

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

MEETING DATE: June 7, 2016	TYPE OF AGENDA ITEM: <input type="checkbox"/> Regular <input type="checkbox"/> Timed <input checked="" type="checkbox"/> Consent
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DEPARTMENT: Health & Human Services APPROVING PARTY: Darden Bynum, Director PHONE NUMBER: (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 2016/17 and authorizing Darden Bynum, Director, to sign documents regarding the AFA.

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other
FY 2016-2017 Agreement Funding Application

BACKGROUND INFORMATION: Maternal, Child and Adolescent Health Program (MCAH) is an ongoing program in Sierra County going at least as far back as 1998. MCAH funding is key in supporting Sierra County Public Health infrastructure and helping pay the salaries of staff utilized to assure Sierra County meets state mandates.

FUNDING SOURCE: 0515610
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND: 5610 Revenue
AMOUNT: \$84,625.00 Annually

ARE ADDITIONAL PERSONNEL REQUIRED? <input type="checkbox"/> Yes, -- -- <input checked="" type="checkbox"/> No	IS THIS ITEM ALLOCATED IN THE BUDGET? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IS A BUDGET TRANSFER REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SPACE BELOW FOR CLERK'S USE

BOARD ACTION: <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
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COMMENTS:

CLERK TO THE BOARD _____	DATE _____
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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



Darden Bynum, LCSW
Director

Memorandum

To: Sierra County Board of Supervisors

From: Darden Bynum, Director, Health & Human Services

Reference: Agenda items

Date of memo: 31 May 2016

Date of Board Meeting: 7 June 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 2016/17 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 2016/17 and authorizing Darden Bynum, Director, to sign documents regarding the AFA.

Background information: 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 #201646
For the On-going
Maternal Child and Adolescent Health (MCAH) Agreement
FY 2016/17**

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 2016/17, 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 \$84,625.00.

NOW THEREFORE BE IT RESOLVED, the MCAH Agreement Funding Application for FY 2016/17 and the 2016/17 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 7th day of June, 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



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

May 16, 2016

Shanna Anseth, PHN, RN,
MCAH Director
Sierra County Health and Human Services
PO Box 7
Loyalton, CA 96118

Dear Ms. Anseth, PHN, RN,:

**APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR
AGREEMENT #201646 – 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.....\$84,625

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 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),

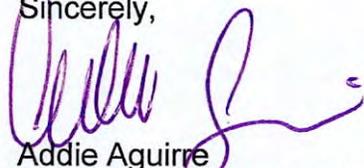


Ms. Anseth, PHN, RN,
May 16, 2016
Page 2

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, Matthew Sall, at (916) 650-0462 or by e-mail at Matthew.Sall@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Addie Aguirre
Assistant Division Chief

Enclosure(s)

cc: Clerk of the Board
Heather Foster, County Clerk Recorder
Sierra County
PO Box Drawer C
Downieville, CA 95936

Matthew Sall
Contract Manager

Central File

FY 2016 - 2017 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name: Sierra
 Agreement #: 201646
 CHVP

Program: MCAH BIH AFLP

(Check one box only)

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

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

**FUNDING AGREEMENT PERIOD
FY 2016-2017 (LHJs)/2012-13 to 2016-17 (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. Updated 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: 2016-17 Update Effective: _____ (only required when submitting updates)

Agreement/Contract Number:	2016-46		
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:	Chief 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:	Perinatal Services 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					

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

HHS Agency Director
Title

Darden Bynum
Name (Type or Print)

04/1/2016
Date

—  _____

Original Signature of MCAH/AFLP Director

MCAH Director

Title

Shanna Anseth

Name (Type or Print)

04/1/2016

Date

Exhibit K

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

Agency Name: Sierra
Agreement/Grant Number: 201646
Compliance Attestation for Fiscal Year: 2016-17

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.

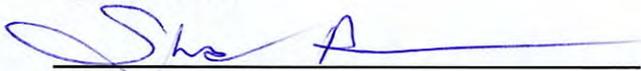
In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation 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

201646
Agreement/Grant Number


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

04012016
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 2016-2017

FOR FISCAL YEAR 2016-17, PLEASE COPY AND PASTE YOUR DATA FROM YOUR FISCAL YEAR 2015-16 COMMUNITY PROFILE INTO THE TABLE BELOW AND UPDATE THE NARRATIVE AS NEEDED. THERE IS A TWO PAGE LIMIT.

