

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Health Services Agency

BOARD AGENDA # *B-4

Urgent Routine

AGENDA DATE November 9, 2010

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Approval for the Health Services Agency to Submit an Application to the California Department of Public Health, Office of Family Planning, for the Teen Pregnancy Prevention Community Challenge Grant Program Funding, and to Enter the Grant Agreement upon Award

STAFF RECOMMENDATIONS:

1. Approve the submission by the Health Services Agency of an application for funding to the California Department of Public Health, Office of Family Planning, for the Teen Pregnancy Prevention Community Challenge Grant (CCG) Program (Request for Application RFA 11-10018) for the period beginning July 1, 2011 and ending June 30, 2016.
2. Authorize the Health Services Agency Managing Director or her designee to sign the agreement, and any amendments thereafter, and accept the funds, if awarded.

FISCAL IMPACT:

The term of the Teen Pregnancy Prevention Community Challenge grant is from July 1, 2011 through June 30, 2016. Awards will be determined through a competitive application process. Based on geographic location, grant awards are anticipated to be between \$100,000 and \$250,000. Specifically, funding preference and funding level will be determined by identifying applicants serving clients in a Medical Service Study Area (MSSA) with high teen birth rates. Based upon these criteria the Health Services Agency is eligible to apply for \$200,000 per fiscal year. If the grant is awarded, the Health

(Continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2010-692

On motion of Supervisor Chiesa, Seconded by Supervisor O'Brien

and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, DeMartini, and Vice-Chairman Monteith

Noes: Supervisors: None

Excused or Absent: Supervisors: Chairman Grover

Abstaining: Supervisor: None

1) Approved as recommended

2) Denied

3) Approved as amended

4) Other:

MOTION:



ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

Approval for the Health Services Agency to Submit an Application to the California Department of Public Health, Office of Family Planning, for the Teen Pregnancy Prevention Community Challenge Grant Program Funding, and to Enter the Grant Agreement upon Award

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FISCAL IMPACT (Continued):

Services Agency will include the revenue and expenditures in its Fiscal Year 2011-2012 Proposed Budget.

DISCUSSION:

The California Department of Public Health Office of Family Planning has issued a Request for Application (RFA) for the Community Challenge Grant Program, to solicit applications to fund community-based and community driven programs that address the problems of teen and unintended pregnancy through prevention and health education activities, along with linkages to family planning services and reproductive health care.

The Office of Family Planning (OFP) is a division within the Center for Family Health, California Department of Public Health (CDPH). The OFP is charged by the California Legislature *"to make available to citizens of the State of California who are of childbearing age, comprehensive medical knowledge, assistance, and services relating to the planning of families."* The Community Challenge Grant (CCG) Program was enacted in 1996 (California Welfare and Institutions Code Section 18993-18993.9 Appendix 1) and, in 2003, the administration was placed under the Teen Pregnancy Prevention (TPP) Program.

The goals of the CCG program are:

- To reduce the number of teenage pregnancies and teenage single parents; and
- To promote responsible parenting and the involvement of the biological father in the economic, social and emotional support of his children.

The target populations for the CCG Program include the following:

- Pre-sexually active adolescents;
- Sexually active adolescents;
- Pregnant and parenting teens;
- Parents and families (including adult caregivers);
- Young adults at-risk for unwed motherhood or absentee fatherhood; and
- Personnel who work with youth, such as sports coaches, school counselors, etc.

The Stanislaus County Health Services Agency (HSA) has been the leader in the community in addressing issues pertaining to adolescent pregnancy for the past 20 years. The Community Challenge Grant (CCG) has been in place within HSA since May of 1997 and funding has been maintained through each of its funding cycles, totaling approximately \$2.178 million. In the current 2010-2011 Fiscal Year, HSA is receiving \$210,000 in CCG grant funding. Although this new RFA has reduced its yearly funding by \$10,000, it has also eliminated the (minimum of two) subcontractors requirement from previous years which ranged from \$10,000-\$30,000 annually.

Approval for the Health Services Agency to Submit an Application to the California Department of Public Health, Office of Family Planning, for the Teen Pregnancy Prevention Community Challenge Grant Program Funding, and to Enter the Grant Agreement upon Award

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Through the years, HSA has provided both school and community based education on sexual health for thousands of county residents. For example, in 2009 approximately 4,000 high school students received comprehensive sexual health education within the Modesto City Schools District.

The Health Services Agency's CCG Program for 2011–2016 will propose to concentrate its efforts on high risk youth in and out of school, between the ages of 12-17, as well as mainstream youth in the school. The primary objective is to have a sphere of influence in reducing teen pregnancies, repeat pregnancies, sexually transmitted infections, and supporting students who have chosen to abstain from sexual activities.

The proposed programs will be delivered to adolescents in high schools, alternative schools, and high risk youth in Juvenile Probation. Programs will serve approximately 8,000 youth annually in Stanislaus County.

POLICY ISSUES:

The Board of Supervisors' approval of the application for and acceptance of the Teen Pregnancy Prevention Community Challenge grant award meets the Board's priorities of A Healthy Community and Effective Partnerships , as it will enable the Health Services Agency to continue to work with local schools and the community to continue efforts in preventing teen and unintentional pregnancies.

STAFFING IMPACT:

There is no staffing impact associated with this request. The current CCG Program funds 2.5 full time positions. A successful application will continue to provide funding for this staffing.

CONTACT PERSON:

Phoebe Leung, Assistant Director 558-7116



MARK B HORTON, MD, MSPH
Director

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

BOARD OF SUPERVISORS

2010 DEC 15 A 11:41



ARNOLD SCHWARZENEGGER
Governor

January 3, 2011

Julie Falkenstein
MCAH Director
Stanislaus County Health Services Agency
830 Scenic Drive
Modesto, California 95350

Dear Ms. Falkenstein:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR
AGREEMENT #201050 – Fiscal Year (FY) 2010-2011

The Maternal, Child and Adolescent Health (MCAH) Division of the California Department of Public Health (CDPH) approves your Agency's FY 2010-2011 AFA, including the attached 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, 2010, through June 30, 2011, the MCAH Division will reimburse expenditures up to the following amounts:

Maternal, Child and Adolescent Health	\$ 305,044
Adolescent Family Health Program	\$ 148,730

The availability of Title V funds is based upon funds appropriated in the FY 2010-2011 Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to 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 FY 2010-2011 Program and Fiscal Policy and Procedures manuals, which includes the ability to substantiate all funds claimed. CDPH MCAH policies and procedures can be accessed at <http://cdph.ca.gov/MCAHfiscal>.

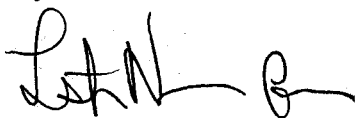
Julie Falkenstein
Page 2
January 3, 2011

For agencies claiming Title XIX funds, you also agree to maintain secondary documentation that clearly substantiates time study activities as being non-program related, non-matchable, matchable or enhancable. You also agree to use either:

1. the web-posted CDPH MCAH and/or BIH Base Medi-Cal Factor (MCF),
2. the CDPH MCAH prior-approved alternate MCF (MCAH Program only),
3. 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
4. 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(s) and Budget(s) is incorrect or different from that negotiated, please contact your Contract Manager, Dale E. Price, at (916) 650-0340 or by e-mail at dale.price@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Shabbir Ahmad, DVM, MS, PhD, Acting Chief
Maternal, Child and Adolescent Health Division

Enclosure(s)

cc: Jim DeMartini, Chair
Stanislaus County Board of Supervisors
1010 10th Street, Suite 6500
Modesto, California 95354

Dale Price
Contract Manager
Maternal, Child and Adolescent Health Division

Imelda Hoeckelmann
Program Consultant
Maternal, Child and Adolescent Health Division

Central File

**MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) PROGRAM
SCOPE OF WORK (SOW)**

The Local Health Jurisdiction (LHJ) must work toward achieving the following goals and objectives by performing the specified activities, evaluating the results and focusing on process and/or outcomes.

- Goal 1: Ensure that all children are born with optimal health outcomes to healthy mothers**
- Goal 2: No health status disparities among racial/ethnic, gender, economic and regional groups.**
- Goal 3: A safe and healthy environment for women, children and their families.**
- Goal 4: Equal access for all women, children and their families to appropriate and needed care within an integrated and seamless system.**

Timelines: All of the implementation activities identified in this SOW are to be conducted within the term of this Agreement's fiscal year.

