

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

DEPT: Health Services Agency *max*

BOARD AGENDA # \*B-8

Urgent

Routine

AGENDA DATE April 3, 2012

CEO Concur with Recommendation YES  NO   
(Information Attached)

4/5 Vote Required YES  NO

SUBJECT:

Approval of an Agreement for Funding Application with the California Department of Public Health for the California Home Visiting Program - Nurse Family Partnership from February 2012 through June 2013

STAFF RECOMMENDATIONS:

1. Approve the Agreement for Funding Application with the California Department of Public Health for the California Home Visiting Program - Nurse Family Partnership from February 15, 2012 though June 30, 2013 and any amendments.
2. Authorize the Health Services Agency Managing Director, or her Designee, to sign and execute the Agreement for Funding Application.
3. Direct the Auditor-Controller to increase appropriations and estimated revenue for the 2011-2012 Fiscal Year in the amount of \$415,946 for the Health Services Agency as detailed in the Budget Journal Form.

FISCAL IMPACT:

The estimated total cost for the Health Services Agency (HSA) services under the 17 Month California Home Visiting Program (CHVP) is \$1,261,280. This program is Federally funded by the Health Resources and Services Administration and will provide \$1,261,280 through the end of the State Fiscal Year 2012-2013. Of the total amount available, \$415,946 will be used during Fiscal Year 2011-2012 and is detailed in the attached Budget Journal. The remaining \$845,334 will be included in the Health Services Agency's Fiscal Year 2012-2013 Proposed Budget submission. There is no impact to the County General Fund as a result of the California Home Visiting Program.

BOARD ACTION AS FOLLOWS:

No. 2012-140

On motion of Supervisor Chiesa, Seconded by Supervisor Withrow

and approved by the following vote,

Ayes: Supervisors: Chiesa, Withrow, Monteith, De Martini, and Chairman O'Brien

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) \_\_\_\_\_ Denied

3) \_\_\_\_\_ Approved as amended

4) \_\_\_\_\_ Other:

MOTION:

*Christine Ferraro*

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

Approval of an Agreement for Funding Application with the California Department of Public Health for the California Home Visiting Program – Nurse Family Partnership from February 2012 through June 2013

Page 2

## **DISCUSSION:**

An amendment to the Title V (Social Security Act) authorizes the Federal Health Resources and Services Administration to administer funding for the Maternal, Infant, and Early Childhood Home Visiting Program of which the California Home Visiting Program is a part. It is written into legislation until September 2014 with spending authority through September 2015. It is administered at the State level by the California Department of Public Health.

The purpose of the California Home Visiting Program is to use home visiting to address the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the Federal, State, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

The Health Services Agency Public Health division would be implementing the Nurse-Family Partnership (NFP) program. NFP is an evidenced based program that uses public health nurse home visitors to transform the lives of first time pregnant low-income mothers. The mothers receive support from early in her pregnancy through her child's second birthday. The NFP experiences significant outcomes including: 48% reduction in child abuse and neglect, 56% reduction in emergency room visits for accidents and poisonings, 32% reduction in subsequent pregnancies, 67% reduction in behavioral and intellectual programs at child age six, 59% reduction in arrests at child age 15, and 83% increase in labor force participation.

## **POLICY ISSUES:**

Approval of the Agreement for Funding Application supports the Board priorities of A Healthy Community, A Safe Community, and Efficient Delivery of Public Services. These priorities are assured through the provision of the California Home Visiting Program and Nurse-Family Partnership to the residents of Stanislaus County, based upon the evidence-based health, social and cost outcomes.

## **STAFFING IMPACT:**

This grant will require 4.5 positions: 4 fulltime Public Health Nurse II positions and a 0.5 part-time Administrative Clerk III position. The Agency will use existing vacant positions to fill 4 Public Health Nurse II positions and the one 0.5 part-time Administrative Clerk III position. The Health Services Agency will use existing staff allocations to fill the remaining scope of work required in this grant.

## **DEPARTMENT CONTACT:**

Colleen Woolsey, Associate Director, (209) 558-6833

Database FMSDBPRD.CO.STANISLAUS.CA.US.PROD DO NOT CHANGE  
 Balance Type Budget DO NOT CHANGE  
 Data Access Set County of Stanislaus DO NOT CHANGE

Ledger \* List - Text County of Stanislaus DO NOT CHANGE  
 Budget List - Text LEGAL BUDGET DO NOT CHANGE  
 Category \* List - Text Budget - Upload DO NOT CHANGE  
 Source \* List - Text  
 Currency \* List - Text USD DO NOT CHANGE  
 Period List - Text MAR-12 ENTER AS MMM-YY (ALL CAPS FOR MMM) EX: NOV-11  
 Batch Name Text  
 Journal Name Text  
 Journal Descript Text CA Home Visiting Program/Nurse Family Partnership Budget  
 Journal Referen Text  
 Organization List - Text Stanislaus Budget Org DO NOT CHANGE  
 Chart Of Account Accounting Flexfield DO NOT CHANGE

Upl	Fund (4 char)	Org (7 char)	Account (5 char)	GL Project (7 char)	Location (6 char)	Misc. (6 char)	Other (5 char)	Debit incr appropriations decr est revenue * Number	Credit decr appropriations incr est revenue * Number	Line Description Text
fb	1402	1420338	50000	0000000	000000	000000	00000	162202.00		Inc Salaries
fb	1402	1420338	52000	0000000	000000	000000	00000	89567.00		Inc Benefits
fb	1402	1420338	60400	0000000	000000	000000	00000	5000.00		Inc Communications
fb	1402	1420338	62000	0000000	000000	000000	00000	3158.00		Inc Medical Supplies
fb	1402	1420338	62600	0000000	000000	000000	00000	5000.00		Inc Office Supplies
fb	1402	1420338	62630	0000000	000000	000000	00000	5000.00		Inc Outside printing service
fb	1402	1420338	62730	0000000	000000	000000	00000	1500.00		Inc Postage
fb	1402	1420338	62860	0000000	000000	000000	00000	3293.00		Inc Office Equip-non asset
fb	1402	1420338	62990	0000000	000000	000000	00000	10500.00		Inc Exp Equip-to \$5000 asset
fb	1402	1420338	62985	0000000	000000	000000	00000	15000.00		Inc Exp Furnishings to \$5000 asset
fb	1402	1420338	63010	0000000	000000	000000	00000	23275.00		Inc Educational Materials
fb	1402	1420338	65100	0000000	000000	000000	00000	2000.00		Inc Rents & leases-equipment
fb	1402	1420338	65780	0000000	000000	000000	00000	27909.00		Inc Education & Training
fb	1402	1420338	66210	0000000	000000	000000	00000	20987.00		Inc Licenses & fees
fb	1402	1420338	67040	0000000	000000	000000	00000	25335.00		Inc Other Travel Expenses
fb	1402	1420338	87500	0000000	000000	000000	00000	16220.00		Inc Intrafund charges
fb	1402	1420338	28800	0000000	000000	000000	00000		415946.00	Inc Federal-Other
Totals:								415946.00	415946.00	

Tip: This is not the end of the Template. Unprotect the sheet and insert as many rows as needed.