Section 1 – Demographics

	Local	State
Our Community		
Total Population ¹	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
Our Mothers and Babies		
% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy ²	76.2	83.6%
% of births covered by Medi-Cal ²	54.8	47.0%
% of women ages 18-64 without health insurance ³	18.9	22.4%
% of women giving birth to a second child within 24 months of a previous pregnancy ²	25.6	38.5%

	Local	State
Our Mothers and Babies (continued)		
% live births less than 37 weeks gestation ²	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) ³	34.1	35.0%
Substance use diagnosis per 1,000 hospitalizations of pregnant women	0	15.7
Unemployment Rate ⁴	13.2	11.5
Our Children and Teens		
Teen Birth Rate per 1,000 births (ages 15-19) ²	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) ³	47.3	46.8%
Mental health hospitalizations per 100,000 age 15-24	##	1,348.6
Children in Foster Care per 1,000 children ⁵	14.1	6.5
Substance abuse hospitalization per 100,000 aged 15-24	##	691.2

Data sources: ¹CA Dept. of Finance population estimates 2012, ²CA Birth Statistical Master Files 2010-2012, ³US Census Bureau - Small Area Health Insurance Estimates 2010-2012, ⁴CA Employment Development Dept. 2010-2012, ⁵Data 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%)

BUDGET SUMMARY

FISCAL YEAR
2016-17

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BALANCE

Version 4.5-50 Quarterly

Program: Maternal, Child and Adolescent Health	UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency: 201646 Sierra								MCAH Cnty-N		MCAH Cnty-E			
SubK:	MCAH-TV		SIDS		AGENCY FUNDS								
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
	TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		
	ALLOCATION(S) →		79,002		3,000								

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
(I) PERSONNEL	51,612		48,179		3,000								2,434
(II) OPERATING EXPENSES	14,512		13,849						663				
(III) CAPITAL EXPENDITURES													
(IV) OTHER COSTS	7,000		6,680						320				
(V) INDIRECT COSTS	12,803		12,294						609				
BUDGET TOTALS*	86,027	91.83%	79,002	3.49%	3,000			1.85%	1,592	2.83%	2,434		
	BALANCE(S) →												

TOTAL TITLE V	79,002	→	79,002										
TOTAL SIDS	3,000	→		3,000									
TOTAL TITLE XIX	2,622	→						(50%)	796	(75%)	1,826		
TOTAL AGENCY FUNDS	1,405	→						(50%)	796	(25%)	609		

\$	84,625	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> MCAH PROJECT DIRECTOR'S SIGNATURE	5/2/16 DATE	<i>[Signature]</i> 05/02/16 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	SIDS	AGENCY FUNDS	MCAH Cnty-N	MCAH Cnty-E
(I) PERSONNEL		53107	53112		53118	53117
(II) OPERATING EXPENSES		46,179	3,000			1,826
(III) CAPITAL EXPENSES		13,849			332	
(IV) OTHER COSTS		6,680			160	
(V) INDIRECT COSTS		12,294			305	
Totals for PCA Codes	84,625	79,002	3,000		797	1,826

Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)					
Agency:	201646 Sierra		MCAH-TV		SIDS		AGENCY FUNDS		MCAH Only-N		MCAH Only-E				
SubK:			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
			TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		

(II) OPERATING EXPENSES DETAIL													% PERSONNEL MATCH		
TOTAL OPERATING EXPENSES		14,512		13,849							663				4.57%
													Match Available		
	TRAVEL	1,500	95.43%	1,431						4.57%	69				
	TRAINING	2,100	95.43%	2,004						4.57%	96				
1	Communications	2,172	95.43%	2,073						4.57%	99				
2	Office Supplies	2,500	95.43%	2,386						4.57%	114				
3	Building/General Maintenance	3,500	95.43%	3,340						4.57%	160				
4	Rents/Leases	600	95.43%	573						4.57%	27				
5	Utilities	1,200	95.43%	1,145						4.57%	55				
6	Collect Calls	90	95.43%	86						4.57%	4				
7	Professional Services	850	95.43%	811						4.57%	39				
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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.

(III) CAPITAL EXPENDITURE DETAIL															
TOTAL CAPITAL EXPENDITURES															

(IV) OTHER COSTS DETAIL													% PERSONNEL MATCH		
TOTAL OTHER COSTS		7,000		6,680							320				4.57%
													Match Available		
SUBCONTRACTS															
1	TBD Educational Presenter	2,000	95.43%	1,909						4.57%	91				
2															
3															
4															
5															
OTHER CHARGES															
1	Educational Materials	5,000	95.43%	4,772						4.57%	229				
2															
3															
4															
5															

Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)				
Agency:	201646 Sierra		MCAH-TV		SIDS		AGENCY FUNDS		MCAH Only-N		MCAH Only-E			
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
		TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*		

(V) INDIRECT COSTS DETAIL												
TOTAL INDIRECT COSTS		12,903		12,294						609		
25.00% of Total Wages + Fringe Benefits		12,903	95.28%	12,294					4.72%	609		