**Objective 1
MCAH Program in the LHJ operates under the direction of an approved MCAH Director in accordance with the State MCAH Program Policies and Procedures Manual.**

Implementation Activities

- 1.1 The LHJ must have an MCAH Director who meets the professional qualifications and time allocation as specified in the current State MCAH Program Policies and Procedures Manual. (See State MCAH Program Policies and Procedures Manual.)

Evaluation Process or Outcomes

- 1.1.1 The local MCAH Director must submit a copy of an approval letter or a waiver with the annual Agreement Funding Application (AFA).
- 1.2.1 The MCAH Director, as the manager of the local MCAH program, is responsible for directing local MCAH Programs and ensuring the performance of the core public health functions of assessment, policy development, and assurance.

Evaluation Process or Outcomes

- 1.2.1 List all local MCAH Programs funded by the State MCAH Division in the Annual Report.
- 1.2.2 Identify the State MCAH Division and Title V (Federal) priority areas with the corresponding local MCAH Program in the Annual Report.
- 1.3 The local MCAH Director's responsibilities include the following:
- Develop policies and procedures, standards, and protocols
 - Develop LHJ and/or community infrastructure that promote community partnerships and provide family-centered, culturally-competent services
 - Ensure implementation, coordination and evaluation of local MCAH Programs
 - Conduct a Title V Needs Assessment within the local community every five years
 - Ensure hiring and orientation of key personnel, adhering to the State MCAH Program policy regarding personnel requirements

- Develop activities and evaluation methods to measure results that relate to meeting MCAH priorities and the LHJ multi-year plan
- Use core public health functions to assure that progress is made toward the State MCAH Division and Title V (Federal) goals, objectives and priorities

Evaluation Process or Outcomes

- 1.3.1 Submit a duty statement that includes the local MCAH Director's responsibilities, identified in the State MCAH Program Policies and Procedures, with the annual AFA. When the MCAH Director position changes or the duties change for the MCAH Director, submit the revised duty statement at the time of the change.
 - 1.3.2 Complete and submit Form 4, MCAH Related Collaboratives, to document the MCAH Director's participation in MCAH-related collaboratives with the Annual Report.
- 1.4. Maintain the MCAH Advisory Committee and continue to implement prevention strategies throughout Stanislaus in identified high-risk areas.
- Continue to lead the MCAH Advisory Committee.
 - Address existing and emerging MCAH issues.
 - Identify and provide input on disparities among, racial, ethnic, economic and regional groups.
 - Build broad-based community support by engaging non-traditional partners and providing information on the importance of our MCAH system.
 - Build capacity within the MCAH system by addressing training needs, communication needs, policy development and service expansion.
 - Contribute to talking points regarding inductions and c-section rates. This information will be relayed by the Perinatal Service Coordinator to CPSP providers.

Evaluation Process or Outcomes

- 1.4.1 Maintain documentation of activities on file.
 - 1.4.2 Summarize activities and describe outcomes in Annual Reports.
- 1.5. In collaboration with key stakeholders in the Mobilizing for Action through Planning and Partnerships (MAPP) group continue to coordinate all phases of the process related to issues identified in the MCAH 5-year plan and implement a new assessment and monitor progress of the action cycle.
- Continue to work with community stakeholders to develop a Community Health Improvement Plan (CHIP) focused on the four broad determinants of health identified as needing work in the 2008 Community Health Assessment.
 - Emphasis will be on the Built Environment and the new Health goal of 'All Stanislaus county mothers, infants and children will have the opportunity for a healthy life.'
 - Collaborate with assigned leads to monitor and communicate progress to all key stakeholders.
 - Reconvene the group to share resources and provide training.

Evaluation Process or Outcomes

- 1.5.1 Documentation of communication (e.g. newsletters).
- 1.5.2 Maintain documentation of progress of each focus area.
- 1.5.3 Publication and public dissemination of the Community Health Improvement Plan.

- 1.6 Work in collaboration with Stanislaus County Behavioral Health and Recovery Services (BHRS) to address issues related to teen safety, alcohol and drug use/abuse.
- Continue participation in meetings surrounding the issue of teen drinking with BHRS
 - Continue participation at the Meth Task Force with BHRS.

Evaluation Process or Outcomes

- 1.6.1 Documentation of participation in meetings for the Annual Report.

Objective 2

The local MCAH Program will conduct activities, such as outreach, case finding, referrals and community education that assist the MCAH population to apply for and access health care services, including Medi-Cal and other publicly subsidized health care programs.

Implementation Activities

- 2.1. The local MCAH Program provides information on health care resources, services and referrals to the MCAH population through:
- Activities that facilitate early and continuous access to medical care and services, such as, outreach, case finding, referrals and community education
 - Activities that provide referrals to Healthy Families, Medi-Cal, Access for Infants and Mothers (AIM) and other low cost/no cost health insurance programs for health care coverage
 - Identification of local high risk populations and prioritization of these populations for outreach and referral services for medical care
 - Partnering with Community Based Organizations to provide door-to-door outreach in identified areas and distribute messages regarding healthy pregnancy
 - Participating in health fairs to inform participants of the need for prenatal care and available resources, including providing the Prenatal and Parenting Resource cards

Evaluation Process or Outcomes

- 2.1.1 Complete a Form 5, Outreach Activities, for each Outreach Activity and keep on file for audit purposes. Submit three examples for the Annual Report.
- 2.1.2 Describe the tracking system for referrals in the Annual Report.
- 2.1.3 Report the number of referrals to Healthy Families, Medi-Cal, AIM and report the number and name of other low cost or no cost health insurance programs in the Annual Report.
- 2.1.4 Identify the local targeted high risk populations
- 2.1.5 Document the outreach of the Healthy Birth Outcomes (HBO) sites performing outreach to pregnant women and families.
- 2.1.6 Track type and number of referrals given by HBO sites to ensure access to appropriate health coverage.
- 2.2. The LHJ promotes community wide collaboration in the development and implementation of outreach programs and works to assure that services are provided in a culturally sensitive manner with no duplication of services.

- Continue collaboration with up to 10 Community Based Organizations to maintain a support system for pregnant and parenting women in high risk or underserved communities.
- Continue collaboration with up to 10 Community Based Organizations to continue to identify and provide training for their neighborhood outreach workers and support group facilitators.

Evaluation Process or Outcomes

- 2.2.1 Complete and submit Form 4, MCAH Related Collaboratives, with the Annual Report to document participation of MCAH staff in MCAH-related collaboratives.
 - 2.2.2 Maintain a log of training provided.
 - 2.2.3 Document activities in the Annual Report
- 2.3 The LHJ provides a toll free or "no cost to the calling party" telephone information service (Title V requirement) that meets the following minimum standards:
- The service must provide current culturally and linguistically appropriate information and referral to community health and human resources for the general public regarding access to prenatal care and health care providers
 - The telephone number must be disseminated widely throughout the LHJ by means of pamphlets, publications and media publicity
 - At minimum, the toll free line must be operational during normal business hours and must linguistically reflect the LHJ's population mix
 - Personnel staffing the toll free line must have cultural sensitivity training
 - After hours messages must be answered by end of the next business day

Evaluation Process or Outcomes

- 2.3.1 Complete and submit Form 6, Toll Free Telephone Report, with the Annual Report.

Objective 3

Ensure that all pregnant women will have access to early, adequate and high quality prenatal care with a special emphasis on low-income and Medi-Cal eligible women.

Implementation Activities

- 3.1 The MCAH Director will be responsible for ensuring the duties of the Perinatal Services Coordinator (PSC) position are performed in accordance with the MCAH Policies and Procedures. The Full Time Equivalent (FTE) for the PSC position is strongly recommended but not required.
- 3.2 The MCAH Director, PSC, or designated representative will implement and ensure that CPSP is preformed in accordance with MCAH Policies and Procedures, CPSP Provider Handbook and Steps to Take Guidelines.

Evaluation Process or Outcomes

- 3.1.1 Report specific information as requested in the Annual Report.

