reporting purposes.

## **DUTY STATEMENT**

### **Public Health Educator**

**Health Jurisdiction:** Sierra County

**Program:** Maternal, Child and Adolescent Health

**Program Position:** Public Health Educator #4

**County Job Specification:** Public Health Educator

#### **General Responsibilities**

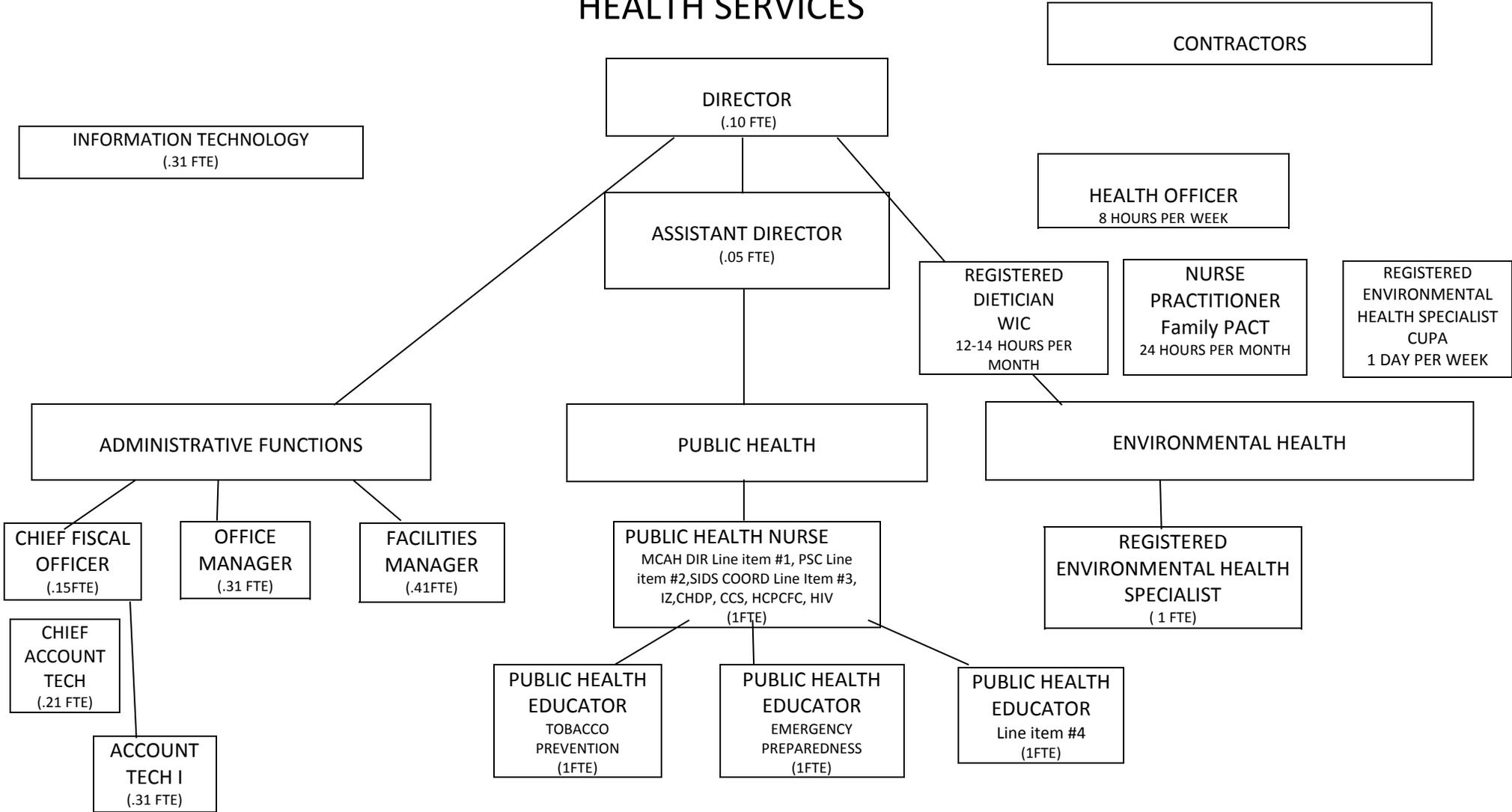
Under the general direction of the MCAH Director, the Public Health Educator carries out the following duties and others as assigned.