(I) PERSONNEL DETAIL															
TOTAL PERSONNEL COSTS				81,812		46,179		3,000				2,434			
FRINGE BENEFIT RATE		49.90%		17,181		15,372		998				810			
TOTAL WAGES				34,431		30,806		2,001				1,624			
INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES								J-Pers MCF Per Staff	Total Match		
1 SA	MCAH Director	38.00%	67,098	25,497	94.00%	23,987						6.00%	1,530	64.3%	6.00%
2 SA	PSC	7.00%	67,098	4,697	98.00%	4,603						2.00%	94	64.3%	2.00%
3 SA	MCAH Director for SIDS	2.98%	67,098	2,001			100.00%	2,001						64.3%	
4 TBD	Community Outreach Coord.	5.00%	44,726	2,236	100.00%	2,236								64.3%	
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Program: Agency: SubK:	UNMATCHED FUNDING														
	MCAH-TV			SIDS		AGENCY FUNDS			MCAH City-N		MCAH City-E				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)		
	TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*				
40															
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49															
50															

Program: Agency: SubK:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)				
	201646 Sierra		MCAH-TV		SIDS		AGENCY FUNDS		MCAH Cnly-N		MCAH Cnly-E			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)	
	TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*			

Budget: ORIGINAL
 Program: Maternal, Child and Adolescent Health
 Agency: 201646 Sierra
 SubK:

Version 4.5-50 Quarterly

(I) PERSONNEL DETAIL						BASE MEDI-CAL FACTOR %		64.30%		Use the following link to access the current AFA webpage and the current base MCF% for your agency. http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalDocuments.aspx		
TOTALS			0.53	246,020	34,431	17,181.07						
	INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	SA	MCAH Director	38.00%	87,098	25,497	49.90%	12,723.00	MCAH	64.30%	Base		Amount taken from Medi-Cal Factor table
2	SA	PSC	7.00%	67,098	4,697	49.90%	2,343.80	MCAH	64.30%	Base		Amount taken from Medi-Cal Factor table
3	SA	MCAH Director for SIDS	2.98%	67,098	2,001	49.90%	998.50	MCAH	64.30%	Base		Amount taken from Medi-Cal Factor table
4	TBD	Community Outreach Coord.	5.00%	44,726	2,238	49.90%	1,115.76	MCAH	64.30%	Base		Amount taken from Medi-Cal Factor table
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Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health
Agency:	201646 Sierra
SubK:	

Version 4.5-50 Quarterly

(II) OPERATING EXPENSES JUSTIFICATION			
TOTAL OPERATING EXPENSES		14,512	
	TRAVEL	1,500	MCAH conference for SPMP staff, annual MCAH Director's conference and PSC or SIDS Conference/trainings. Cost included but not limited to fuel or mileage, per diem at State rate. Intercounty travel to meet program requirements.
	TRAINING	2,100	MCAH conferences that are for SPMP. MCAH Action Dues.
1	Communications	2,172	Costs based on FTE's for all base rate, long distance, T1 costs, and IT with the MCAH program.
2	Office Supplies	2,500	Costs based on FTE's for all general office supplies and expendable items.
3	Building/General Maintenance	3,500	Cost of maintaining and repairing bldg/equipment based on FTE's
4	Rents/Leases	600	Cost of bulding leases in Downieville and Loyaltan based on FTE's within the MCAH program.
5	Utilities	1,200	Cost of building leases in Downieville and Loyaltan based on FTE's within the MCAH program.
6	Collect Calls	90	Funding allocated based on possible call volume. In the past two years we have had very little if any. As of September 2016 we will have a toll free line available.
7	Professional Services	850	Cost of security, HIPAA consultant that provides training and updates, document storage, and document destruction, all based on FTE's within the MCAH program.
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(III) CAPITAL EXPENDITURE JUSTIFICATION		
TOTAL CAPITAL EXPENDITURES		

(IV) OTHER COSTS JUSTIFICATION			
TOTAL OTHER COSTS		7,000	
SUBCONTRACTS			
1	TBD Educational Presenter	2,000	Educational presenters for obesity prevention and adolescent sexual health.
2			
3			
4			
5			
OTHER CHARGES			
1	Educational Materials	5,000	Oral health materials, obesity prevention materials, healthy snacks and water for educational outreach, new mom care packs, infant supplies, garden materials, booster seats and bicycle helmets.
2			
3			
4			
5			
6			
7			
8			

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health
Agency:	201646 Sierra
SubK:	