Objective 4

Reduce preventable infant deaths that are classified as Sudden Infant Death Syndrome (SIDS)

Implementation Activities

- 4.1 Contact all parents/caregivers who experience a presumed SIDS death to provide grief and bereavement support services.
- 4.2 At least one public health professional to attend the State SIDS Annual Conference and/or other SIDS training(s).
- 4.3 Conduct SIDS education and outreach activities to reduce the SIDS and unsafe sleep infant death rates via
 - Promotion of SIDS risk reduction activities by providing risk reduction education and materials to the community
 - Maintenance of Infant Safe Sleep Campaign to address the promotion of SIDS risk reduction and infant safe sleep education and materials to the community
 - Distribution of SIDS educational materials within the community, especially to high risk populations
 - Provision of trainings and materials as requested to
 - Hospital staff
 - Child care providers
 - Foster care providers
 - First responders
 - Coroner
 - Community partners
 - Production/reproduction of SIDS educational materials as funding allows
 - Request for and receipt of data on infant deaths due to unsafe sleeping practices from coroner's office

Evaluation Process or Outcomes

- 4.1.1 Report the number of infant deaths due to SIDS in the LHJ.
Report the number and percentage of parents/caregivers contacted.
- 4.2.1 Provide staff member name and date of attendance at the SIDS Annual Conference and/or training(s)
- 4.2.3 Describe the results of the specific LHJ defined activities that address the promotion of SIDS risk reduction and education materials to the community

The LHJ can use the following directions and guidelines to develop and write specific local objectives and activities for their agency.

Objective 5 (Insert local objectives, implementation activities and evaluation processes/outcomes here)

Each Fiscal Year the local MCAH Program is required to address one or more local priority objectives(s) identified in its Five Year Needs Assessment

- 5.1 The LHJ must complete the following process to address one or more local priority needs objective(s) by:

Developing a plan to address the LHJ's priority needs by identifying objectives, implementation strategies and activities consistent with the State MCAH Division and Title V goals and objectives by:

- Ensuring implementation activities, interventions and strategies are evidence-based, and specific and measurable
- Ensuring each implementation activity has a method of evaluating the outcome as it relates to meeting the objective
- Completing the plan within the fiscal year in which the allocation applies except if the local priority need is an ongoing issue. These activities may be carried over to the next year
- Continuing to monitor local MCAH needs and modify the local plan to improve maternal, child and adolescent health
- Reporting local trends in MCAH and the impact on implementing the plan and meeting the objectives

Evaluation Process or Outcomes

- 5.1.1 Identify the activities and implementation strategies that address each objective
- 5.1.2 Report specific evaluation processes, outcomes, or measures that were completed during the fiscal year for each local objective
- 5.1.3 Maintain documentation of activities on file

- 5.2 Participate in an oral health committee to decrease health disparities related to oral health.
 - Participate in an internal oral health committee comprised of CHDP, MCAH, CPSP, WIC and DDPP staff.
 - Participate in an Oral Health Advisory Committee comprised of providers, community representatives and schools.
 - Explore restarting a dental referral program for pregnant women and children.

Evaluation Processes and outcomes

- 5.2.1 Maintain documentation of activities on file.
- 5.2.2 Maintain meeting documentation.
- 5.2.3 Summarize activities and describe outcomes/impact in Annual Report.
- 5.2.4 Maintain documentation and reporting on progress.

- 5.3 Participate in the Asthma Coalition to help create an "asthma –friendly" community by promoting awareness, education, management, and prevention.
 - Continue to assist in the coordination and expansion of the Asthma Friendly Flag Program and use material from the Asthma Friendly Flag Program as needed.
 - Continue to provide education for schools, community and Public Health Staff as appropriate.
 - Continue to provide public awareness and education for schools, community and PH staff as appropriate yearly.
 - Hold annual Asthma Round Table for doctors and other healthcare providers.
 - Continue to offer Asthma 101 Train the Trainer classes.

Evaluation Process or Outcomes

- 5.3.1 Maintain documentation of activities on file.

- 5.3.2 Summarize activities and describe outcomes/impact.
 - 5.3.3 Provide summary report in the Annual Report.
- 5.4 Maintain the Breastfeeding Promotion Coalition of Stanislaus County to promote and educate pregnant women and new mothers of the importance of breastfeeding.
- Complete year one implementation plan with the development of coalition by-laws and strategic plan.
 - Identify strategies to promote and provide new breastfeeding education and awareness to Stanislaus County pregnant and new mothers.
 - Present training and resources regarding breastfeeding to Resident Physicians for their use in supporting breastfeeding, two trainings per year, and nine residents per class.
 - Distribute breastfeeding promotional and resource brochure for pregnant women to provider offices and organizations that serve pregnant women as requested.
 - Advertise for Baby Friendly Employers and provide certificates to employers that meet guidelines as Baby Friendly.

Evaluation Process or Outcomes

- 5.4.1 Creation of Breastfeeding Coalition Bylaw and Breastfeeding Promotion Strategic Plan
 - 5.4.2 Maintain documentation of activities on file. Summarize activities and describe outcome/impact in the Annual Report.
- 5.5 Maintain the Stanislaus County Promotora Network in partnership with Visión y Compromiso.
- Assist in the recruitment and retention of Promotora Network members.
 - Provide linkages to other programs throughout the county.
 - Support training and workshop events as identified by the Promotora Network, relating to disparities in health within the MCAH population to increase knowledge and capacity of the Stanislaus County Promotora Network members to better serve the MCAH population and reduce health disparities.
 - Provide staff time and location to plan, coordinate, and implement monthly meetings, and biannual forums.

Evaluation Process or Outcomes

- 5.5.1 Incorporate pre- and post- test assessments to measure change in knowledge for every Promotora Network training to obtain impact data.
 - 5.5.2 Report on the numbers of Promotoras within the Network attending workshops, meetings, and forums.
 - 5.5.3 Summarize activities and describe impact in the Annual Report.
- 5.6 Contingent upon contract with Stanislaus County Behavioral Health and Recovery Services, support promotoras in developing expertise to implement Mental Health Prevention and Early Intervention Programs (PEI)
- Contract with Community Based Organizations for the recruiting, identification, hiring and support of nine part time promotoras.
 - Partner with California Institute of Mental Health to provide mental health trainings for promotoras to increase mental health knowledge and capacity of Stanislaus County promotoras and community health workers to better serve the MCAH population.

Evaluation Process or Outcomes

- 5.6.1 Measure project outputs (such as number of promotoras hired and number of trainings held)
 - 5.6.2 Follow project evaluation guidelines as provided by the State Project Evaluator.
- 5.7 Gather and analyze infant death data to be used for surveillance purposes throughout the county.
- Purchase birth cohort data from CDPH on a yearly basis.
 - Continue to analyze yearly birth statistical master file data and birth cohort data.
 - Conduct trend analyses using birth cohort data.
 - Continue fetal death trending.
 - Use ArcGIS to map out the locations of low birth weight babies in Stanislaus County.
 - Use regression to identify risk factors associated with mothers giving birth to low birth weight babies.
 - Calculate population attributable risk fractions (using Birth Cohort files) for major risk factors (e.g. maternal age) for infant mortality and other poor infant health outcomes to inform decisions on priority interventions and populations.
 - Strengthen MCAH program evaluation capabilities.
 - Use Results Based Accountability (RBA) to establish population indicators and performance measures (for more information on RBA, please refer to Project Narrative).
 - Share information findings with the community, advisory boards and the provider community

Evaluation Process or Outcomes

- 5.7.1 Maintain documentation of activities on file.
 - 5.7.2 Summarize activities and describe outcomes/impact in the Annual Report.
 - 5.7.2 Report changes in population indicators in the Annual Report.
- 5.8. Decrease the number of low birth weight and preterm births.
- Continue to work with community based groups in geographic areas of high risk and Medi-Cal eligible populations to provide education and outreach to assist pregnant woman and adolescents into prenatal care.
 - Educate high-risk groups about the advantages of prenatal care and healthy pregnancy activities.

Evaluation Process or Outcomes

- 5.8.1 Increase the percentage of adolescents and pregnant women who initiate prenatal care services in the first trimester of pregnancy.
 - 5.8.2 Maintain documentation of activities on file and summarize activities and describe outcomes/impact in the Mid-Year and Annual Reports.
- 5.9 Provide support to the Healthy Eating Active Living – Community Health Initiative (HEAL-CHI) partnership with the West Modesto King Kennedy Neighborhood Collaborative
- Assist with the implementation of healthy eating and active living strategies within each level of the Spectrum of Prevention, as they relate to the Community Health Improvement Plan (CHIP).
 - Assist with data collection, analysis and evaluation.