#### **Specific Duties**

- Promotes Maternal, Child and Adolescent Health.
- Work in conjunction with MCAH Director to conceptualize, develop and maintain public health education programs.
- Develop and present trainings, workshops, and classes that promote public health practices and education.
- Collect, analyze and report on public health program data and disseminate information to appropriate partners.

SIERRA COUNTY HEALTH AND HUMAN SERVICES

**HEALTH SERVICES**





RON CHAPMAN, MD, MPH  
Director & State Health Officer

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



EDMUND G. BROWN JR.  
Governor

November 14, 2012

Jane Maddox, Director  
Sierra County Health and Human Services  
P.O. Box 7  
202 Front street  
Loyalton, CA 96118

Dear Ms. Maddox:

MCAH ALLOCATION #2012-46  
REQUEST FOR NEW MCAH DIRECTOR APPROVAL

The Maternal, Child and Adolescent Health (MCAH) Program Standards Branch has reviewed and approved your request dated October 3, 2012 to appoint Shanna Anseth, Public Health Nurse (PHN) to be MCAH Director at 0.40 FTE and Perinatal Services Coordinator at 0.10 FTE effective September 1, 2012. For a county with the population and number of births of Sierra County, the MCAH Division requires MCAH Director staffing with a PHN at no less than 0.25 FTE and recommends PSC staffing at no less than 0.25 FTE.

The Branch based this approval on the following: Ms. Anseth has a Bachelor of Science degree in Nursing, is a PHN, and has varied nursing experience, including 16 years of hospital nursing experience and national certification in obstetric nursing. Therefore, the Branch finds that this staffing meets MCAH program credentialing and FTE staffing requirements.

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

If there are any questions about this letter, or the MCAH Program, please contact your Nurse Consultant, Mary Wieg, PHN, MBA, at (916) 650-0375.

Sincerely,

Karen Ramstrom, DO, MSPH, Chief  
Program Standards Branch  
Maternal, Child and Adolescent Health Division

cc: See next page

Ms. Jane Maddox  
Page 2  
November 14, 2012

cc: Jonathan Alspektor, Contract Manager  
Allocation and Matched Funding Unit  
Program Allocations, Integrity, and Support Branch  
Maternal, Child and Adolescent Health Division

Mary Wieg, PHN, MBA  
Nurse Consultant III  
Program Standards Branch  
Maternal, Child and Adolescent Health Division

MCAH-central file

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.

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

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>

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

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

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.

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement

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

- Increase access to oral health services<sup>1</sup>
- Increase screening and referral for mental health and substance use services<sup>1</sup>
- Increase utilization of preventive health services<sup>1</sup>
- 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 benefits <sup>2</sup>.

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)
<b>1.1-1.6</b> <b>All women of reproductive age, pregnant women, infants, children, adolescents and children with special health care needs (CSHCN) will have access to:</b> <ul style="list-style-type: none"> <li>• Needed and preventive medical, dental, mental health, substance use services, and social services</li> <li>• Early and comprehensive perinatal care</li> <li>• An environment that maximizes their health</li> </ul>	<b>Assessment</b> <b>1.1</b> Identify and monitor the health status of women of reproductive age, pregnant women, infants, children, adolescents, and CSHCN, including the social determinants of health and access/barriers to the provision of: <ol style="list-style-type: none"> <li>1. Preventive, medical, dental, mental health, substance use services, and social services</li> <li>2. Early and comprehensive perinatal care</li> </ol> Monitor trends over time, geographic areas and population group disparities.  Annually, share your data with your key health department leadership.	<b>Assessment</b> <b>1.1</b> Briefly describe the health status of women of reproductive age, pregnant women, infants, children, adolescents, and CSHCN, including the social determinants of health, and access/barriers to health and social services (includes preventive, medical, dental, mental health, substance use services, social services and perinatal care).  Briefly highlight statistics on: trends over time, geographic areas and population group disparities.  Date data shared with the key health department leadership. Briefly describe their response, if significant.	<b>Assessment</b>