(V) INDIRECT COSTS JUSTIFICATION		
TOTAL INDIRECT COSTS	12,903	Per CDPH approved ICR

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

Community Outreach Coordinator

Health Jurisdiction: Sierra County

Program: Maternal, Child and Adolescent Health

Program Position: Community Outreach Coordinator #4

County Job Specification: Community Outreach Coordinator

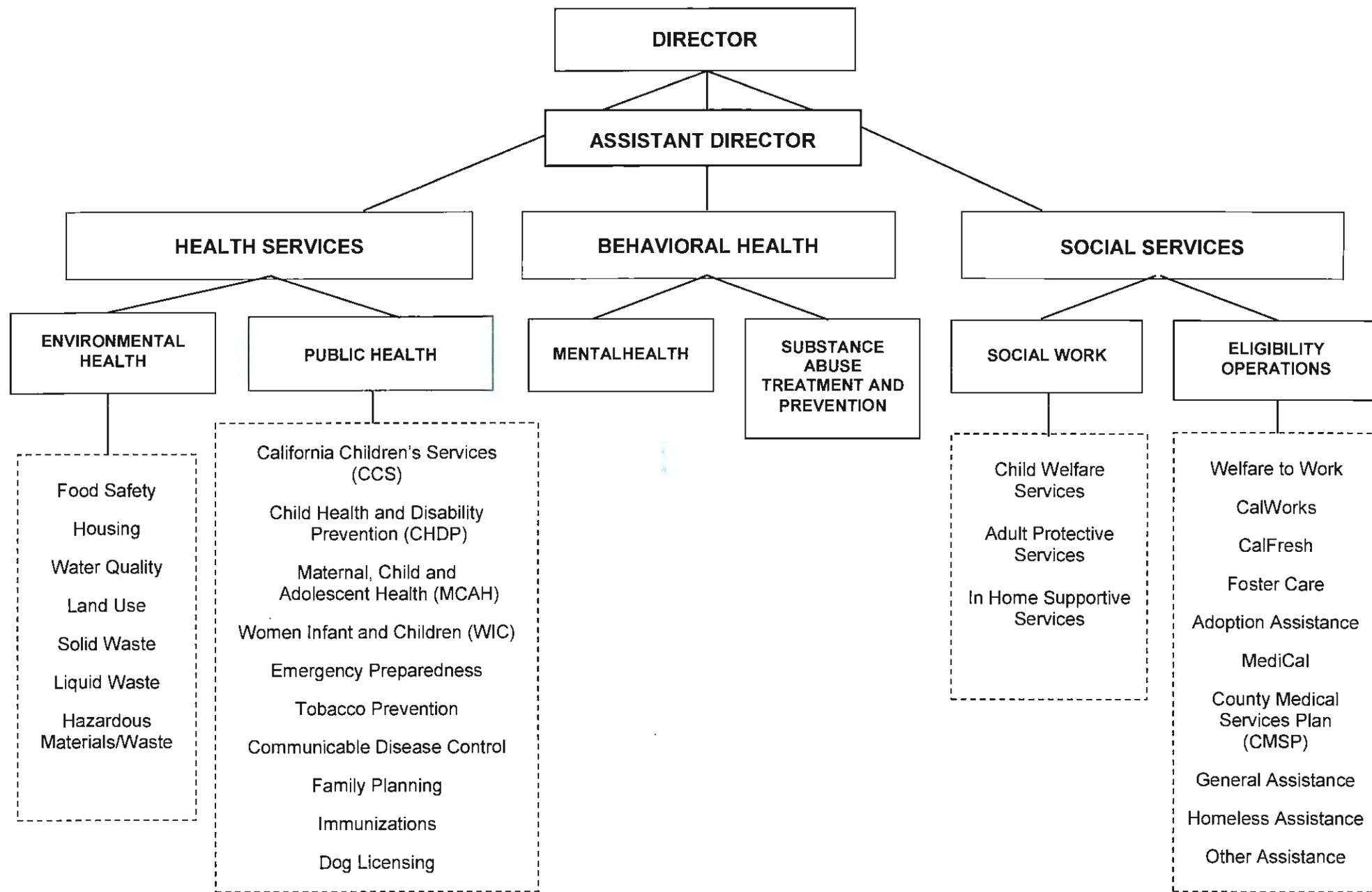
General Responsibilities

Under the general direction of the MCAH Director, the Community Outreach Coordinator carries out the following duties and others as assigned.