Evaluation Process or Outcomes

5.9.1 Summarize activities and outcomes in the Annual Report

5.10 Provide support to the California Central Regional Obesity Prevention Program (CCROP).

- Assist with policy and systems change activities, specifically in the areas of access to healthy foods and the built environment as they relate to the CHIP.
- Assist with data analysis and program evaluation.

Evaluation Process or Outcomes

5.10.1 Summarize activities and outcomes in the Annual Report

Budget

I. BUDGET SUMMARY PAGE		FY: 2010 - 2011		Title V Balance		SGF Balance	Total Balance		Base MCF		% Personnel Matched							
Budget Revision Number: <input type="text" value="Original"/>									56.3%	54.95%								
Program: MCAH Maternal, Child & Adolescent Health		UNMATCHED FUNDING					NON - ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)								
Agency: Stanislaus County Health Services Agency		MCAH-TV		MCAH-GF		AGENCY		MCAH-N		CNTY-N		MCAH-E		CNTY-E				
Agreement No.: 201050		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
EXPENSE CATEGORY		TOTAL FUNDING	%	Federal Title V	%	State General Funds	%	Local * Revenue	%	Combined Fed/State	%	Combined * Fed/Agency	%	Combined Fed/State	%	Combined * Fed/Agency		
(I) PERSONNEL		460,015	19.96%	91,820			21.68%	99,748			43.65%	200,776			14.71%	67,670		100%
(II) OPERATING EXPENSES		24,385	53.54%	13,056							38.52%	9,393			7.94%	1,936		100%
(III) CAPITAL EXPENDITURES																		
(IV) OTHER COSTS		71,165					45.05%	32,057			54.95%	39,108						100%
(V) INDIRECT COSTS (10% MAX)		32,862	41.95%	13,786					0.00%		58.05%	19,076						100%
TOTALS*		588,427	20.17%	118,662			22.40%	131,805			45.61%	268,353			11.83%	89,606		100%

Maximum Amount Payable from State and Federal resources: **305,044**

	State Funding	Small Cnty Project	Budgeted	Balances	% of Budget
Total Title V	118,662		118,662		20%
Total State General Fund					
Total Agency General Fund			283,383	n/a	48%
Total Matching Title XIX			186,381	n/a	32%
Totals	118,662		588,426		100%

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.


MCAH/PROJECT DIRECTOR'S SIGNATURE

10/4/10
DATE


AGENCY FISCAL AGENT'S SIGNATURE

10/4/10
DATE

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

State Use Only	MCAH-TV	MCAH-GF		MCAH-N	MCAH/CNTY-N	MCAH-E	MCAH/CNTY-E
(I) PERSONNEL	91,820				100,388		50,753
(II) OPERATING COSTS	13,056				4,697		1,452
(III) CAPITAL EXPENDITURES					19,554		
(IV) OTHER COSTS					9,538		
(V) INDIRECT COSTS	13,786						
Totals for PCA Codes **	305,044	118,662			134,177		52,205

Program: MCAH Maternal, Child & Adolescent Health		UNMATCHED FUNDING					NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)							
Agency: Stanislaus County Health Services Ag		MCAH-TV		MCAH-GF		AGENCY		MCAH-N		CNTY-N		MCAH-E		CNTY-E				
Agreement No.: 201050		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
EXPENSE CATEGORY		TOTAL FUNDING	%	Federal Title V	%	State General Funds	%	Local * Revenue	%	Combined Fed/State	%	Combined * Fed/Agency	%	Combined Fed/State	%	Combined * Fed/Agency		

II. OPERATING EXPENSES DETAIL PAGE																	Match	
TOTAL OPERATING EXPENSES		24,385		13,056							9,393				1,936	Used	Avail.	
	TRAVEL	4,500	8.45%	380							51.55%	2,320			40.00%	1,800	91.55%	
	TRAINING	1,150	48.16%	554							40.00%	460			11.84%	136	51.84%	
1	COMMUNICATIONS AND POSTAGE	7,000	48.16%	3,371							51.84%	3,629					51.84%	
2	OFFICE SUPPLIES	3,557	48.16%	1,713							51.84%	1,844					51.84%	
3	EQUIPMENT RENTAL	750	48.16%	361							51.84%	389					51.84%	
4	OFFICE EQUIPMENT - NON ASSETS	700	48.16%	337							51.84%	363					51.84%	
5	EDUCATIONAL MATERIALS	3,000	100.00%	3,000													54.95%	
6	PRINTING AND DUPLICATION	750	48.16%	361							51.84%	389					51.84%	
7	MEMBERSHIP FEES	2,775	100.00%	2,775													54.95%	
8	TOLL FREE LINE	203	100.00%	203													54.95%	
9																	54.95%	
10																	54.95%	
11																	54.95%	
12																	54.95%	
13																	54.95%	
14																	54.95%	
15																	54.95%	

IV. OTHER COSTS DETAIL PAGE																	Match	
TOTAL OTHER COSTS		71,165									32,057				39,108	Used	Avail.	
SUBCONTRACTS																		
1																	54.95%	
2																	54.95%	
3																	54.95%	
4																	54.95%	
5																	54.95%	
6																	54.95%	
7																	54.95%	
8																	54.95%	
OTHER CHARGES																		
	AGENCY'S TOTAL INDIRECT COSTS	104,027																
	AGENCY'S OTHER INDIRECT COSTS	71,165					45.05%	32,057			54.95%	39,108				54.95%		
1																	54.95%	
2																	54.95%	
3																	54.95%	
4																	54.95%	
5																	54.95%	
6																	54.95%	
7																	54.95%	

Program: MCAH Maternal, Child & Adolescent Health	UNMATCHED FUNDING							NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency: Stanislaus County Health Services Agency	MCAH-TV		MCAH-GF		AGENCY			MCAH-N		CNTY-N		MCAH-E		CNTY-E			
Agreement No.: 201050	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
EXPENSE CATEGORY	TOTAL FUNDING	%	Federal Title V	%	State General Funds	%	Local * Revenue	%	Combined Fed/State	%	Combined* Fed/Agency	%	Combined Fed/State	%	Combined* Fed/Agency		

I. PERSONNEL DETAIL PAGE																				
TOTAL PERSONNEL COSTS				460,015	91,820				99,748				200,776				87,670			
BENEFIT RATE																				
ACTUAL BENEFITS				131,395	26,056				27,651				57,094				20,594			
TOTAL WAGES				328,620	65,764				72,097				143,682				47,077			
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY															MCF Per Staff	Staff (X) Traveling	
1	JF MCAH DIRECTOR	100.00%	84,219	84,219	40.77%	34,336			14.23%	11,984			35.00%	29,477			10.00%	8,422	0.56	X
2	TP ADMIN CLERK III	47.11%	39,832	18,765	55.00%	10,321			25.00%	4,691			20.00%	3,753					0.56	X
3	OD CHW III	50.00%	42,556	21,278	10.00%	2,128			40.00%	8,511			50.00%	10,639					0.56	X
4	SH EPIDEMIOLOGIST	50.00%	73,945	36,973	10.00%	3,697			40.00%	14,789			50.00%	18,486					0.56	X
5	OT EPIDEMIOLOGIST	50.00%	73,944	36,972	10.00%	3,697			40.00%	14,789			50.00%	18,486					0.56	X
6	VL HEALTH EDUCATOR	80.00%	54,164	43,331	10.00%	4,333			40.00%	17,332			50.00%	21,666					0.56	X
7																				
8	LP PHN III PSC	100.00%	84,032	84,032	5.00%	4,202							49.00%	41,176			46.00%	38,655	0.95	X
9																				
10	TO PHN II SIDS	1.56%	63,997	1,000	100.00%	1,000													0.56	X
11	SP PHN II SIDS	1.25%	80,017	1,000	100.00%	1,000													0.56	X
12	VP PHN III SIDS	1.25%	84,032	1,050	100.00%	1,050													0.56	X
13																				
14																				
15																				
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17																				
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**Adolescent Family Life Program (AFLP)
Scope of Work (SOW)
Fiscal Year: 2010-2011**

**Agency Name: Stanislaus County Health Services Agency
Agreement Number: 201050**

1. Service Overview

The AFLP Agency agrees to provide to the California Department of Public Health (CDPH) the services described herein.

The AFLP focuses on the prevention of unplanned pregnancy, promotion of positive birth outcomes, improvement of the economic, health and social well being of adolescents, mothers and children. The AFLP Agency will define, coordinate and integrate systems of care; provide comprehensive case management services; and promote good health for mothers and children.