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> 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)
	<b>1.2</b> Participate in collaboratives, coalitions, community organizations, etc., to review data and develop policies and products to address social determinants of health and disparities.	<b>1.2</b> Report the total number of collaboratives with MCAH staff participation.  Submit Collaborative Surveys that document participation, objectives, activities and accomplishments of MCAH – related collaboratives.	<b>1.2</b> List policies or products developed to improve infrastructure and address MCAH priorities.
	<b>Policy Development</b> <b>1.3</b> Review, revise and enact policies that facilitate access to Medi-Cal, Medi-Cal Access Program (MCAP), California Children’s Services (CCS), Covered CA, Child Health and Disability Prevention Program (CHDP), Women, Infants, and Children (WIC), Family Planning, Access, Care, and Treatment (Family PACT), Text 4 Baby, and other relevant programs.	<b>Policy Development</b> <b>1.3</b> 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.	<b>Policy Development</b> <b>1.3</b> 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.
	<b>Assurance</b> <b>1.4</b> Participate in and/or deliver trainings in MCAH and public health competencies and workforce development as resources allow.	<b>Assurance</b> <b>1.4</b> List trainings attended or provided and numbers attending.	<b>Assurance</b> <b>1.4</b> 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.

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> 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)
	<b>1.5</b> Conduct activities to facilitate referrals to Medi-Cal, MCAP, Covered CA, CCS, and other low cost/no-cost health insurance programs for health care coverage <sup>2</sup>	<b>1.5</b> Describe activities to facilitate referrals to health insurance and programs.	<b>1.5</b> Report the number of referrals to Medi-Cal, MCAP, Covered CA, CCS, or other low/no-cost health insurance or programs.
	<b>1.6</b> Provide a toll-free or “no-cost to the calling party” telephone information service and other appropriate methods of communication, e.g. local MCAH Program web page to the local community <sup>2</sup> to facilitate linkage of MCAH population to services.	<b>1.6</b> Describe the methods of communication, including the, cultural and linguistic challenges and solutions to linking the MCAH population to services.	<b>1.6</b> 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

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> 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><b>1.7</b>                      Choose one or more of the following activities to promote family-centered, community-based, coordinated systems of care for all CSHCN<sup>2</sup>.</p> <p>Activities may be performed at the individual, provider (medical and non-medical), and/or community level</p> <ol style="list-style-type: none"> <li>1. Promote developmental monitoring, screening, identification and referral, including social-emotional (mental health), for infants and young children (0-5yrs)</li> <li>2. Work with CCS and/or collaboratives to:                             <ol style="list-style-type: none"> <li>a. Improve care coordination for CSHCN, especially non-CCS eligible children or children enrolled in CCS in need of services not covered by CCS</li> <li>b. Link children with positive screens to needed services</li> <li>c. Disseminate standard messaging regarding developmental screening</li> </ol> </li> <li>3. Other locally developed activities to serve CSHCN (<b>specify activity here</b>)</li> </ol>	<p><b>1.7</b>                      Describe outreach efforts, barriers and opportunities for solutions</p> <ol style="list-style-type: none"> <li>1. Report the following:                             <ul style="list-style-type: none"> <li>• Number of children screened and referred</li> <li>• Number and types of providers monitoring, screening and referring children who screen positive to services</li> </ul> </li> <li>2. Activities with CCS or collaboratives to improve:                             <ol style="list-style-type: none"> <li>a) care coordination for CSHCN</li> <li>b) linking children with positive screens to needed services</li> <li>c) disseminating standard messaging regarding developmental screening</li> </ol> </li> <li>2. Other specific local activities completed</li> </ol> <p>Quality Improvement/ Quality Assurance (QI/QA) activities completed</p>	<p><b>1.7</b> Describe <b>outcomes</b> of activities conducted to promote:</p> <ol style="list-style-type: none"> <li>1. Developmental monitoring, screening, identification and referral, including social-emotional (mental health) for infants and young children (0-5yrs)</li> <li>2. Work with CCS and/or collaboratives to improve care coordination for CSHCN, especially non-CCS eligible children or children enrolled in CCS in need of services not covered by CCS, link children with positive screens to needed services, and disseminate standard messaging regarding developmental screening</li> <li>3. Other specific local efforts to serve CSHCN</li> <li>4. Number of children with positive screen who were referred to services</li> <li>5. Number and types of policies developed</li> <li>6. Outcomes of QI/QA</li> </ol>
<p><b>Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.</b></p>			