Specific Duties

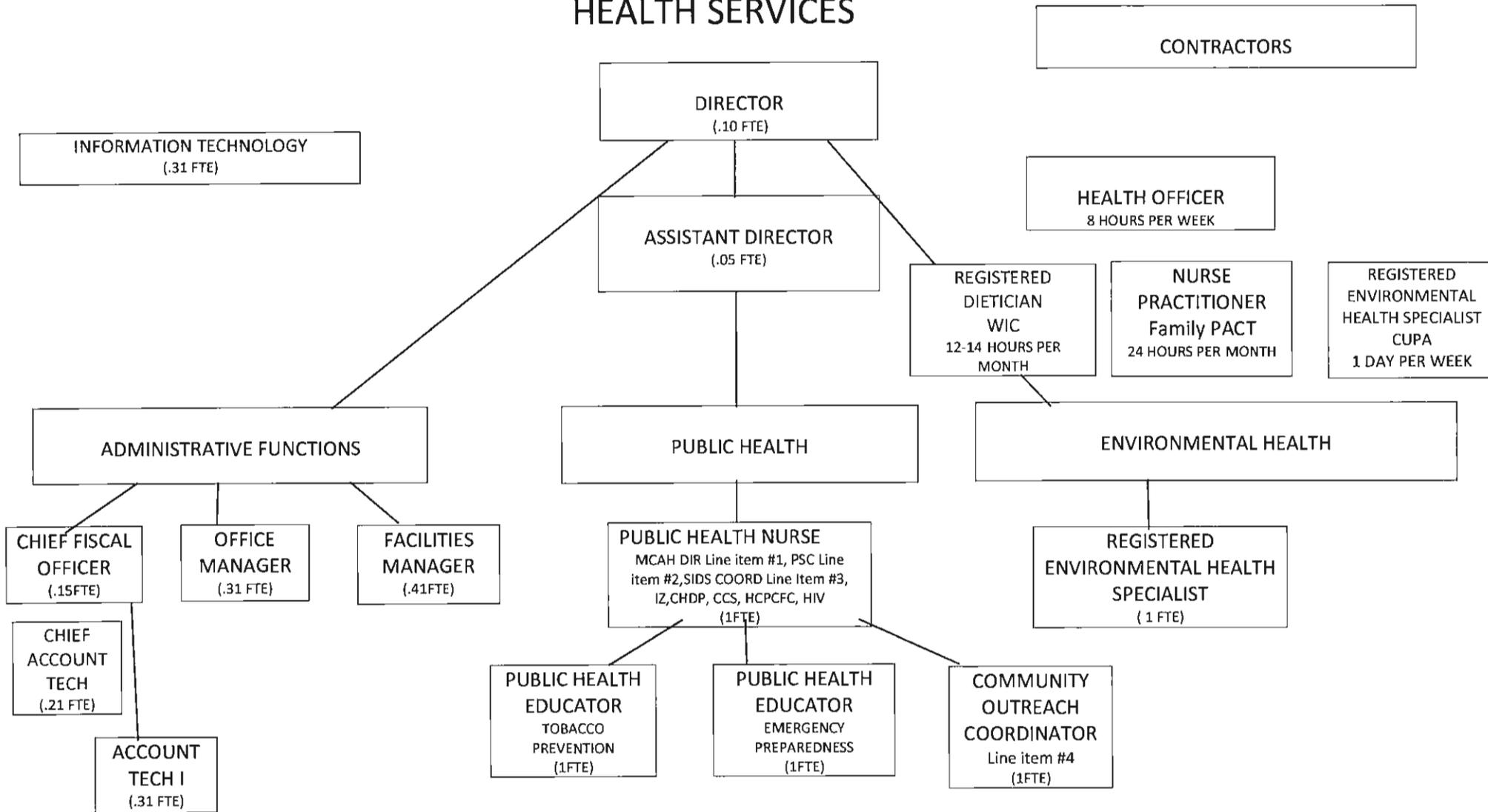
- Promotes Maternal, Child and Adolescent Health.
- Work in conjunction with MCAH Director to conceptualize, develop and maintain public health education programs.
- Develop and present trainings, workshops, and classes that promote public health practices and education.
- Collect, analyze and report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

Sierra County Health and Human Services



SIERRA COUNTY HEALTH AND HUMAN SERVICES

HEALTH SERVICES





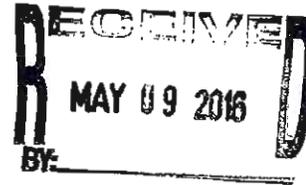
KAREN L. SMITH, MD, MPH
Director and State Public Health Officer

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



EDMUND G. BROWN JR.
Governor

May 3, 2016



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

Dear Ms. Maddox:

MCAH ALLOCATION: #2016-46
APPROVAL OF THE MCAH DIRECTOR SIERRA COUNTY

A request for change in FTE according to Sierra County's FY 2016-2017 budget submission for Shanna Anseth, PHN II, to serve as the Maternal, Child and Adolescent Health (MCAH) Director at 0.38 Full-Time Equivalent (FTE) instead of the 0.40 FTE as previously stated in the MCAH Approval Letter dated November 14, 2012, has been reviewed and approved as of this date May 3, 2016. This updated FTE still fulfills the minimum program requirements for the MCAH Director position as specified in the MCAH Policies and Procedures for a county with the population and number of births as per the Vital Statistic records for Sierra County.