Explanation: The Health Services Agency/Public Health received funding from California Department of Public Health for the implementation of the Maternal, Infant, and Early Childhood Home California Home Visiting (MIECHV) Program under the California Home Visiting Program. Includes budget for FY11/12; additional amount in allocation to be budgeted in FY12/13.

Requesting Department Vijay Chand	CEO <i>[Signature]</i>	Data Entry	Auditors Office Only
Prepared by 3/2/2012	Supervisor's Approval 3/23/12	Keyed by	Prepared By <i>[Signature]</i> Approved By 3/20/12
Date	Date	Date	Date

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

**FUNDING AGREEMENT PERIOD  
FY 2010-11 to 2012-13 (LHJs) / FY 2005-06 to 2011-12 (CBOs)**

**AGREEMENT FUNDING APPLICATION (AFA)/UPDATE FORM \***

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

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

**\* Note: Agreement refers to Allocations for LHJs or Grants for CBOs.**

**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: changes being submitted:

MCAH       AFLP       BIH       FIMR       CHVP

**Fiscal Year: 2011 - 2012** Update Effective: \_\_\_\_\_ (only required when submitting updates)

Agreement Number:	201150 & 201250		
Federal Employer ID#:			
Complete Official Agency Name:	Stanislaus County Health Services Agency		
Business Office Address:	830 Scenic Drive, Modesto, CA 95350		
Agency Phone:	209-558-4436	Agency Fax:	209-558-8315
Agency Website Address:	www.hsahealth.org		

**1 AGENCY DIRECTOR**

Name:	Mary Ann Lee					
Title:	Managing Director					
Mailing Address:	830 Scenic Drive					
City:	Modesto				Zip:	95350
Phone:	209-558-7163	Ext.:		FAX:	209-558-7123	
E-Mail Address:	mlee@schsa.org					



Agency Name: Health Services Agency

Agreement #: 201150 & 201250  
2012

Fiscal Year: 2011 -

2 BOARD INFORMATION					
	Clerk of the Board <input type="checkbox"/>	Chair Board of Supervisors <input checked="" type="checkbox"/>			
Title:	Chairman				
Mailing Address:	1010 10 <sup>th</sup> Street Suite 6500				
City:	Modesto			Zip:	95354
Phone:	209-525-4440	Ext.		FAX:	209-525-4410
E-Mail Address:	obrienw@stancounty.com				

3 OFFICIAL AUTHORIZED TO COMMIT AGENCY					
Name:	Mary Ann Lee				
Title:	Managing Director				
Mailing Address:	830 Scenic Drive				
City:	Modesto			Zip:	95350
Phone:	209-558-7163	Ext.		FAX:	209-558-7123
E-Mail Address:	mlee@schsa.org				

4 FISCAL OFFICER					
Name:	Carol Dunbar				
Title:	Chief Financial Officer				
Mailing Address:	830 Scenic Drive				
City:	Modesto			Zip:	95350
Phone:	209-558-6833	Ext.		FAX:	209-558-8320
E-Mail Address:	cdunbar@schsa.org				

5 MCAH DIRECTOR (Please check box if MCAH and AFLP Director are the same) <input type="checkbox"/>					
Name:	Julie Falkenstein				
Title:	MCAH Director				
Mailing Address:	830 Scenic Drive				
City:	Modesto			Zip:	95350
Phone:	209-558-4436	Ext.		FAX:	209-558-8315
E-Mail Address:	jfalkenstein@schsa.org				

Agency Name: Health Services Agency

Agreement #: 201150 & 201250  
2012

Fiscal Year: 2011 -

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:	Vanessa Anderson				
Title:	Accountant II				
Mailing Address:	830 Scenic Drive				
City:	Modesto			Zip:	95350
Phone:	209-558-7513	Ext.		FAX:	209-558-7514
E-Mail Address:	vanderson@schsa.org				

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:	Lisa Poley				
Title:	Perinatal Services Coordinator				
Mailing Address:	830 Scenic Drive				
City:	Modesto			Zip:	95350
Phone:	209-558-8644	Ext.		FAX:	209-558-8315
E-Mail Address:	lpoley@schsa.org				

Agency Name: Health Services Agency

Agreement #: 201150 & 201250  
2012

Fiscal Year: 2011 -

10 AFLP DIRECTOR (Only complete if different from MCAH Director)						
Name:	Veronica Pehl					
Title:	AFLP Director					
Mailing Address:	830 Scenic Drive					
City:	Modesto				Zip:	95350
Phone:	209-558-6800	Ext.		FAX:	209-558-8315	
E-Mail Address:	vpehl@schsa.org					

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:	Vanessa Anderson					
Title:	Accountant II					
Mailing Address:	830 Scenic Drive					
City:	Modesto				Zip:	95350
Phone:	209-558-7512	Ext.		FAX:	209-558-7514	
E-Mail Address:	vanderson@scsha.org					

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

Agency Name: Health Services Agency

Agreement #: 201150 & 201250  
2012

Fiscal Year: 2011 -

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:								

Agency Name: Health Services Agency

Agreement #: 201150 & 201250  
2012

Fiscal Year: 2011 -

18 SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR / CONTACT						
Name:	Veronica Pehl					
Title:	SIDS Coordinator/PHNIII					
Mailing Address:	830 Scenic Drive					
City:	Modesto				Zip:	95350
Phone:	209-558-6800	Ext.		FAX:	209-558-8315	
E-Mail Address:	vpehl@schsa.org					

19 CALIFORNIA HOME VISITING PROGRAM (CHVP) COORDINATOR/ NURSING SUPERVISOR						
Name:	Lynda Perino					
Title:	CHVP Coordinator / NFP Nurse Supervisor					
Mailing Address:	830 Scenic Drive					
City:	Modesto				Zip:	95350
Phone:	209-652-1618	Ext.		FAX:	209-558-8315	
E-Mail Address:	lperino@schsa.org					

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

Agency Name: Health Services Agency

Agreement #: 201150 & 201250  
2012

Fiscal Year: 2011 -

**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

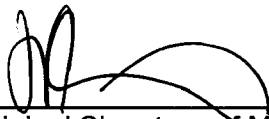
Mary Ann Lee  
Name (Type or Print)

Managing Director  
Title

\_\_\_\_\_  
Date

APPROVED AS TO FORM:

BY: Dean Wright DATE: 3/21/2012  
Dean Wright, Deputy County Counsel



Original Signature of MCAH/AFLP Director

MCAH Director

Title

Julie Falkenstein

Name (Type or Print)

3/2/12

Date

## Exhibit K

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

**Agency Name:** Health Services Agency

**Agreement/Grant Number:** 201150 & 201250

**Compliance Attestation for Fiscal Year:** 2011/12 and 2012/13

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.