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> 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><b>1.8</b>  <b>At least one specific short and/or intermediate SMART outcome objective(s) to address access and utilization of health and social services</b></p> <p>Consider addressing problems related to:</p> <ul style="list-style-type: none"> <li>• Access to preventive and medical health services</li> <li>• Access to dental services</li> <li>• Access to mental health and substance use services</li> <li>• Enrollment in insurance for the MCAH population</li> </ul> <p><b>1.8</b>  <b>By June 30, 2016, convene a collaborative of 6 stakeholders to identify the barriers to accessing health care for women and children.</b></p>	<p><b>1.8</b>            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.  <a href="http://www.publichealth.lacounty.gov/qi/corefcns.htm">http://www.publichealth.lacounty.gov/qi/corefcns.htm</a></p> <p><b>1.8</b>  <b>*Survey clients on what services they are having difficulty accessing and identify barriers.</b></p> <p><b>*Collaborate with agency program lead staff and outside partners to identify the barriers to accessing health care.</b></p> <p><b>*Work together with MMC in problem solving access to health care issues that clients and stakeholders identify.</b></p>	<p><b>1.8</b>            Develop process measures for applicable intervention activities here.</p> <p><b>1.8</b>  <b>*Describe process of engaging agency staff and partners.</b></p> <p><b>*List programs and partners.</b></p>	<p><b>1.8</b>            Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> <p><b>1.8</b>  <b>* Brief description of barriers/challenges identified.</b></p> <p><b>Number of strategies identified, brief description of strategies</b></p>

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement

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

- Decrease unintended pregnancies<sup>1</sup>
- Decrease the burden of chronic disease<sup>1</sup>
- Decrease intimate partner violence<sup>1</sup>
- Assure that all pregnant women will have access to early, adequate, and high quality perinatal care with a special emphasis on low-income and Medi-Cal eligible women <sup>2</sup>

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)
<b>2.1-2.3</b> <b>All women will have access to quality maternal and early perinatal care, including CPSP services for Medi-Cal eligible women.</b>	<b>Assurance</b> <b>2.1</b> 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.	<b>Assurance</b> <b>2.1</b> 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	<b>Assurance</b> <b>2.1</b> Describe <b>outcomes</b> 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
	<b>2.2</b> Maintain and manage a network of perinatal providers, including certified CPSP providers.  Provide technical assistance or education to improve perinatal	<b>2.2</b> 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,	<b>2.2</b> 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

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> 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>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>referrals, tracking system for follow-up, assessments, interventions, infant care etc).</p> <p><b>** If above is not applicable to the local site,</b></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>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><b>2.3</b>                      Conduct face-to-face quality assurance/quality improvement (QA/QI) activities with CPSP providers to ensure that protocols are in place and implemented.</p>	<p><b>2.3</b>                      List the types of CPSP provider QA/QI activities conducted during site visits.</p> <p>Report the number of actual site visits conducted with enrolled CPSP providers</p>	<p><b>2.3</b>                      Describe the results of QA/QI activities that were conducted.</p>
<b>Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.</b>			
<p><b>2.4</b>                      At least one specific short and/or intermediate SMART outcome objective(s) to address the health of</p>	<p><b>2.4</b>                      List activities to improve access to early, adequate and high quality perinatal care and maternal health here.</p>	<p><b>2.4</b>                      Develop process measures for applicable intervention activities here.</p>	<p><b>2.4</b>                      Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p>

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> 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><b>mothers/women is required here.</b></p> <p>Consider addressing local problems related to:</p> <ul style="list-style-type: none"> <li>• Late initiation of prenatal care and/or inadequate prenatal care</li> <li>• Perinatal mood and anxiety disorders</li> <li>• Partner/family violence</li> <li>• Burden of chronic disease</li> <li>• Unintended pregnancy</li> </ul> <p><b>2.4a</b>  <b>By June 30, 2016, the MCAH Director will have 13 agency programs incorporate and implement preconception health messaging within the agency and community.</b></p> <p><b>2.4b</b>  <b>By June 30, 2016, survey WIC and MCAH clients to identify the barriers to accessing early and adequate prenatal care for pregnant women.</b></p>	<p>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance.  <a href="http://www.publichealth.lacounty.gov/qj/corefcns.htm">http://www.publichealth.lacounty.gov/qj/corefcns.htm</a></p> <p><b>2.4a</b>  <b>*Assess current preconception health messaging.</b></p> <p><b>*Identify and collaborate with potential agency programs to incorporate messaging/activities.</b></p> <p><b>*Train program lead staff how to utilize preconception health messaging and refer clients as appropriate.</b></p> <p><b>2.4b</b>  <b>*<del>Survey</del> Hold focus groups with clients on what challenges they are having accessing early and adequate prenatal care.</b></p> <p><b>*Collaborate with HCP and community partners to decrease</b></p>	<p><b>2.4a</b>  <b>*List current preconception health activities and messaging in programs.</b></p> <p><b>*List which programs were included, successes and barriers, and types of training they received.</b></p> <p><b>*Number of preconception activities in place by programs, activity type and target population served.</b></p> <p><b>2.4b</b>  <b>*List # of meetings, # of clients and findings.</b></p> <p><b>*Describe process of engaging agency staff and partners.</b></p>	<p><b>2.4a</b>  <b>Number of relevant agency programs incorporating preconception health messages/ 13 out of 18 programs</b></p> <p><b>2.4b</b>  <b>*Brief description of barriers/challenges identified.</b></p> <p><b>Number of strategies identified <a href="#">to access early and adequate prenatal care for pregnant women</a> , brief description of strategies</b></p>