The approval is based on the following: (1) Ms. Anseth will be the main contact and have administrative responsibility for the MCAH Program in addition to coordination of the MCAH Scope of Work activities.

This approval is applicable for as long Shanna Anseth occupies the positions of MCAH Director, Sierra County maintains the staffing levels described above, and the needs of the population and the program are met.

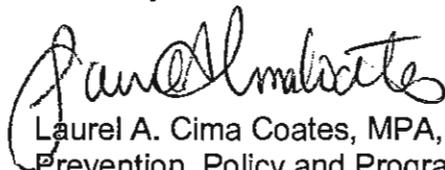
Please keep a copy of this approval letter in your MCAH files for audit purposes.
Please submit a copy with each MCAH Agreement Funding Application.



Jane Maddox
Page 2
May 3, 2016

If there are any questions about this letter, please contact your Nurse Consultant,
Cheryl Hunter-Marston, at (916) 650-0360.

Sincerely,



Laurel A. Cima Coates, MPA, Chief
Prevention, Policy and Program standards Branch
Maternal, Child and Adolescent Health Division

cc: Matthew Sall
Contract Manager
Allocations and Matched Funding Unit
Program Allocations, Integrity & Support Branch
Maternal, Child and Adolescent Health Division

Cheryl Hunter-Marston, MSN, CNS, PHN, DNPc
Nurse Consultant III
Program Standards Branch
Maternal, Child and Adolescent Health Division MCAH Central File

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.

- o The Ten Essential Services of Public Health: <http://www.cdc.gov/nphpsp/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/lifecourseresources.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)

- Increase access to oral health services¹
- Increase screening and referral for mental health and substance use services¹
- Increase utilization of preventive health services¹
- 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
- Provide developmental screening for all children¹

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

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>1.2 Participate in collaboratives, coalitions, community organizations, etc., to review data and develop policies and products to address social determinants of health and disparities.</p>	<p>1.2 Report the total number of collaboratives with MCAH staff participation. Submit Collaborative Surveys that document participation, objectives, activities and accomplishments of MCAH – related collaboratives.</p>	<p>1.2 List policies or products developed to improve infrastructure and address MCAH priorities.</p>
	<p>Policy Development 1.3 Review, revise and enact policies that facilitate access to Medi-Cal, 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.</p>	<p>Policy Development 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 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>
	<p>Assurance 1.4 Participate in and/or deliver trainings in MCAH and public health competencies and workforce development as resources allow.</p>	<p>Assurance 1.4 List trainings attended or provided and numbers attending.</p>	<p>Assurance 1.4 Describe outcomes of workforce development trainings in MCAH and public health competencies, including but not limited to, knowledge or skills gained, practice changes or partnerships developed.</p>

¹ 2001-2015 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)	
		Process Description and Measures	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 American Academy of Pediatrics (AAP) developmental screening guidelines.</p> <p>Choose one or more:</p> <ol style="list-style-type: none"> Promote the use of Birth to 5: Watch Me Thrive or other 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 Knowledge of appropriate Medi-Cal billing code for developmental screening 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 Describe barriers and strategies to increase screening, referral and linkage <ul style="list-style-type: none"> Number of HPs requiring screenings per AAP guidelines Number of providers stating knowledge of the appropriate billing code 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> <ul style="list-style-type: none"> a. Number and types of targeted providers using Birth to 5 or other AAP recommended screening materials. List other materials used b. Number of children in local MCAH programs who received developmental screening Number of children in local MCAH programs with positive screens referred and linked to services Outcomes of activities with HPs Number of children, including CYSHCN, receiving a yearly preventive medical visit