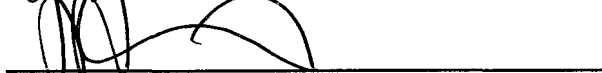
In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation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

Health Services Agency

Agency Name



Signature of MCAH Director

Signature of AFLP Director (CBOs only)

201150 & 201250

Agreement/Grant Number

March 2, 2012

Date

Julie Falkenstein

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.

**Exhibit** \_\_\_\_\_

## INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Current Contract Number: 201150 and 201250

Previous Contract Number (if applicable): \_\_\_\_\_

Contractor's Name: Stanislaus County Health Services Agency

Contractor's Complete Address: 830 Scenic Drive  
Modesto, CA 95350

Contractor's Contact Person: Julie Falkenstein

Contact's Telephone Number: 209-558-4436

Date Current Contract Expires: 06/30/12

CDPH Program Name: California Home Visting Program

CDPH Program Contract Manager: Dale Price

CDPH Program Address: 1615 Capital Avenue, Suite 73.560 MS8300  
Sacramento, CA 95814

CDPH Program Contract Manager's Telephone Number: 916-341-6702

Date of this Report: 2/16/12

**(THIS IS NOT A BUDGET FORM)**

STATE/ CDPH PROPERTY TAG <small>(If motor vehicle, list license number.)</small>	QUANTITY	ITEM DESCRIPTION <small>1. Include manufacturer's name, model number, type, size, and/or capacity. 2. If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.) 3. If van, include passenger capacity.</small>	UNIT COST PER ITEM <small>(Before Tax)</small>	CDPH ASSET MGMT. USE ONLY CDPH Document <small>(DISPOSAL) Number</small>	ORIGINAL PURCHASE DATE	MAJOR/MINOR EQUIPMENT SERIAL NUMBER <small>(If motor vehicle, list VIN number.)</small>	OPTIONAL— PROGRAM USE ONLY
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## INSTRUCTIONS FOR CDPH 1204 (Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to: (a) conduct an inventory of CDPH equipment and/or property (see definitions A, and B) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with CDPH funds and used to conduct state business under this contract. (See *Health Administrative Manual (HAM)*, Section 2-1060 and Section 9-2310.)

The CDPH Program Contract Manager is responsible for obtaining information from the Contractor for this form. The CDPH Program Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to AM.

**Inventory:** List all CDPH tagged equipment and/or property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted CDPH 1203s**, "Contractor Equipment Purchased with CDPH Funds." AM will contact the CDPH Program Contract Manager if there are any discrepancies. (See HAM, Section 2-1040.1.)

**Disposal:** (*Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).*) The CDPH 1204 should be completed, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of; (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. After receipt of this form, the AM will contact the CDPH Program Contract Manager to arrange for the appropriate disposal/transfer of the items. (See HAM, Section 2-1050.4.)

1. List the state/ CDPH property tag, quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of;

A. Major Equipment: **(These items were issued green numbered state/ CDPH property tags.)**

- Tangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
- Intangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video.)

B. Minor Equipment/Property:

Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than \$5,000. The minor equipment and/or property items were issued green unnumbered "BLANK" state/ CDPH property tags with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers and switches.

2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services. (See HAM, Section 2-10050.)

3. If all items being reported do not fit on one page, make copies and write the number of pages being sent in the upper right-hand corner (e.g. "Page 1 of 3.")

4. The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS1801, P.O. Box 997377, 1501 Capitol Avenue, Sacramento, CA 95899-7377.

5. Use the version on the CDPH Intranet forms site. The CDPH 1204 consists of one page for completion and one page with information and instructions.

For more information on completing this form, call AM at (916) 650-0124.

**AGENCY NAME:** Stanislaus County  
**AGREEMENT #:** 201150 and 201250

**STANISLAUS COUNTY CHVP PROFILE NARRATIVE**

1. Describe the geographic, socioeconomic, and cultural composition of the “high-risk community” that the LHJ site will target for home visiting services. Please see below for specifics and address each area:

*No changes to submit*

2. Describe barriers to health service delivery in/among the “high-risk community”.

*No changes to submit*

<b>BUDGET SUMMARY PAGE</b>	<b>FISCAL YEAR</b>	<b>BUDGET</b>	<b>BASE MCF %</b>	<b>TITLE V BALANCE</b>	<b>% Personnel Matched</b>
	2011-2012	Original	56.7%		

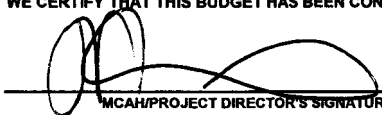
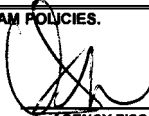
Version 1.5A CHVP

Program:	<b>California Home Visiting Program</b>		<b>UNMATCHED FUNDING</b>				<b>NON-ENHANCED MATCHING (50/50)</b>		<b>ENHANCED MATCHING (75/25)</b>			
Agency:	<b>201150 Stanislaus</b>		AGENCY									
SubK:		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
<b>EXPENSE CATEGORY</b>	<b>TOTAL FUNDING</b>	<b>%</b>	<b>CHVP</b>	<b>%</b>	<b>Local* Revenue</b>	<b>%</b>	<b>Combined* Fed/Agency</b>	<b>%</b>	<b>Combined* Fed/Agency</b>			
(I) PERSONNEL	251,768	100.00%	251,768									100%
(II) OPERATING EXPENSES	132,958	100.00%	132,958									100%
(III) CAPITAL EXPENDITURES	15,000	100.00%	15,000									100%
(IV) OTHER COSTS	34,190			100.00%	34,190							100%
(V) INDIRECT COSTS (10% MAX.) 10.00%	16,220	100.00%	16,220									100%
<b>TOTALS*</b>	<b>450,136</b>	<b>92.40%</b>	<b>415,946</b>	<b>7.60%</b>	<b>34,190</b>							<b>100%</b>

Maximum Amount Payable from State and Federal resources: **\$415,946** **ACTIVE**

	STATE FUNDING	SMALL COUNTY PROJECT	BUDGETED	BALANCE	% of Budget
Total CHVP	415,946		415,946		92%
Total Agency General Fund			34,190	n/a	8%
Total Matching Title XIX				n/a	
<b>Totals</b>	<b>415,946</b>		<b>450,136</b>		<b>100%</b>

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

 MCAH/PROJECT DIRECTOR'S SIGNATURE     
 3/5/12 DATE     
  AGENCY FISCAL AGENT'S SIGNATURE     
 3/5/12 DATE

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

State Use Only		PCA Codes	53140						
(I) PERSONNEL			251,768						
(II) OPERATING EXPENSES			132,958						
(III) CAPITAL EXPENSES			15,000						
(IV) OTHER COSTS									
(V) INDIRECT COSTS			16,220						
<b>Totals for PCA Codes</b>		415,946	415,946						