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> 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>barriers for women to access services.</p> <p>*Develop a system to track the number of women accessing care and time in pregnancy care is accessed.</p> <p>*Educate clients on the importance of early prenatal care.</p>		

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement

**Goal 3: Reduce infant morbidity and mortality**

- Reduce pre-term births and infant mortality<sup>1</sup>
- Increase safe sleep practices<sup>1</sup>
- Increase exclusive breastfeeding initiation and duration <sup>1</sup>

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

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

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> 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)
<b>Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.</b>			
<p><b>3.3</b>            At least one specific objective(s) addressing infant safe sleep practices or SIDS risk reduction community health education is required here.</p> <p><b>3.3</b>            By June 30, 2016 parents of newborns enrolled in WIC and MCAH programs will <b>demonstrate verbalize</b> increased knowledge and intention to follow safe infant sleep practices and SIDS risk reduction.</p>	<p><b>3.3</b>            List activities to promote infant safe sleep 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.  <a href="http://www.publichealth.lacounty.gov/qi/corefcns.htm">http://www.publichealth.lacounty.gov/qi/corefcns.htm</a></p> <p><b>3.3</b>            *Survey clients on what knowledge they have of SIDS and the associated risk factors.</p> <p>*Distribute <b>and engage parents with</b> NICHD Safe to Sleep materials <del>to parents.</del></p> <p>*Utilize website, newspaper, and community events to promote safe infant sleep in our county.</p>	<p><b>3.3</b>            Develop process measures for applicable intervention activities here.</p> <p><b>3.3</b>            *List # of meetings, # of clients and findings.</p> <p>*List materials provided.</p>	<p><b>3.3</b>            Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> <p><b>3.3</b>            *Brief description of barriers/challenges identified.</p> <p>Number of parents <b>verbalizing demonstrating</b> increased knowledge and intention to follow safe infant sleep practices and SIDS risk reduction/ the total number of new parents educated</p>
<p><b>3.4</b>            At least one specific short and/or intermediate SMART outcome objective(s) to address perinatal/infant health is required here.</p>	<p><b>3.4</b>            List activities to improve perinatal/infant health here.</p> <p>Organize intervention activities and performance measures using the three core functions of public</p>	<p><b>3.4</b>            Develop process measures for applicable intervention activities here.</p>	<p><b>3.4</b>            Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p>