2. Service Location

The services shall be performed at various Agencies throughout California.

3. Service Hours

The services shall be provided during normal Agency working hours, excluding national holidays.

4. Project Representatives

The AFLP representatives and contacts during the term of this agreement will be:

California Department of Public Health Maternal, Child and Adolescent Health Division Program Allocations, Integrity and Support Branch Contract Manager: Dale Price 1615 Capitol Avenue, MS 8305 PO Box 997420 Sacramento, CA 95899-7420 Telephone: 916-341-6702 Fax: 916-650-0307	Agency Agency Name: Stanislaus County H.S.A. Agency Contact: Jan Husman, PHN III Agency Address: P.O. Box 3127 City, State, Zip: Modesto, CA 95353 Telephone: (209) 558-8833 Fax: 209-558-8315 Email: Jhusman@schsa.org
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Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

**Adolescent Family Life Program (AFLP)
Scope of Work (SOW)
Fiscal Year: 2010-2011**

**Agency Name: Stanislaus County Health Services Agency
Agreement Number: 201050**

5. Allowable Informal SOW Changes

- A. The AFLP Agency or the State may propose informal changes or revisions to the activities, tasks, deliverables and/or performance time frames specified in the SOW provided such changes do not alter the overall goals and basic purpose of the agreement.
- B. Informal SOW changes may include the substitution of specified activities or tasks, alteration or substitution of agreement deliverables and modifications to anticipated completion/target dates.
- C. Informal SOW changes processed hereunder shall not require a formal agreement amendment, provided the AFLP Agency's annual budget does not increase or decrease as a result of the informal SOW change.
- D. Unless otherwise stipulated in this agreement, all informal SOW changes and revisions are subject to prior written approval by the State.
- E. In implementing this provision, the State may provide a format for the Agency's use to request informal SOW changes. If no format is provided by the State, the Agency may devise its own format for this purpose.

**Adolescent Family Life Program (AFLP)
Scope of Work (SOW)
Fiscal Year: 2010-2011**

Agency Name: Stanislaus County Health Services Agency
Agreement Number: 201050

6. Performance Requirements

- A. In accordance with AFLP Standards, AFLP Agency will provide, at a minimum, the following case management Months of Service (MOS) to eligible adolescents and their children who are not enrolled in Cal-Learn for fiscal year(s):

___1044___ AFLP MOS for the budget period of 07/01/10 through 06/30/11

If this SOW is for multiple years, please list additional years below:

- B. For each fiscal year of the contract period, the Agency shall submit the deliverables identified below. With the exception of the Management Information System (MIS) Data, the LodeStar program, all deliverables shall be submitted to the Maternal, Child and Adolescent Health (MCAH) Division in accordance with the AFLP Policies and Procedures Manual and postmarked no later than the due date. The LodeStar Data shall be submitted to the current MIS contractor by the date specified below.

Deliverables for each FY

Due Date for each FY

1) Annual Progress Report and Form 5	Aug. 15
2) MOS Quarterly Report and Form 4 (Quarterly Report Cover Sheet)	Oct. 31, Jan. 31, Apr. 30, July 31
3) Caseload Analysis Quarterly Report and Form 4	Oct. 31, Jan. 31, Apr. 30, July 31
4) Form 6 (Quarterly)	Oct. 31, Jan. 31, Apr. 30, July 31
5) MIS Data (content of previous month)	10 th of each month for CD or diskettes 7 th and/or 17 th of each month for electronic submission

- 7. See the following pages for a detailed description of the services to be performed.**

AFLP SOW
Fiscal Year: 2010-2011

Goal 1: Define, coordinate and integrate systems of care that support and assist pregnant and parenting adolescents and their children.

Major Objectives	Major Functions, Tasks and Activities	Timeline	Performance Measures and/or Deliverables
<p>1. AFLP Agency will establish and/or actively participate in local collaboratives designed to establish, sustain, and enhance comprehensive systems of care for children, adolescents and their families.</p> <p>2. In accordance with the AFLP Standards, the AFLP Agency will collaborate with a network of local service providers to assure that appropriate and necessary community services are available to clients.</p>	<p>1.1 AFLP Agency will participate in the development and integration of local and state initiatives that promote a seamless system of care for children and adolescents whenever possible.</p>	<p>Ongoing</p>	<p>1.1.1 Describe in Annual Progress Report*, Agency involvement and efforts at the system level to develop and integrate these initiatives during the reporting period.</p>
	<p>1.2 AFLP Agency will establish formal and/or informal agreements with local MCAH and other State and local agencies to develop and maintain non-duplicative, comprehensive systems of care that facilitate service delivery.</p>	<p>Ongoing</p>	<p>1.2.1 Describe any formal memorandums of understanding (MOU), interagency agreements (IA), or informal agreements that were established or renewed this fiscal year with programs that provide similar services and/or serve the same target population. Maintain documents to support MOUs and IAs in Agency files.</p> <p>1.2.2 Documentation will be included in the Annual Progress Report* with details maintained in Agency files.</p>
	<p>2.1 Program director or designee will participate in collaborative, community network activities that address the comprehensive needs and services of pregnant and parenting adolescents and their children.</p>	<p>Quarterly, at a minimum</p>	<p>2.1.1 Maintain network coordination documentation, summaries, and/or minutes of meetings attended in AFLP Agency files. Describe network activities in Annual Progress Report.</p>

* Refer to Performance Requirements on Page 3 for specific timelines.

AFLP SOW
Fiscal Year: 2010-2011

Goal 1: Define, coordinate and integrate systems of care that support and assist pregnant and parenting adolescents and their children.

Major Objectives	Major Functions, Tasks and Activities	Timeline	Performance Measures and/or Deliverables
	<p>2.2 Program director or designee will identify and promote provider collaboration and participation to expand local community services.</p> <p>2.3 AFLP Agency will identify and promote the availability, accessibility, and cultural appropriateness of adolescent services and resources.</p> <p>2.4 Program director or designee will work with existing providers to address service gaps, barriers and service quality.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>2.2.1 Describe in the Annual Progress Report* on-going and/or new agency activities to engage service providers.</p> <p>2.2.2 Identify changes in the Annual Progress Report* for any providers newly added and/or lost to the service network since the last reporting period. Describe the impact of the changes on the AFLP population.</p> <p>2.3.1 Describe in the Annual Progress Report* the availability, accessibility and cultural appropriateness of community services for clients.</p> <p>2.4.1 Describe in the Annual Progress Report* agency activities that address gaps, barriers and/or positive improvements to community services for clients.</p>

* Refer to Performance Requirements on Page 3 for specific timelines.

AFLP SOW Fiscal Year: 2010-2011

Goal 2: Enhance the health, educational achievement, economic, personal and societal integration and independence of pregnant and parenting adolescents through case management.

Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measures and/or Deliverables
<p>1. In accordance with AFLP Standards, AFLP Agency will provide the MOS as specified under Performance Requirements to eligible adolescents and their children who are not enrolled in Cal-Learn.</p>	<p>1.1 AFLP Agency will conduct activities necessary to ensure that appropriate and eligible clients are referred to the program, and enrolled or appropriately placed on a waiting list.</p>	<p>Ongoing</p>	<p>1.1.1 Maintain documentation of outreach activities in agency files and summarize in Annual Progress Report*.</p>
	<p>1.2 AFLP Agency will maintain policies and criteria for program admission that incorporate weighted risk factors, in addition to standardized entry criteria.</p>	<p>Annually</p>	<p>1.2.1 Submit Form 5 with the Annual Progress Report to the MCAH Division.</p>
	<p>1.3 AFLP clients and their children will be assigned a primary case manager who will provide comprehensive case management services tailored to the clients' specific needs and priorities. Case management includes, but is not limited to:</p> <ul style="list-style-type: none"> • Intake • Completion of the Comprehensive Baseline Assessment (CBA) elements • Ongoing assessment of client needs, priorities, and resources • Annual comprehensive reassessment, at a minimum • Development, implementation, monitoring, and revision of the ISP with the client at least quarterly and as needed • Advocacy on behalf of client 	<p>Ongoing</p>	<p>1.3.1 Case managers will maintain individual client records that include:</p> <ul style="list-style-type: none"> • Current signed and dated Consent Forms • Completed Release of Information Forms, as needed, that include agency name, purpose, and time limit for sharing records • Intake information • Completion of the CBA and Reassessment as specified in the AFLP Policies and Procedures Manual, and periodic updates • Individual Service Plan (ISP) and updates • Referral documentation • Case notes and summaries signed and dated • Case conference documentation • Exit summary

* Refer to Performance Requirements on Page 3 for specific timelines.