<b>Program:</b>	<b>California Home Visiting Program</b>		<b>UNMATCHED FUNDING</b>				<b>NON-ENHANCED MATCHING (50/50)</b>		<b>ENHANCED MATCHING (75/25)</b>			
<b>Agency:</b>	<b>201150 Stanislaus</b>		AGENCY									
<b>SubK:</b>		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
<b>EXPENSE CATEGORY</b>	<b>TOTAL FUNDING</b>	<b>%</b>	<b>CHVP</b>	<b>%</b>	<b>Local* Revenue</b>	<b>%</b>	<b>Combined* Fed/Agency</b>	<b>%</b>	<b>Combined* Fed/Agency</b>			

**II. OPERATING EXPENSES DETAIL PAGE**

<b>TOTAL OPERATING EXPENSES</b>		<b>132,958</b>		<b>132,958</b>								Match Available
	TRAVEL	25,335	100.00%	25,335								
	TRAINING	27,909	100.00%	27,909								
1	MEMBERSHIP FEES / SUBSCRIPTIONS	15,493	100.00%	15,493								
2	PRINTING	5,000	100.00%	5,000								
3	POSTAGE	1,500	100.00%	1,500								
4	COMMUNICATIONS	5,000	100.00%	5,000								
5	OFFICE EQUIPMENT (RENTS, LEASES, NON ASSET)	2,000	100.00%	2,000								
6	EDUCATIONAL MATERIALS	21,731	100.00%	21,731								
7	OFFICE SUPPLIES	5,001	100.00%	5,001								
8												
9												
10	START-UP COSTS	23,989	100.00%	23,989								
11												
12												
13												
14												
15												

\*\* Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

**IV. OTHER COSTS DETAIL PAGE**

<b>TOTAL OTHER COSTS</b>		<b>34,190</b>		<b>34,190</b>								
<b>SUBCONTRACTS</b>												
1												
2												
3												
4												
5												
6												
7												
8												
<b>OTHER CHARGES</b>												
<b>AGENCY'S TOTAL INDIRECT COSTS</b>		<b>50,410</b>										
<b>AGENCY'S OTHER INDIRECT COSTS</b>		<b>34,190</b>			100.00%	<b>34,190</b>						Match Available
1												
2												
3												
4												
5												
6												
7												

Program:		California Home Visiting Program				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:		201150 Stanislaus				AGENCY									
Sub:		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)			
EXPENSE CATEGORY		TOTAL FUNDING	%	CHVP	%	Local* Revenue	%	Combined* Fed/Agency	%	Combined* Fed/Agency					
<b>I. PERSONNEL DETAIL PAGE</b>															
TOTAL PERSONNEL COSTS		251,768		251,768											
BENEFITS		89,567		89,567											
TOTAL WAGES		162,201		162,201											
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL WAGES									J-Pers MCF Per Staff	Staff Traveling (X)	
1	LP PHN III	31.15%	84,053	26,186	100.00%	26,186							56.7%	X	
2	TBD PHN II	34.62%	80,038	27,705	100.00%	27,705							56.7%	X	
3	TBD PHN II	34.62%	80,038	27,705	100.00%	27,705							56.7%	X	
4	TBD PHN II	34.62%	80,038	27,705	100.00%	27,705							56.7%	X	
5	TBD PHN II	34.62%	80,038	27,705	100.00%	27,705							56.7%	X	
6	TBD Admin Clerk III	17.31%	39,811	6,891	100.00%	6,891							56.7%	X	
7	JF MCAH Director	5.19%	81,349	4,224	100.00%	4,224							56.7%	X	
8	EM Manager II	17.31%	81,349	14,080	100.00%	14,080							56.7%	X	
9															
10															
11															
12															
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31															
32															



**BUDGET JUSTIFICATION  
PERSONNEL ACTUAL BENEFITS WORKSHEET AND MEDI-CAL FACTOR IDENTIFICATION**

Program: California Home Visiting Program  
 Agency: 201150 Stanislaus  
 SubK: ACTIVE  
 FY: 2011-2012 ORIGINAL

Version 1.5A CHVP

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL FUNDING	Staff Benefit Rate	Actual Benefit \$ Per Staff	Program	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	LP PHN III	31.15%	84,053	26,186		12,719.46		56.7%	Base		Remaining 10% of nurse supervisor time is in the Manager II position who will help with staff supervision and higher level administrative duties.
2	TBD PHN II	34.62%	80,038	27,705		15,294.19		56.7%	Base		
3	TBD PHN II	34.62%	80,038	27,705		15,294.19		56.7%	Base		
4	TBD PHN II	34.62%	80,038	27,705		15,294.19		56.7%	Base		
5	TBD PHN II	34.62%	80,038	27,705		15,294.19		56.7%	Base		
6	TBD Admin Clerk III	17.31%	39,811	6,891		5,938.44		56.7%	Base		
7	JF MCAH Director	5.19%	81,349	4,224		1,790.41		56.7%	Base		
8	EM Manager II	17.31%	81,349	14,080		7,942.13		56.7%	Base		\$11,010 in costs for this staff person are due to additional time for program start up
9											
10											
11											
12											
13											
14											
15											
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32											

**BUDGET JUSTIFICATION  
OPERATING EXPENSES**

Version 1.5A CHVP

**Program:** California Home Visiting Program  
**Agency:** 201150 Stanislaus  
**SubK:**  
**Fiscal Year:** 2011-2012 ORIGINAL

**ACTIVE**

	Amount	Travel Expense Justification
<b>Travel Expenses</b>	25,335	Travel costs to mandated trainings for NFP and for local home visits for NFP staff.  Agencies are responsible for reimbursement of costs above allowable State travel reimbursement rates. State travel reimbursement rates are posted on the MCAH website. To access, click <a href="#">HERE</a> and choose the current AFA fiscal year. The travel reimbursement information link will be located in the Forms section.

	Amount	Training Expense Justification
<b>Training Expenses</b>	27,909	Training costs associated with NFP

Other Operating Expenses		Amount	Other Operating Expense Justification
1	MEMBERSHIP FEES / SUBSCRIPTIONS	15,493	Includes the program support fee and nurse consultation fee
2	PRINTING	5,000	internal and external printing for program needs
3	POSTAGE	1,500	postage for the NFP program
4	COMMUNICATIONS	5,000	Costs for communications including monthly fees for cell phones and wireless cards for computers
5	OFFICE EQUIPMENT (RENTS, LEASES, NON ASSET)	2,000	copier and fax rent/lease
6	EDUCATIONAL MATERIALS	21,731	Educational materials including nurse education materials, Home IT Assessment, NCAST, PIPE and ASQ materials.
7	OFFICE SUPPLIES	5,001	general office supplies
8			
9			
10	START-UP COSTS	23,989	Start up costs include the purchase of NFP program supplies such as: cell phones and accessories, speaker phone, video camera, digital cameras, Medical and Program supplies, client support materials and the one time NFP start up fee.
11			
12			
13			
14			
15			

Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). If there are any questions regarding which \*\* expenses may not be eligible for Federal matching funds please contact the appropriate MCAH Contract Manager or Program Consultant.