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> 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>Objectives that improve infant health may address local problems related to:</p> <ul style="list-style-type: none"> <li>• Prematurity/Low birth weight</li> <li>• Perinatal substance use</li> <li>• Access to enhanced perinatal (neonatal) services</li> </ul> <p><b>3.4a</b>  <b>By June 30, 2016, survey WIC and MCAH clients to identify barriers to physical activity and proper nutrition</b></p> <p><b>3.4b</b>  <b>By June 30, 2015, 75% of women of reproductive age accessing WIC, Family Planning and IZ services will identify one way they can prevent prematurity.</b></p>	<p>health: Assessment, Policy Development and Assurance.  <a href="http://www.publichealth.lacounty.gov/qi/corefcns.htm">http://www.publichealth.lacounty.gov/qi/corefcns.htm</a></p> <p><b>3.4a</b>  <b>*Survey clients on what knowledge they have on preventing obesity, what resources they currently have and what challenges they report.</b></p> <p><b>*Collaborate with HCP and community partners to identify behaviors of obese clients and challenges they report.</b></p> <p><b>*Teach clients how to develop a small garden and provide fresh vegetables for their family.</b></p> <p><b>3.4b</b>  <b>*During 1:1 interaction with WIC, Family Planning and IZ clients MCAH staff will distribute educational material that is created by March of Dimes and CDPH and have clients verbalize their understanding.</b></p> <p><b>*Prematurity Prevention messages and links placed on the county website.</b></p>	<p><b>3.4a</b>  <b>*List # of meetings, # of clients and findings.</b></p> <p><b>*Describe process of engaging agency staff and partners.</b></p> <p><b>3.4b</b>  <b>*Briefly describe activities, messaging and educational material used to prevent prematurity.</b></p> <p><b>*Describe the process used to determine or evaluate women’s understanding of preventing premature birth (group engagement, posttest, demonstration, statement of commitment, interview, etc.)</b></p>	<p><b>3.4a</b>  <b>*Brief description of barriers/challenges identified.</b></p> <p><b>Number of strategies identified to <a href="#">address barriers or promote and practice nutrition and</a> , brief description of strategies</b></p> <p><b>3.4b</b>  <b>Number of women of reproductive age accessing WIC, Family Planning and IZ services who identify one way they can prevent prematurity/75% of WIC, Family Planning and IZ clients (estimate is 45/60).</b></p>

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> 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)
	* Utilize various boards/coalitions to coordinate activities/messaging aimed at prematurity prevention.		
<b>For FIMR LHJs Only:</b> <b>3.5-3.7</b> <b>Preventable fetal, neonatal and postneonatal deaths will be reduced.</b>	<b>For FIMR LHJs Only:</b>  <b>Assessment</b> <b>3.5</b> Complete the review of at least ___ cases, which is approximately ___% of all fetal, neonatal, and postneonatal deaths.	<b>For FIMR LHJs Only:</b>  <b>Assessment</b> <b>3.5</b> Submit number of cases reviewed as specified in the Annual Report table.	<b>For FIMR LHJs Only:</b>  <b>Assessment</b> <b>3.5</b> Submit periodic local summary report of findings and recommendations (periodicity to be determined by consulting with MCAH).
	<b>Assurance</b> <b>3.6</b> 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.	<b>Assurance</b> <b>3.6-3.7</b>  Submit FIMR Tracking Log and FIMR Committee Membership forms for CRT and CAT with the Annual Report.	
	<b>3.7</b> Establish, facilitate, and maintain a Community Action Team (CAT) to recommend and implement community, policy, and/or systems changes that address review findings.		

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> 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)
<b>Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.</b>			
<b>For FIMR LHJs Only:</b> <b>3.8 One objective addressing the development of interventions to prevent fetal, neonatal, and postneonatal deaths is required here.</b>	<b>For FIMR LHJs Only:</b> <b>3.8</b> Based on CRT recommendations, identify and implement at least one intervention involving policy, systems, or community norm changes here.	<b>For FIMR LHJs Only:</b> <b>3.8</b> Develop process measures for applicable intervention activities here.	<b>For FIMR LHJs Only:</b> <b>3.8</b> Develop short and/or intermediate outcome- related performance measures for the objectives and activities here.

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement

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

- Increase exclusive breastfeeding initiation and duration<sup>1</sup>
- Increase consumption of a healthy diet<sup>1</sup>
- Increase physical activity<sup>1</sup>

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><b>4.1</b>  <b>Add specific short and/or intermediate SMART outcome objective(s) here.</b></p> <p>Consider addressing local problems related to:</p> <ul style="list-style-type: none"> <li>• Exclusive breastfeeding initiation and duration.</li> <li>• Overweight/obesity – children, adolescents, or women.</li> </ul> <p><b>4.1</b>  <b>By June 30, 2016 all school age children in <u>3</u> Sierra County schools will identify at least one way to improve their nutrition and physical activity.</b></p>	<p><b>4.1</b>            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.  <a href="http://www.publichealth.lacounty.gov/qi/corefcns.htm">http://www.publichealth.lacounty.gov/qi/corefcns.htm</a></p> <p><b>4.1</b>  <b>*Utilize educational material from Dairy Council of CA, CDPH, etc. to educate children in classroom setting on obesity prevention.</b></p> <p><b>*Educational materials and planned activities will be provided during Back to School night, Kindergarten Roundup, Hands on Health Express, Health Fair and Dental Fair.</b></p> <p><b>* Teach clients how to develop a small garden and provide fresh vegetables for their family.</b>  <b>* <a href="#">Develop process of evaluating the ability of children to identify ways to improve nutrition and</a></b></p>	<p><b>4.1</b>            Develop process measures for applicable intervention activities here.</p> <p><b>4.1</b>  <b>*Briefly describe activities, and educational material used to promote obesity prevention.</b></p> <p><b>*Brief description of challenges and successes in educating children, parents and teachers and collecting data to demonstrate that the objective was achieved.</b></p> <p><b>*Describe the process of evaluating whether children can identify ways to improve nutrition and physical activity.</b></p>	<p><b>4.1</b>            Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> <p><b>4.1</b>  <b>Number of school age children in Sierra County schools who have identified at least one way to improve their nutrition and physical activity/number of school age children in Sierra County</b></p>