AFLP SOW
Fiscal Year: 2010-2011

Goal 2: Enhance the health, educational achievement, economic, personal and societal integration and independence of pregnant and parenting adolescents through case management.

Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measures and/or Deliverables
<p>2. AFLP Agency will maintain and utilize an updated program Standards Implementation Document (SID) that incorporates the AFLP Standards and AFLP Policies and Procedures.</p>	<ul style="list-style-type: none"> • Monthly client contact • Quarterly client contact in the home 		
	<p>1.4 AFLP Agency will utilize the State supported MIS Data** to track client count and calculate MOS.</p>	Quarterly	<p>1.4.1 AFLP Agency will submit the Caseload Analysis Report*, MOS Report*, and Form 4* to MCAH.</p>
	<p>1.5 AFLP Agency will collect and input data elements contained in the State supported MIS Data** each month to ensure that all current activity is reflected in the data sent to the MCAH Division or designee.</p>	Monthly	<p>1.5.1 AFLP Agency to submit MIS Data** to the MCAH Division or designee.</p>
	<p>2.1 AFLP Agency will maintain and revise program SID as needed to reflect the current operating practices of the program as changes occur.</p>	Annually	<p>2.1.1 Submit Form 5 with the Annual Progress Report to the MCAH Division.</p>
	<p>2.2 The SID will be made available to staff at all program sites.</p>	Ongoing	<p>2.2.1 A current/updated version of the SID* will be available at every program site.</p>
<p>2.3 All staff will be oriented to the SID, its location and use.</p>	Ongoing	<p>2.3.1 AFLP Agency will maintain documentation of staff orientation to the SID and all staff will be familiar with its location and content.</p>	

* Refer to Performance Requirements on Page 3 for specific timelines.

** State supported MIS Data is currently "LodeStar". Agency will not be held financially liable for modifications of AFLP MIS that result in increased and/or uncompensated agency costs.

AFLP SOW
Fiscal Year: 2010-2011

Goal 2: Enhance the health, educational achievement, economic, personal and societal integration and independence of pregnant and parenting adolescents through case management.

Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measures and/or Deliverables
<p>3. AFLP Agency will maintain sufficient staff to administer the program and provide case management services in accordance with AFLP Standards and AFLP Policies and Procedures.</p>	<p>3.1 AFLP Agency will maintain an updated personnel list, including name, position, and total FTE percent for each staff member on the AFLP budget. For AFLP staff also providing case management in Cal-Learn, the list will include total FTE percent for each program.</p>	<p>Quarterly</p>	<p>3.1.1 AFLP Agency will submit to MCAH Form 6 containing Personnel and FTE List* for all staff employed during the report period, and maintain a copy in agency files.</p>
	<p>3.2 AFLP Agency will notify the MCAH Division Program Consultant and Contract Manager of personnel vacancies.</p>	<p>Quarterly</p>	<p>3.2.1 Personnel vacancies and new hires that occurred during the report period will be reflected on Form 6* and submitted to the MCAH Division.</p>
		<p>Annually</p>	<p>3.2.2 Describe the impact of personnel changes in the Annual Progress Report.</p>
	<p>3.3 Upon resignation or change in the AFLP Director, AFLP Agency will notify MCAH Division and submit a plan for the interim oversight of the program.</p>	<p>Ongoing</p>	<p>3.3.1 AFLP Agency will submit their plan to the MCAH Division within two weeks of notification of change to the project director position.</p>
	<p>3.4 A written request for approval of the interim and/or permanent program director, along with the applicant's resume/curriculum vitae, will be submitted to MCAH Division prior to appointment of the program director.</p>	<p>Ongoing</p>	<p>3.4.1 Written documentation of MCAH Division approval of the interim and/or permanent program director must be received by State MCAH Division prior to appointment, and correspondence maintained in agency file.</p>
<p>3.5 AFLP Agency will maintain a monthly case manager ratio of no more than 50 clients per FTE case manager. This consists of all clients (open, new and exited clients) on the caseload</p>	<p>Quarterly</p>	<p>3.5.1 AFLP Agency will submit the Caseload Analysis Report*, MOS Report*, and Form 4* to MCAH Division. The reports will include current aggregate FTEs for current AFLP case manager</p>	

* Refer to Performance Requirements on Page 3 for specific timelines.

AFLP SOW
Fiscal Year: 2010-2011

Goal 2: Enhance the health, educational achievement, economic, personal and societal integration and independence of pregnant and parenting adolescents through case management.

Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measures and/or Deliverables
<p>4. AFLP Agency will maintain qualified staff to administer the program and provide case management services in accordance with AFLP Standards and Policies and Procedures.</p>	<p>throughout the month. This limit includes all clients served by the case manager, i.e. Cal-Learn.</p>		<p>positions, including aggregate caseload count.</p>
	<p>3.6 AFLP Agency will designate a non-case management staff person to routinely enter required program data into the AFLP MIS. ***</p>	<p>Ongoing</p>	<p>3.6.1 AFLP Agency will complete data entry during the month the data was collected and submit to MCAH Division or designee by the 7th day of the following month unless otherwise specified.</p>
	<p>4.1 AFLP Agency will maintain written policies that include, at a minimum, a specific duty statement for each position listed on the AFLP budget; procedures for orientation of staff to AFLP Standards; and provision for job-related training and technical assistance (TA).</p>	<p>Ongoing</p>	<p>4.1.1 AFLP Agency will maintain written standards, policies and procedures, duty statements, orientation activities and staff training on file.</p> <p>4.1.2 New positions and/or revisions in duty statements will be submitted for MCAH Division approval prior to the position being included on the AFLP budget.</p>
	<p>4.2 AFLP Agency will provide each employee with a duty statement and orientation. Appropriate and ongoing supervision and technical assistance will be provided.</p>	<p>Ongoing</p>	<p>4.2.1 AFLP Agency will maintain documentation of orientation, supervision, and technical assistance provided by agency to each AFLP staff member.</p>
<p>4.3 AFLP Agency will identify training and TA needs of AFLP staff.</p>	<p>Ongoing, at a minimum annually</p>	<p>4.3.1 AFLP Agency will identify needs and requests for training and TA for AFLP staff in the Annual Progress Reports* and maintain copy in agency files.</p>	

* Refer to Performance Requirements on Page 3 for specific timelines.

*** Does not apply to Agencies with 1000 allocated MOS or less per fiscal year.

AFLP SOW
Fiscal Year: 2010-2011

Goal 2: Enhance the health, educational achievement, economic, personal and societal integration and independence of pregnant and parenting adolescents through case management.

Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measures and/or Deliverables
	<p>4.4 AFLP Agency will provide and/or obtain job related training and TA for AFLP staff as needed.</p> <p>4.5 AFLP Agency will develop and implement Quality Assurance (QA) activities consistent with the AFLP Policies and Procedures.</p> <p>4.6 AFLP Director will participate in required statewide AFLP Directors meetings and State sponsored trainings; and, if funding available, regional meetings.</p>	<p>Ongoing, at a minimum annually,</p> <p>Ongoing</p> <p>Ongoing</p>	<p>4.4.1 Training and TA provided to AFLP staff will be maintained in agency files and reported in the Annual Progress Report*.</p> <p>4.5.1 AFLP Agency will document QA process in SID and maintain documentation of QA in agency files.</p> <p>4.6.1 Attendance at State sponsored meetings and/or trainings will be documented by training attendance sheets maintained by the State.</p>

* Refer to Performance Requirements on Page 3 for specific timelines.

AFLP Scope of Work Fiscal Year: 2010-2011

Goal 3: To promote implementation of the State MCAH 5-Year Plan and attainment of its goals and objectives as specified in the California MCAH Priorities (see last page of this document).

Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measures and/or Deliverables
<p>1. Promote primary and preventive health care utilization by pregnant and parenting adolescents and their children.</p>	<p>1.1. As determined by the needs of the client, case manager activities will focus on, but are not limited to, the following:</p> <p>Prevention of:</p> <ul style="list-style-type: none"> • Poor Perinatal Outcomes (e.g. Low Birth Weight, Birth Defects, Infant Mortality, Maternal Mortality) • Sexually Transmitted Infections • Unplanned Repeat Pregnancy • HIV/AIDS • Substance Abuse (Alcohol, Drugs, Tobacco, including children's exposure to second hand smoke) • Violence • Injury (Intentional/Unintentional) <p>Promotion of:</p> <ul style="list-style-type: none"> • Breastfeeding • General Health • Exercise and Good Nutrition • Family Planning • Early and Consistent Prenatal Care • Well-child care • Age-appropriate Immunizations • School Attendance, when appropriate • Educational Achievement • Healthy Lifestyle Choices • Healthy Parent-Child and Peer Relationships 	<p>Ongoing</p>	<p>1.1.1 Health education, counseling, referral and/or participation in prevention/health promotion activities will be documented in the client chart and described in the Annual Progress Report*.</p>

* Refer to Performance Requirements on Page 3 for specific timelines.

**AFLP Scope of Work
Fiscal Year: 2010-2011**

Goal 3: To promote implementation of the State MCAH 5-Year Plan and attainment of its goals and objectives as specified in the California MCAH Priorities (see last page of this document).

Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measures and/or Deliverables
	1.2 Case managers will monitor and collect immunization status information of adolescents and index children and promote and record age appropriate immunizations based on the current State Immunization Program Guidelines.	Ongoing	1.2.1 Submit immunization information to MCAH Division or designee via the AFLP MIS ** and record information in client chart.
	1.3 Case managers will assist in identifying and accessing a primary health care provider for each client and her/his children. Lack of access to an identified provider or inability to identify a provider will be documented.	Ongoing	1.3.1 Primary health care provider or identified barrier to care will be documented in client's chart.
	1.4 AFLP Agency will collect State specified adolescent health data.	Ongoing	1.4.1 Submit to MCAH Division or designee via the MIS Data** as requested.
	1.5 Case managers will assure that all the elements of the CBA are completed and clients' comprehensive needs are reassessed annually.	Ongoing	1.5.1 Assessments will be documented in client charts.

** State supported MIS Data is currently "LodeStar". Agency will not be held financially liable for modifications of AFLP MIS that result in increased and/or uncompensated agency costs.

**AFLP Scope of Work
Fiscal Year: 2010-2011**

California MCAH Division Priorities: 2006 - 2010

1. Enhance preconception care and eliminate disparities in infant and maternal morbidity and mortality.
2. Promote healthy lifestyle practices among MCAH populations and reduce the percentage of overweight children and adolescents.
3. Promote responsible sexual behavior to decrease the rate of teen pregnancy and sexually transmitted infections.
4. Improve mental health and decrease substance use among children, adolescents and pregnant or parenting women.
5. Improve access to care and quality of health and dental services, including the reduction of disparities.
6. Decrease unintentional and intentional injuries and violence, including community, family, and intimate partner violence.
7. Increase breastfeeding initiation and duration.

I. BUDGET SUMMARY PAGE		FY: 2010 - 2011		Title V Balance		SGF Balance		Total Balance		Base MCF		% Personnel Matched						
Budget Revision Number: Original										92.7								
Program: AFLP Adolescent Family Life (Allocation)		UNMATCHED FUNDING						NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency: Stanislaus County Health Services Agency		AFLP-TV		AFLP-GF		AGENCY		AFLP-N		CNTY-N		AFLP-E		CNTY-E				
Agreement No.: 201050		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
EXPENSE CATEGORY		TOTAL FUNDING	%	Federal	%	State General Funds	%	Local * Revenue	%	Combined Fed/State	%	Combined * Fed/Agency	%	Combined Fed/State	%	Combined * Fed/Agency		
(I) PERSONNEL		212,812	59.22%	126,022				40.78%	86,790									100%
(II) OPERATING EXPENSES		15,784	50.00%	7,892				50.00%	7,892									100%
(III) CAPITAL EXPENDITURES																		
(IV) OTHER COSTS		34,498						100.00%	34,498									100%
(V) INDIRECT COSTS		(10% MAX) 14,816	100.00%	14,816														100%
TOTALS*		277,910	53.52%	148,730				46.48%	129,180									100%

Maximum Amount Payable from State and Federal resources: **148,730**

	State Funding	Budgeted	Balances	% of Budget	Months of Service: 1,044
Total Title V	148,730	148,730		54%	
Total State General Fund					
Total Agency General Fund		129,180	n/a	46%	
Total Matching Title XIX			n/a		
Totals	148,730	277,910		100%	

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.




MCAH/PROJECT DIRECTOR'S SIGNATURE DATE **10/5/10** AGENCY FISCAL AGENT'S SIGNATURE DATE **10/5/10**

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

State Use Only		AFLP-TV	AFLP-GF		AFLP-N	AFLP/ CNTY-N	AFLP-E	AFLP/ CNTY-E
(i)	PERSONNEL	126,022						
(ii)	OPERATING COSTS	7,892						
(iii)	CAPITAL EXPENDITURES							
(iv)	OTHER COSTS							
(v)	INDIRECT COSTS	14,816						
Totals for PCA Codes **		148,730	148,730					

Program: AFLP Adolescent Family Life (Allocation)		UNMATCHED FUNDING						NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency: Stanislaus County Health Services Agen		AFLP-TV		AFLP-GF		AGENCY		AFLP-N		CNTY-N		AFLP-E		CNTY-E			
Agreement No.: 201050	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
EXPENSE CATEGORY	TOTAL FUNDING	%	Federal	%	State General Funds	%	Local * Revenue	%	Combined Fed/State	%	Combined * Fed/Agency	%	Combined Fed/State	%	Combined * Fed/Agency		

II. OPERATING EXPENSES DETAIL PAGE																Match	
TOTAL OPERATING EXPENSES																Used	Avail.
	TRAVEL	8,665	50.00%	4,333			50.00%	4,333									
	TRAINING																
1	OFFICE SUPPLIES	1,000	50.00%	500			50.00%	500									
2	EDUCATIONAL MATERIALS	200	50.00%	100			50.00%	100									
3	PRINTING	467	50.00%	234			50.00%	234									
4	COMMUNICATION	4,381	50.00%	2,191			50.00%	2,191									
5	EQUIPMENT RENTAL/MAINTENANCE	986	50.00%	493			50.00%	493									
6	LICENSE/FEES	85	50.00%	43			50.00%	43									
7																	
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IV. OTHER COSTS DETAIL PAGE																Match	
TOTAL OTHER COSTS																Used	Avail.
SUBCONTRACTS																	
1																	
2																	
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4																	
5																	
6																	
7																	
8																	
OTHER CHARGES																	
	AGENCY'S TOTAL INDIRECT COSTS	49,314															
	AGENCY'S OTHER INDIRECT COSTS	34,498					100.00%	34,498									
1																	
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Program: AFLP Adolescent Family Life (Allocation)		UNMATCHED FUNDING						NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:	Stanislaus County Health Services Agency	AFLP-TV		AFLP-GF		AGENCY		AFLP-N		CNTY-N		AFLP-E		CNTY-E				
Agreement No.:	201050	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
EXPENSE CATEGORY	TOTAL FUNDING	%	Federal	%	State General Funds	%	Local * Revenue	%	Combined Fed/State	%	Combined * Fed/Agency	%	Combined Fed/State	%	Combined * Fed/Agency			

I. PERSONNEL DETAIL PAGE																	
TOTAL PERSONNEL COSTS																	
		212,812				126,022				86,790							
BENEFIT RATE																	
ACTUAL BENEFITS		64,648				38,580				26,068							
TOTAL WAGES		148,164				87,443				60,721							
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY													MCF Per Staff	Staff (%) Traveling
1	JH AFLP COORDINATOR	50.00%	84,032	42,016	60.00%	25,210			40.00%	16,806						92.70	X
2																	
3	AD PHN II	50.00%	79,996	39,998	60.00%	23,999			40.00%	15,999						92.70	X
4	JE PHN II	10.00%	80,000	8,000	60.00%	4,800			40.00%	3,200						92.70	X
5	BE PHN II	18.00%	77,772	13,999	60.00%	8,399			40.00%	5,600						92.70	X
6	RS CHW III	25.00%	41,120	10,280	62.00%	6,374			38.00%	3,906						92.70	X
7	CS CHW III	21.00%	42,557	8,937	35.76%	3,196			64.24%	5,741						92.70	X
8	MD CHW III	50.00%	42,556	21,278	62.00%	13,192			38.00%	8,086						92.70	X
9	Vac Admin Clerk II	10.00%	36,560	3,656	62.17%	2,273			37.83%	1,383						92.70	
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CONTRACTS & AGREEMENTS, 2010

Please review this list for contracts & agreements that need to be returned to the Board office for the permanent record. If the contract/agreement is not yet fully executed, please make sure this office has a draft copy for our temporary records (if there is a number in the "Draft to BOS column, we do have a draft copy already).