**BUDGET JUSTIFICATION  
CAPITAL EXPENDITURES**

Version 1.5A CHVP

**Program:** California Home Visiting Program  
**Agency:** 201150 Stanislaus  
**SubK:**  
**Fiscal Year:** 2011-2012 ORIGINAL

**ACTIVE**

List each Capital Expenditure	Amount Budgeted
START-UP COSTS (OFFICE FURNITURE)	15,000
<b>TOTAL CAPITAL EXPENDITURES</b>	<b>15,000</b>



**BUDGET JUSTIFICATION  
OTHER COSTS**

Version 1.5A CHVP

**Program:** California Home Visiting Program  
**Agency:** 201150 Stanislaus  
**SubK:**  
**Fiscal Year:** 2011-2012 ORIGINAL

**ACTIVE**

	<b>Subcontracts</b>	<b>Amount Budgeted</b>	<b>Other Costs Justification</b>
1			
2			
3			
4			
5			
6			
7			
8			

	<b>Other Charges</b>	<b>Amount Budgeted</b>	<b>Other Charges Justification</b>
	Agency's Other Indirect Costs *	34,190	Indirects include support personal and other general agency over head costs
1			
2			
3			
4			
5			
6			
7			

\* Agency's Other Indirect Costs is the difference between an Agency's total indirect cost for their program and the amount shown for indirect costs on the Budget Summary Page.

**INVOICE RECONCILIATION SUMMARY TABLE**

\*\*\*\*\*FYI - SGF Columns are hidden\*\*\*\*\*

Version 1.5A CHVP

Program:		UNMATCHED FUNDING					NON - ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
Agency:		AGENCY								
SubK:		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)
FY:		TOTAL	%	PCA 53140	%	PCA 0	%	PCA -	%	PCA -
EXPENSE CATEGORY	%	REMAINING FUNDING	Remaining CHVP	Remaining CHVP	Remaining Agency	Remaining Agency	Remaining Fed/Agency	Remaining Fed/Agency	Remaining Fed/Agency	Remaining Fed/Agency
(I) PERSONNEL	100.00%	251,768	100.00%	251,768	#DIV/0!		#DIV/0!			
(II) OPERATING EXPENSES	100.00%	132,958	100.00%	132,958	#DIV/0!		#DIV/0!		#DIV/0!	
(III) CAPITAL EXPENDITURES	100.00%	15,000	100.00%	15,000	#DIV/0!		#DIV/0!			
(IV) OTHER COSTS	100.00%	34,190	#DIV/0!		100.00%	34,190	#DIV/0!		#DIV/0!	
(V) INDIRECT COSTS	100.00%	16,220	100.00%	16,220	#DIV/0!		#DIV/0!			
<b>TOTALS*</b>	<b>100.00%</b>	<b>450,136</b>	<b>100.00%</b>	<b>415,946</b>	<b>100.00%</b>	<b>34,190</b>	<b>#DIV/0!</b>		<b>#DIV/0!</b>	

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
	% Funding	(1) TOTAL FUNDING	(2) % Remaining CHVP	(3) PCA 53140 Remaining CHVP	(6) % Remaining Agency	(7) PCA 0 Remaining Agency	(10) % Remaining Fed/Agency	(11) PCA - Remaining Fed/Agency	(14) % Remaining Fed/Agency	(15) PCA - Remaining Fed/Agency
<b>(I) PERSONNEL</b>										
ACTIVE====>										
Budget		251,768	100%	251,768	100%		100%		100%	
BR1		251,768	100%	251,768	100%		100%		100%	
Difference					#DIV/0!		#DIV/0!		#DIV/0!	
BR1		251,768	100%	251,768	100%		100%		100%	
BR2		251,768	100%	251,768	100%		100%		100%	
Difference					#DIV/0!		#DIV/0!		#DIV/0!	
BR2		251,768	100%	251,768	100%		100%		100%	
BR3		251,768	100%	251,768	100%		100%		100%	
Difference					#DIV/0!		#DIV/0!		#DIV/0!	
INVOICES										
1st Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
2nd Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
3rd Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
4th Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
Supp					#DIV/0!		#DIV/0!		#DIV/0!	
Adjustments/Corrections										
Total Expended Funds										
Balance of Available Funds*	100.00%	251,768	100.00%	251,768	#DIV/0!		#DIV/0!		100.00%	

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING				NON-ENHANCED MATCHING		ENHANCED MATCHING	
	% Funding	(1) TOTAL FUNDING	(2) % Remaining CHVP	(3) PCA 53140 Remaining CHVP	(6) % Remaining Agency	(7) PCA 0 Remaining Agency	(10) % Remaining Fed/Agency	(11) PCA - Remaining Fed/Agency	(14) % Remaining Fed/Agency	(15) PCA - Remaining Fed/Agency
<b>(II) OPERATING EXPENSE</b>										
ACTIVE====>										
Budget		132,958	100%	132,958	100%		100%		100%	
BR1		132,958	100%	132,958	100%		100%		100%	
Difference					#DIV/0!		#DIV/0!		#DIV/0!	
BR1		132,958	100%	132,958	100%		100%		100%	
BR2		132,958	100%	132,958	100%		100%		100%	
Difference					#DIV/0!		#DIV/0!		#DIV/0!	
BR2		132,958	100%	132,958	100%		100%		100%	
BR3		132,958	100%	132,958	100%		100%		100%	
Difference					#DIV/0!		#DIV/0!		#DIV/0!	
INVOICES										
1st Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
2nd Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
3rd Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
4th Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
Supp					#DIV/0!		#DIV/0!		#DIV/0!	
Adjustments/Corrections										
Total Expended Funds										
Balance of Available Funds*	100.00%	132,958	100.00%	132,958	#DIV/0!		#DIV/0!		#DIV/0!	

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		
	% Funding	(1) TOTAL FUNDING	(2) % Remaining CHVP	(3) PCA 53140 Remaining CHVP	(6) % Remaining Agency	(7) PCA 0 Remaining Agency	(10) % Remaining Fed/Agency	(11) PCA - Remaining Fed/Agency	
<b>(III) CAPITAL EXPENDITURES</b>									
ACTIVE====>	Budget	15,000	100%	15,000	100%		100%		
	BR1	15,000	100%	15,000	100%		100%		
	Difference				#DIV/0!		#DIV/0!		
	BR1	15,000	100%	15,000	100%		100%		
	BR2	15,000	100%	15,000	100%		100%		
	Difference				#DIV/0!		#DIV/0!		
	BR2	15,000	100%	15,000	100%		100%		
	BR3	15,000	100%	15,000	100%		100%		
	Difference				#DIV/0!		#DIV/0!		
	<b>INVOICES</b>								
	1st Qtr					#DIV/0!		#DIV/0!	
	2nd Qtr					#DIV/0!		#DIV/0!	
	3rd Qtr					#DIV/0!		#DIV/0!	
	4th Qtr					#DIV/0!		#DIV/0!	
	Supp					#DIV/0!		#DIV/0!	
<b>Adjustments/Corrections</b>									
Total Expended Funds					#DIV/0!		#DIV/0!		
Balance of Available Funds*	100.00%	15,000	100.00%	15,000	#DIV/0!		#DIV/0!		