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> 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)
	<a href="#">physical activity (questionnaire, questionnaire, interview, focus groups, etc.)</a>		

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement

**Goal 5: Improve the cognitive, physical, and emotional development of all children**

- Reduce unintentional injuries<sup>1</sup>
- Reduce child abuse and neglect<sup>1</sup>
- Provide developmental screening for all children<sup>1</sup>

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><b>5.1</b>  <b>Add specific short and/or intermediate SMART outcome objective(s) here.</b></p> <p>Consider addressing local problems related to:</p> <ul style="list-style-type: none"> <li>• Childhood injury</li> <li>• Child abuse and neglect</li> <li>• CSHCN</li> </ul> <p><b>5.1</b>  <b>By June 30, 2016, develop a plan to promote oral health for pregnant women and children.</b></p>	<p><b>5.1</b>            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.  <a href="http://www.publichealth.lacounty.gov/qi/corefcns.htm">http://www.publichealth.lacounty.gov/qi/corefcns.htm</a></p> <p><b>5.1</b>  <b>*Collaborate with WIC, First 5 and CHDP to <u>develop a plan to promote oral health and</u> promote and provide a Dental Fair, to include oral exams and fluoride varnish, for Pre-K children.</b></p> <p><b>*<u>Collaboration to decide</u> Oral health messages and links <u>which will placedbe placed</u> on county website.</b></p> <p><b>*Partner with the School District to provide oral health education.</b></p>	<p><b>5.1</b>            Develop process measures for applicable intervention activities here.</p> <p><b>5.1</b>  <b>*Briefly describe activities and educational material used to promote oral health.</b></p> <p><b>*Briefly describe knowledge gained from educational interventions.</b></p> <p><b>*List oral health messages chosen.</b></p> <p><b>*Number of agencies/departments that have agreed to distribute outreach material to clients.</b></p>	<p><b>5.1</b>            Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> <p><b>5.1</b>  <b>*Brief description of the <u>status of the</u> oral health promotion plan.</b></p>

<sup>1</sup> 2001-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

<sup>3</sup> State Requirement

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

- Decrease teen pregnancies<sup>1</sup>
- Reduce teen dating violence, bullying and harassment<sup>1</sup>

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><b>6.1</b> 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"> <li>• Adolescent sexual health</li> <li>• Adolescent pregnancy</li> <li>• Adolescent injuries</li> <li>• Adolescent violence</li> <li>• Adolescent mental health</li> </ul> <p><b>6.1</b> By June 30, 2016, 75% of Sierra County high school students will demonstrate that they know how to obtain birth control <u>through questionnaire</u>.</p>	<p><b>6.1</b> 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. <a href="http://www.publichealth.lacounty.gov/qi/corefcns.htm">http://www.publichealth.lacounty.gov/qi/corefcns.htm</a></p> <p><b>6.1</b> *Engage with high school administrators to determine whether a condom distribution program is available.</p> <p>*Family PACT provider <u>who is a county employee to-will</u> provide birth control education to the Health Classes at the high schools.</p> <p>*Family Planning services, educational material and links placed on county website.</p>	<p><b>6.1</b> Develop process measures for applicable intervention activities here.</p> <p><b>6.1</b> *Briefly describe birth control educational activities performed with teens.</p>	<p><b>6.1</b> Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> <p><b>6.1</b> *Number of Sierra County high school students will demonstrate that they know how to obtain birth control/75% of Sierra County high school students (estimate 19/25)</p>

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