Departments are responsible for providing this office with a fully executed (signed**) original document for the permanent record when it becomes available. Please include a copy of this page, or a note indicating which Date & Item the document belongs with. Thank you! Suzi

Agenda Date	Department	Item #	Contract or Agreement Title or Number	DRAFT TO BOS (QUANTITY)	DRAFT TO DEPT (QUANTITY)	RECEIVED FINAL (QUANTITY)	FINAL TO DEPT (QUANTITY)	FILED IN PERMANENT BOS RECORD (DATE)
11/9/10	HSA	*B3	Signed Grant Award for Health Center New Access Points Funding Under Affordable Care Act of 2010	0	0			
11/9/10	HSA	*B4	Application to CA Dept of Public Health Office of Family Planning, for Teen Pregnancy Prevention Community Challenge Grant Program Funding	0	0			
11/9/10	HSA	*B4	Signed Grant Award Agreement Upon Award	0	0			

*5 year contract
All A
02
0545326
cancelled*

GRANT AGREEMENT AMENDMENT
CDPH 1230 (3/09)

Agreement Number 05-45326	Amendment Number A02
REGISTRATION NUMBER:	

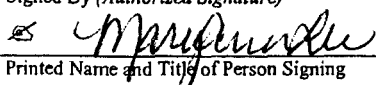
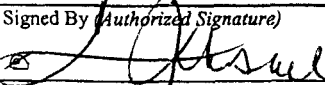
- This amendment is entered into between California Department of Public Health, also referred to as the State or CDPH and the Grantee named below:
 Grantee's Name: Stanislaus County Health Services Agency (Also referred to as Grantee)
- Grant term: From July 01, 2005 through June 30, 2011
- Total grant amount: \$ 1,260,000 One million, two hundred sixty thousand dollars
- Amendment effective date: June 29, 2010 unless otherwise specified.
- The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Grant Agreement and incorporated herein. All other terms and conditions not specifically revised by this amendment shall remain the same.

- Purpose of amendment:** This amendment reflects a one year term extension, using the existing Scope of Work, and adds funding for fiscal year 2010/2011. The amendment will increase the total budget to compensate the Grantee for performing services in year 6. CDPH is obtaining additional services as stated in the original agreement. This amendment also incorporates the requirements for Health and Safety Code Section 151000 - 151003 and the Education Code Section 51930 - 51932 and Departmental Reorganization language.
- Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).
- Paragraph 2 (Grant term) on the face of the original HAS 1229 is amended to read July 01, 2005 through ~~June 30, 2010~~ **June 30, 2011**. All references to the former grant term of July 01, 2005 through June 30, 2010 in any exhibit incorporated into this agreement is hereinafter deemed to read July 1, 2005 through June 30, 2011.
- Paragraph 3 (Total grant amount) on the face of the original HAS 1229 is increased by **\$210,000** and is amended to read: ~~\$1,050,000 (One million, fifty thousand dollars)~~ **\$1,260,000 (One million, two hundred sixty thousand dollars)**.

(Continued on next page)

All other terms and conditions remain the same. Continued on 2 additional pages.

In Witness Whereof, this agreement has been executed by the parties hereto.

GRANTEE	
Grantee's Name (If other than an individual, state if a corporation, partnership, nonprofit organization, etc.) <u>Stanislaus County Health Services Agency</u>	
Signed By (Authorized Signature) 	Date Signed <u>5/24/10</u>
Printed Name and Title of Person Signing <u>Ms. Mary Ann Lee, Managing Director</u>	
Address <u>830 Scenic Drive Modesto, California 95350</u>	
STATE OF CALIFORNIA	
Agency Name <u>California Department of Public Health</u>	
Signed By (Authorized Signature) 	Date Signed <u>6/28/10</u>
Printed Name and Title of Person Signing <u>Lisa Johnson, Chief Contract Management Unit</u>	
Address <u>1501 Capitol Avenue, Suite 71.5178, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377</u>	
<input checked="" type="checkbox"/> Exempt from DGS review per AG Opinions <input type="checkbox"/> Exempt from DGS review per this authority:	

V. Paragraph 6 (incorporated exhibits) on the face of the original HAS 1229 is amended to add the following exhibit:

Exhibit B, Attachment VI – Budget (Year 6)

1 page

All references to Exhibit B, Attachment I, II, III, IV, V in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B, Attachment I, II, III, IV, V and VI respectively. Exhibit B, Attachment VI is hereby added in its entirety.

VI. Exhibit A, Scope of Work, Provision 5. Services to be Performed, Paragraph C. Project Strategies, Subparagraph 1) Prevention Education (Required for All Projects) is amended to read as indicated herein. Subparagraphs 2) through 13) remain the same.

C. Project Strategies

The Grantee needs to use a wide variety of strategies that focus on changing the many sexual and non-sexual teen pregnancy and absentee fatherhood antecedents. The Grantee should identify types of strategies that incorporate youth development principles and are designed to decrease teen pregnancy and increase male involvement using the following strategies and sub-strategies (numbers 1-13). The Grantee must select a required Prevention Education strategy as well as the required number of additional strategies as indicated in the table below.

1) Prevention Education (Required for All Projects)

Grantee must implement Prevention Education in accordance with all requirements per the Sexual Health Education Accountability Act as stated in Health and Safety Code Section 151000 – 151003 and the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act as stated in Education Code Section 51930 – 51932.

The following table identifies the required minimum number of strategies per funding level for Funding Level I; \$100,000-\$150,000, and Funding Level II; \$175,000-\$200,000:

Prevention Education Requirements and Minimum Number of Strategies Per Funding Level	
Funding Level I: \$100,000 - \$150,000	
Project must implement a minimum of four (4) strategies:	
Option 1A. Comprehensive Sexuality Education	<ul style="list-style-type: none"> a. Strategy 1A – Comprehensive Sexuality Education b. Strategy 8 – Clinical Service Linkage (Required) c. Two (2) – Additional Strategies (selected by Grantee)
Option 1B. Abstinence-focused Education	<ul style="list-style-type: none"> a. Strategy 1B – Abstinence Focused Education b. Strategy 8 – Clinical Service Linkage (Optional) c. Three (3) – Additional strategies (selected by Grantee)
Funding Level II: \$175,000 - \$200,000	
Project must implement a minimum of six (6) strategies:	
Option 1A. Comprehensive Sexuality Education	<ul style="list-style-type: none"> a. Strategy 1A – Comprehensive Sexuality Education b. Strategy 8 – Clinical Service Linkage (Required) c. Four (4) – Additional Strategies (selected by Grantee)
Option 1B. Abstinence-focused Education	<ul style="list-style-type: none"> a. Strategy 1B – Abstinence Focused Education b. Strategy 8 – Clinical Service Linkage (Optional) c. Five (5) – Additional strategies (selected by Grantee)

VII. Exhibit B, Budget Detail and Payment Provisions, Provision 4. Amounts Payable, Paragraph A is amended to read:

4. Amounts Payable

A. The amounts payable under this agreement shall not exceed:

- 1) \$210,000 for the budget period of 07/01/05 through 06/30/06.
- 2) \$210,000 for the budget period of 07/01/06 through 06/30/07.
- 3) \$210,000 for the budget period of 07/01/07 through 06/30/08.
- 4) \$210,000 for the budget period of 07/01/08 through 06/30/09.
- 5) \$210,000 for the budget period of 07/01/09 through 06/30/10.
- 6) **\$210,000 for the budget period of 07/01/10 through 06/30/11.**

VIII. All other terms and conditions shall remain the same.

Stanislaus County Health Services Agency
05-45326 A02

Exhibit B Attachment VI
Budget
(Year 6)
(7/01/10 through 6/30/11)

Personnel (Includes Fringe Benefits)	<u>\$ 197,087</u>
Operating Expenses	<u>\$ 2,713</u>
Subcontracts	<u>\$ 10,000</u>
Other Costs	<u>\$ 200</u>
Indirect Costs	<u>\$ -</u>
Total	<u><u>\$ 210,000</u></u>