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING				NON-ENHANCED MATCHING		ENHANCED MATCHING		
	% Funding	(1) TOTAL FUNDING	(2) % Remaining CHVP	(3) PCA 53140 Remaining CHVP	(6) % Remaining Agency	(7) PCA 0 Remaining Agency	(10) % Remaining Fed/Agency	(11) PCA - Remaining Fed/Agency	(12) % Remaining Fed/Agency	(13) PCA - Remaining Fed/Agency	
<b>(IV) OTHER COSTS</b>											
ACTIVE====>	Budget	34,190	100%		100%	34,190	100%		100%		
	BR1	34,190	100%		100%	34,190	100%		100%		
	Difference			#DIV/0!			#DIV/0!		#DIV/0!		
	BR1	34,190	100%		100%	34,190	100%		100%		
	BR2	34,190	100%		100%	34,190	100%		100%		
	Difference			#DIV/0!			#DIV/0!		#DIV/0!		
	BR2	34,190	100%		100%	34,190	100%		100%		
	BR3	34,190	100%		100%	34,190	100%		100%		
	Difference			#DIV/0!			#DIV/0!		#DIV/0!		
	<b>INVOICES</b>										
	1st Qtr			#DIV/0!				#DIV/0!		#DIV/0!	
	2nd Qtr			#DIV/0!				#DIV/0!		#DIV/0!	
	3rd Qtr			#DIV/0!				#DIV/0!		#DIV/0!	
	4th Qtr			#DIV/0!				#DIV/0!		#DIV/0!	
	Supp			#DIV/0!				#DIV/0!		#DIV/0!	
<b>Adjustments/Corrections</b>											
Total Expended Funds			#DIV/0!				#DIV/0!		#DIV/0!		
Balance of Available Funds*	100.00%	34,190	#DIV/0!		100.00%	34,190	#DIV/0!		#DIV/0!		

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)	
	% Funding	(1) TOTAL FUNDING	(2) % Remaining CHVP	(3) PCA 53140 Remaining CHVP	AGENCY		(10) % Remaining Fed/Agency	(11) PCA - Remaining Fed/Agency
					(6) % Remaining Agency	(7) PCA 0 Remaining Agency		
<b>(V) INDIRECT COSTS</b>			<b>UNMATCHED FUNDING</b>				<b>NON-ENHANCED MATCHING</b>	
<b>ACTIVE====&gt;</b>	<b>Budget</b>	16,220	100%	16,220	100%		100%	
	<b>BR1</b>	16,220	100%	16,220	100%		100%	
	<b>Difference</b>				#DIV/0!		#DIV/0!	
	<b>BR1</b>	16,220	100%	16,220	100%		100%	
	<b>BR2</b>	16,220	100%	16,220	100%		100%	
	<b>Difference</b>				#DIV/0!		#DIV/0!	
	<b>BR2</b>	16,220	100%	16,220	100%		100%	
	<b>BR3</b>	16,220	100%	16,220	100%		100%	
	<b>Difference</b>				#DIV/0!		#DIV/0!	
	<b>INVOICES</b>							
	<b>1st Qtr</b>				#DIV/0!		#DIV/0!	
	<b>2nd Qtr</b>				#DIV/0!		#DIV/0!	
	<b>3rd Qtr</b>				#DIV/0!		#DIV/0!	
	<b>4th Qtr</b>				#DIV/0!		#DIV/0!	
	<b>Supp</b>				#DIV/0!		#DIV/0!	
	<b>Adjustments/Corrections</b>							
	<b>Total Expended Funds</b>				#DIV/0!		#DIV/0!	
	<b>Balance of Available Funds*</b>	100.00%	16,220	100.00%	16,220	#DIV/0!	#DIV/0!	



### CDPH Audit Section

Program: California Home Visiting Program  
 Agency: 201150 Stanislaus  
 SubK:  
 FY: 2011-2012 ORIGINAL BUDGET

	Budgeted Funds	Remaining Funds	
		\$	%
Total CHVP	415,946	415,946	100.00%
Total State General Fund			
Total Matching Title XIX			
Total Agency General Fund	34,190	34,190	100.00%
<b>TOTALS</b>	<b>450,136</b>	<b>450,138</b>	<b>200.00%</b>

INVOICE	REIMBURSEMENT TOTALS
1st Qtr	
2nd Qtr	
3rd Qtr	
4th Qtr	
Supp	
Adjust/Corr	
<b>YTD Total</b>	

\*Balance of Available Funds includes Title V, State General Fund, Title XIX, and Agency Funds. Agency funds are not reimbursable through the MCAH Program.  
 \*\*Advance payment will be recovered at the State level when the first three quarterly invoices are submitted for payment and is dependent on funding availability

CMIS RECONCILIATION SECTION			UNMATCHED FUNDING				NON - ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
	%	(1) TOTAL REMAINING FUNDING	(2) % Remaining CHVP	(3) PCA 53140 Remaining CHVP	AGENCY		(10) % Remaining Fed/Agency	(11) PCA - Remaining Fed/Agency	(14) % Remaining Fed/Agency	(15) PCA - Remaining Fed/Agency
					(6) % Remaining Agency	(7) PCA 0 Remaining Agency				
(III) CAPITAL EXPENDITURES		15,000		15,000						
(V) INDIRECT COSTS		16,220		16,220						
(II) OPERATING EXPENSES		132,958		132,958						
(IV) OTHER COSTS										
(I) PERSONNEL		251,768		251,768						
<b>TOTALS*</b>		<b>415,946</b>		<b>415,946</b>						

Budgeted	Paid	Balance
415,946		415,946

**NOTES PAGE**

**Program: California**  
**Agency: 201150 Stanislaus**  
**SubK:**  
**Fiscal Year: 2011-2012**

Version 1.5A CHVP

This Section is for MCAH/OFP or Agency staff to document problems, questions, or other information.