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)	
		Process Description and Measures	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>Consider addressing problems related to:</p> <ul style="list-style-type: none"> • Access to preventive and medical health services • Access to dental services • Access to mental health and substance use services • Enrollment in insurance for the MCAH population <p>1.8a By June 30, 2017 engage community partners in developing a universal referral process for all physical and mental health and social services.</p> <p>1.8b By June 30, 2017, continue working with a collaborative of 6 stakeholders to identify the barriers and challenges to accessing health care for women and children.</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>1.8a In collaboration with community partners create a referral process/form that works well for all agencies.</p> <p>Educate other departments within the HHS agency and also outside partners about PH programs and effective ways to collaborate and conduct care coordination.</p> <p>1.8b Survey clients on what services they are having difficulty accessing and identify barriers; also within survey solicit client input on possible solutions.</p> <p>Continue collaborating with agency program lead staff and outside partners</p>	<p>1.8 Develop process measures for applicable intervention activities here.</p> <p>1.8a List # of meetings, # of clients and findings, and # and types of stakeholders</p> <p># of referrals received from within agency and outside partners.</p> <p>b. Describe the developed universal referral process or the latest draft version of the process.</p> <p>1.8b Describe process of engaging agency staff and partners.</p> <p>List programs and partners.</p>	<p>1.8 Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> <p>1.8a Brief description of barriers/challenges identified.</p> <p># of strategies identified, brief description of strategies</p> <p>List policies and procedures developed and implemented.</p> <p>List community partners involved</p> <p>1.8 Brief description of barriers/challenges identified.</p> <p>Number of strategies identified, brief description of strategies</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>to identify barriers to accessing health care and other social determinants of health that might impede access to care.</p> <p>Continue working with MMCPs to problem solve health care access issues identified by clients and stakeholders.</p>		

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 women ²

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
2.1-2.3 All women will have access to quality maternal and early perinatal care, including CPSP services for Medi-Cal eligible women.	Assurance 2.1 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.	Assurance 2.1 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	Assurance 2.1 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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	perinatal services. 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.	referrals, tracking system for follow-up, assessments, interventions, infant care etc). ** If above is not applicable to the local site, Summarize perinatal training or education sessions conducted with at-risk, Medi-Cal eligible women. 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.	perinatal care access and quality of perinatal services. 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
	2.3 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.	2.3 List the types of CPSP provider QA/QI activities conducted during site visits. Identify your MCMC liaison contact Report the number of actual site visits conducted with enrolled CPSP providers and/or MCMC liaison	2.3 Describe the results of QA/QI activities that were conducted.
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
2.4 At least one specific short	2.4 List activities to improve access to	2.4 Develop process measures for	2.4 Develop short and/or intermediate

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)
receive referral to an OB provider, or if not pregnant will express understanding of preconception health and available family planning services, and will obtain family planning services if the woman does not want to become pregnant.	care, family planning and preconception education CDPH/MCAH Preconception Health: http://www.cdph.ca.gov/programs/Preconception/Pages/default.aspx	List materials utilized for education of clients.	from client educational meetings. # of strategies identified, brief description of strategies List policies developed and implemented. # of women screened and referred to appropriate follow up

¹ 2001-2015 Title V State Priorities

² Title V Requirement

³ State Requirement

Goal 3: Reduce infant morbidity and mortality

- Reduce pre-term births and infant mortality¹
- Increase infant safe sleep practices¹
- 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 Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
3.1-3.2 All infants are provided a safe sleep environment	Assurance 3.1 Establish contact with parents/caregivers of infants with presumed SIDS death to provide grief and bereavement support services ³ .	Assurance 3.1 (Insert number) of parents/caregivers who experience a presumed SIDS death and the number who are contacted for grief and bereavement support services.	
	3.2 Attend the SIDS Annual Conference/ SIDS training(s) and other conferences/trainings related to infant health ³ .	3.2 Provide staff member name and date of attendance at SIDS Annual Conference/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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below.			
<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>3.3a By June 30, 2017 inform parents of newborns enrolled in WIC and MCAH programs about safe infant sleep practices and SIDS risk reduction.</p> <p>3.3b By June 30, 2017 inform all (2) health care providers about safe infant sleep practices and SIDS risk reduction.</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/q/corefcns.htm</p> <p>3.3a Survey clients on what knowledge they have of SIDS and the associated risk factors.</p> <p>Distribute NICHD Safe to Sleep materials to parents.</p> <p>Utilize website, newspaper, and community events to promote safe infant sleep in our county.</p> <p>3.3b Distribute NICHD Safe to Sleep materials to HCP's and educate about SIDS and using consistent messaging for SIDS risk reduction.</p>	<p>3.3 Develop process measures for applicable intervention activities here.</p> <p>3.3a List # of meetings held with whom and where, # of clients who were surveyed and survey findings.</p> <p>Describe the methods used to distribute NICHD Safe to Sleep materials and how many parents received materials.</p> <p>3.3b List # of meetings held with whom and where (what settings); # of HCP's who received NICHD Safe to Sleep materials.</p>	<p>3.3 Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> <p>3.3a Brief description of barriers/challenges identified.</p> <p># of parents who attended and/or demonstrated increased knowledge and understanding of safe infant sleep practices; number of parents who documented an intention to follow safe infant sleep practices and SIDS risk reduction on end of meeting evaluation; the total number of new parents who received education</p> <p>List policies developed and implemented.</p> <p>3.3b Brief description of barriers/challenges identified.</p> <p># of providers demonstrating increased</p>

¹ 2001-2015 Title V State Priorities .