Note No.	Initials	Date	Note
1			
2			
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22			

<b>BUDGET SUMMARY PAGE</b>	<b>FISCAL YEAR</b>	<b>BUDGET</b>	<b>BASE MCF %</b>	<b>TITLE V BALANCE</b>	<b>% Personnel Matched</b>
	2012-2013	Original	56.7%		

Version 1.5A CHVP

<b>Program:</b>	California Home Visiting Program		<b>UNMATCHED FUNDING</b>				<b>NON-ENHANCED MATCHING (50/50)</b>		<b>ENHANCED MATCHING (75/25)</b>			
<b>Agency:</b>	201250 Stanislaus		AGENCY									
<b>SubK:</b>		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
<b>EXPENSE CATEGORY</b>	<b>TOTAL FUNDING</b>	<b>%</b>	<b>CHVP</b>	<b>%</b>	<b>Local* Revenue</b>	<b>%</b>	<b>Combined* Fed/Agency</b>	<b>%</b>	<b>Combined* Fed/Agency</b>			
(I) PERSONNEL	695,524	100.00%	695,524									100%
(II) OPERATING EXPENSES	104,985	100.00%	104,985									100%
(III) CAPITAL EXPENDITURES												
(IV) OTHER COSTS	100,175			100.00%	100,175							100%
(V) INDIRECT COSTS (10% MAX.) 10.00%	44,825	100.00%	44,825									100%
<b>TOTALS*</b>	945,509	89.41%	845,334	10.59%	100,175							100%

Maximum Amount Payable from State and Federal resources: **\$845,334** **ACTIVE**

	STATE FUNDING	SMALL COUNTY PROJECT	BUDGETED	BALANCE	% of Budget
Total CHVP	845,334		845,334		89%
Total Agency General Fund			100,175	n/a	11%
Total Matching Title XIX				n/a	
<b>Totals</b>	<b>845,334</b>		<b>945,509</b>		<b>100%</b>

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

 MCAH/PROJECT DIRECTOR'S SIGNATURE     
  3/5/12 DATE     
  AGENCY FISCAL AGENT'S SIGNATURE     
  3/5/12 DATE

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

State Use Only		PCA Codes	53140						
(I) PERSONNEL			695,524						
(II) OPERATING EXPENSES			104,985						
(III) CAPITAL EXPENSES									
(IV) OTHER COSTS									
(V) INDIRECT COSTS			44,825						
<b>Totals for PCA Codes</b>		845,334	845,334						

<b>Program:</b>	<b>California Home Visiting Program</b>		<b>UNMATCHED FUNDING</b>				<b>NON-ENHANCED MATCHING (50/50)</b>		<b>ENHANCED MATCHING (75/25)</b>			
<b>Agency:</b>	<b>201250 Stanislaus</b>		AGENCY									
<b>SubK:</b>		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
<b>EXPENSE CATEGORY</b>	<b>TOTAL FUNDING</b>	<b>%</b>	<b>CHVP</b>	<b>%</b>	<b>Local* Revenue</b>	<b>%</b>	<b>Combined* Fed/Agency</b>	<b>%</b>	<b>Combined* Fed/Agency</b>			

**II. OPERATING EXPENSES DETAIL PAGE**

<b>TOTAL OPERATING EXPENSES</b>		<b>104,985</b>		<b>104,985</b>								Match Available
	TRAVEL	22,347	100.00%	22,347								
	TRAINING	15,000	100.00%	15,000								
1	COMMUNICATIONS	10,000	100.00%	10,000								
2	PRINTING	10,000	100.00%	10,000								
3	OFFICE EQUIPMENT (RENTS, LEASES, NON-ASSET)	5,507	100.00%	5,507								
4	MEDICAL & PROGRAM SUPPLIES	2,000	100.00%	2,000								
5	POSTAGE	3,000	100.00%	3,000								
6	EDUCATIONAL MATERIALS	11,638	100.00%	11,638								
7	OFFICE SUPPLIES	10,000	100.00%	10,000								
8	MEMBERSHIP FEES / SUBSCRIPTIONS	15,493	100.00%	15,493								
9												
10												
11												
12												
13												
14												
15												

\*\* Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

**IV. OTHER COSTS DETAIL PAGE**

<b>TOTAL OTHER COSTS</b>		<b>100,175</b>				<b>100,175</b>						
<b>SUBCONTRACTS</b>												
1												
2												
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8												
<b>OTHER CHARGES</b>												
<b>AGENCY'S TOTAL INDIRECT COSTS</b>		<b>145,000</b>										
<b>AGENCY'S OTHER INDIRECT COSTS</b>		<b>100,175</b>			100.00%	<b>100,175</b>						Match Available
1												
2												
3												
4												
5												
6												
7												

Program:		California Home Visiting Program					UNMATCHED FUNDING			NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:		201250 Stanislaus					AGENCY								
SubK:		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)			
EXPENSE CATEGORY		TOTAL FUNDING	%	CHVP	%	Local* Revenue	%	Combined* Fed/Agency	%	Combined* Fed/Agency					
<b>I. PERSONNEL DETAIL PAGE</b>															
TOTAL PERSONNEL COSTS		695,524		695,524											
BENEFITS		247,278		247,278											
TOTAL WAGES		448,246		448,246											
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL WAGES									J-Pers MCF Per Staff	Staff Traveling (X)	
1	LP PHN III	90.00%	84,053	75,648	100.00%	75,648							56.7%	X	
2	TBD PHN II	100.00%	80,038	80,038	100.00%	80,038							56.7%	X	
3	TBD PHN II	100.00%	80,038	80,038	100.00%	80,038							56.7%	X	
4	TBD PHN II	100.00%	80,038	80,038	100.00%	80,038							56.7%	X	
5	TBD PHN II	100.00%	80,038	80,038	100.00%	80,038							56.7%	X	
6	TBD Admin Clerk III	50.00%	39,811	19,906	100.00%	19,906							56.7%	X	
7	JF MCAH Director	15.00%	81,349	12,202	100.00%	12,202							56.7%	X	
8	EM Manager II	25.00%	81,349	20,337	100.00%	20,337							56.7%	X	
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**BUDGET JUSTIFICATION  
PERSONNEL ACTUAL BENEFITS WORKSHEET AND MEDI-CAL FACTOR IDENTIFICATION**

Program: California Home Visiting Program  
 Agency: 201250 Stanislaus  
 SubK:  
 FY: 2012-2013 ORIGINAL

Version 1.5A CHVP

**ACTIVE**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL FUNDING	Staff Benefit Rate	Actual Benefit \$ Per Staff	Program	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	LP PHN III	90.00%	84,053	75,648		36,745.11		56.7%	Base		Remaining 10% of nurse supervisor time is in the Manager II position who will help with staff supervision and higher level administrative duties.
2	TBD PHN II	100.00%	80,038	80,038		44,183.22		56.7%	Base		
3	TBD PHN II	100.00%	80,038	80,038		44,183.22		56.7%	Base		
4	TBD PHN II	100.00%	80,038	80,038		44,183.22		56.7%	Base		
5	TBD PHN II	100.00%	80,038	80,038		44,183.22		56.7%	Base		
6	TBD Admin Clerk III	50.00%	39,811	19,906		17,155.48		56.7%	Base		
7	JF MCAH Director	15.00%	81,349	12,202		5,172.29		56.7%	Base		
8	EM Manager II	25.00%	81,349	20,337		11,471.97		56.7%	Base		10% of this position makes up the full 1 FTE for the nurse supervisor
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**BUDGET JUSTIFICATION  
OPERATING EXPENSES**

Version 1.5A CHVP

**Program:** California Home Visiting Program  
**Agency:** 201250 Stanislaus  
**SubK:**  
**Fiscal Year:** 2012-2013 ORIGINAL

**ACTIVE**

	<b>Amount</b>	<b>Travel Expense Justification</b>
<b>Travel Expenses</b>	22,347	Travel costs to mandated trainings for NFP and for local home visits by NFP staff  Agencies are responsible for reimbursement of costs above allowable State travel reimbursement rates. State travel reimbursement rates are posted on the MCAH website. To access, click <a href="#">HERE</a> and choose the current AFA fiscal year. The travel reimbursement information link will be located in the Forms section.