² Tittle V Requirement

³ State Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	Every 6 months, contact each HCP to assess needs and utilization of safe infant sleep messaging.	List materials provided.	knowledge and intention to follow safe infant sleep practices and SIDS risk reduction.
<p>3.4 At least one specific short and/or intermediate SMART outcome objective(s) to address perinatal/infant health is required here.</p> <p>Objectives that improve infant health may address local problems related to:</p> <ul style="list-style-type: none"> • Prematurity/Low birth weight • Perinatal substance use • Access to enhanced perinatal (neonatal) services • Breastfeeding initiation and duration <p>3.4 By June 30, 2017 develop and implement a nutrition and physical activity plan for WIC and MCAH clients.</p>	<p>3.4</p> <p>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/corefcns.htm</p> <p>3.4 Collaborate with WIC, HCP, Behavioral Health and Family Resource Center to develop and implement a nutrition and physical activity plan.</p> <p>Teach clients how to develop a small garden and provide fresh vegetables for their family.</p>	<p>3.4</p> <p>Develop process measures for applicable intervention activities here.</p> <p>3.4 Briefly describe the plan contents.</p> <p>Briefly describe activities offered and materials utilized for education of WIC and MCAH clients.</p> <p>Briefly describe methods used to teach clients how to develop a small garden and provide fresh vegetables for their family.</p>	<p>3.4</p> <p>Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> <p>3.4 Brief description of barriers/challenges identified.</p> <p># of strategies identified, brief description of outcomes related to strategies/interventions implemented; number of clients who attended education; results of N & P plan implementation; number of parents who planted and are tending a small fresh vegetable garden</p>
For FIMR LHJs Only:	For FIMR LHJs Only:	For FIMR LHJs Only:	For FIMR LHJs Only:

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

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)
3.8 One objective addressing the development of interventions to prevent fetal, neonatal, and postneonatal deaths is required here.	3.8 Based on CRT recommendations, identify and implement at least one intervention involving policy, systems, or community norm changes here.	3.8 Develop process measures for applicable intervention activities here.	3.8 Develop short and/or intermediate outcome-related performance measures for the objectives and activities here.

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

- Increase consumption of a healthy diet¹
- 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 By June 30, 2017 75% of school age children in 3 Sierra County schools will identify at least one way to improve their nutrition/dietary habits and physical activity.</p>	<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 <i>Development and Assurance</i>. http://www.publichealth.lacounty.gov/qi/corefcns.htm</p> <p>4.1 Utilize educational material from Dairy Council of CA, CDPH, etc. to educate children in classroom setting on obesity prevention.</p> <p>Educational materials and planned activities will be provided during Back to School night, Kindergarten Roundup, Hands on Health Express, Health Fair and Dental Fair.</p> <p>Develop evaluation and evaluation process of the ability of children to identify ways to improve nutrition and physical activity (questionnaire, interview, focus groups, etc.)</p>	<p>4.1 Develop process measures for applicable intervention activities here.</p> <p>4.1 Briefly describe activities, and educational material used to promote obesity prevention.</p> <p>Brief description of challenges and successes in educating children, parents and teachers and collecting data to demonstrate that the objective was achieved.</p> <p>Describe the process of evaluating whether children can identify ways to improve nutrition and physical activity.</p>	<p>4.1 Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> <p>4.1 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</p> <p>Document the outcomes of the evaluation of children's ability to identify ways to improve nutrition and physical activity</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>5.1 By June 30, 2017, develop a plan to promote oral health for pregnant women and children.</p>	<p>5.1 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: <i>Assessment, Policy Development, and Assurance.</i> http://www.publichealth.lacounty.gov/qi/corefcns.htm</p> <p>5.1 Collaborate with WIC, First 5 and CHDP to develop a plan to promote oral health, promote and provide a Dental Fair, to include oral exams and fluoride varnish, for Pre-K children and pregnant women.</p> <p>List oral health messages chosen.</p> <p>Partner with the School District to provide oral health education and bring a Mobile Dental Van for school age children.</p>	<p>5.1 Develop process measures for applicable intervention activities here.</p> <p>5.1 Briefly describe activities and educational material used to promote oral health.</p> <p>Briefly describe knowledge gained from educational interventions.</p> <p>Describe how oral health measures were provided.</p> <p>List the names and provide the number of agencies/departments that agreed to distribute outreach material to clients.</p>	<p>5.1 Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> <p>5.1 Brief description of the status of the oral health promotion plan; the numbers of who benefited from the oral exams conducted and fluoride varnish applications from the Mobile Dental Van.</p>

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, 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>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>	<p>6.1 Develop process measures for applicable intervention activities here.</p>	<p>6.1 Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p>

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