	<b>Amount</b>	<b>Training Expense Justification</b>
<b>Training Expenses</b>	15,000	Training costs associated with NFP

	<b>Other Operating Expenses</b>	<b>Amount</b>	<b>Other Operating Expense Justification</b>
1	COMMUNICATIONS	10,000	costs for communications includes montly fees for cell phones and wireless cards for computers
2	PRINTING	10,000	internal and external printing for program needs
3	OFFICE EQUIPMENT (RENTS, LEASES, NON-ASSET)	5,507	copier and fax rent/lease
4	MEDICAL & PROGRAM SUPPLIES	2,000	ongoing medical and program supplies
5	POSTAGE	3,000	postage for the NFP program
6	EDUCATIONAL MATERIALS	11,638	Educational materials for both nurse and client education as well as Home IT Assessment, NCAST, PIPE and ASQ materials
7	OFFICE SUPPLIES	10,000	ongoing office supply needs
8	MEMBERSHIP FEES / SUBSCRIPTIONS	15,493	NFP membership and nurse consultation fees
9			
10			
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14			
15			

Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). If there are any questions regarding which \*\* expenses may not be eligible for Federal matching funds please contact the appropriate MCAH Contract Manager or Program Consultant.



**BUDGET JUSTIFICATION  
CAPITAL EXPENDITURES**

Version 1.5A CHVP

**Program:** California Home Visiting Program  
**Agency:** 201250 Stanislaus  
**SubK:**  
**Fiscal Year:** 2012-2013 ORIGINAL

**ACTIVE**

List each Capital Expenditure	Amount Budgeted
<b>TOTAL CAPITAL EXPENDITURES</b>	



**BUDGET JUSTIFICATION  
OTHER COSTS**

Version 1.5A CHVP

**Program:** California Home Visiting Program  
**Agency:** 201250 Stanislaus  
**SubK:**  
**Fiscal Year:** 2012-2013 ORIGINAL

**ACTIVE**

	<b>Subcontracts</b>	<b>Amount Budgeted</b>	<b>Other Costs Justification</b>
1			
2			
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7			
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	<b>Other Charges</b>	<b>Amount Budgeted</b>	<b>Other Charges Justification</b>
	Agency's Other Indirect Costs *	100,175	
1			
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Agency's Other Indirect Costs is the difference between an Agency's total indirect cost for their program and the amount shown for Indirect costs on the Budget Summary Page.

**INVOICE RECONCILIATION SUMMARY TABLE**

\*\*\*\*\*FYI - SGF Columns are hidden\*\*\*\*\*

Version 1.5A CHVP

Program:		California Home Visiting Program		UNMATCHED FUNDING				NON - ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
Agency:		201250 Stanislaus		AGENCY								
SubK:				(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)
FY:		2012-2013		TOTAL	%	PCA 53140	%	PCA 0	%	PCA -	%	PCA -
EXPENSE CATEGORY		%	TOTAL	Remaining	Remaining	Remaining	Remaining	Remaining	Remaining	Remaining	Remaining	Remaining
		REMAINING FUNDING	REMAINING FUNDING	CHVP	CHVP	Agency	Agency	Fed/Agency	Fed/Agency	Fed/Agency	Fed/Agency	Fed/Agency
(I) PERSONNEL		100.00%	695,524	100.00%	695,524	#DIV/0!		#DIV/0!				
(II) OPERATING EXPENSES		100.00%	104,985	100.00%	104,985	#DIV/0!		#DIV/0!			#DIV/0!	
(III) CAPITAL EXPENDITURES		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				
(IV) OTHER COSTS		100.00%	100,175	#DIV/0!		100.00%	100,175	#DIV/0!			#DIV/0!	
(V) INDIRECT COSTS		100.00%	44,825	100.00%	44,825	#DIV/0!		#DIV/0!				
<b>TOTALS*</b>		<b>100.00%</b>	<b>945,509</b>	<b>100.00%</b>	<b>845,334</b>	<b>100.00%</b>	<b>100,175</b>	<b>#DIV/0!</b>			<b>#DIV/0!</b>	

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
	% Funding	(1) TOTAL FUNDING	(2) % Remaining CHVP	(3) PCA 53140 Remaining CHVP	(6) % Remaining Agency	(7) PCA 0 Remaining Agency	(10) % Remaining Fed/Agency	(11) PCA - Remaining Fed/Agency	(14) % Remaining Fed/Agency	(15) PCA - Remaining Fed/Agency
<b>(I) PERSONNEL</b>										
ACTIVE====>										
Budget		695,524	100%	695,524	100%		100%		100%	
BR1		695,524	100%	695,524	100%		100%		100%	
Difference					#DIV/0!		#DIV/0!		#DIV/0!	
BR1		695,524	100%	695,524	100%		100%		100%	
BR2		695,524	100%	695,524	100%		100%		100%	
Difference					#DIV/0!		#DIV/0!		#DIV/0!	
BR2		695,524	100%	695,524	100%		100%		100%	
BR3		695,524	100%	695,524	100%		100%		100%	
Difference					#DIV/0!		#DIV/0!		#DIV/0!	
INVOICES										
1st Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
2nd Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
3rd Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
4th Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
Supp					#DIV/0!		#DIV/0!		#DIV/0!	
Adjustments/Corrections										
Total Expended Funds					#DIV/0!		#DIV/0!		100.00%	
Balance of Available Funds*	100.00%	695,524	100.00%	695,524	#DIV/0!		#DIV/0!			

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING				NON-ENHANCED MATCHING		ENHANCED MATCHING	
	% Funding	(1) TOTAL FUNDING	(2) % Remaining CHVP	(3) PCA 53140 Remaining CHVP	(6) % Remaining Agency	(7) PCA 0 Remaining Agency	(10) % Remaining Fed/Agency	(11) PCA - Remaining Fed/Agency	(14) % Remaining Fed/Agency	(15) PCA - Remaining Fed/Agency
<b>(II) OPERATING EXPENSE</b>										
ACTIVE====>										
Budget		104,985	100%	104,985	100%		100%		100%	
BR1		104,985	100%	104,985	100%		100%		100%	
Difference					#DIV/0!		#DIV/0!		#DIV/0!	
BR1		104,985	100%	104,985	100%		100%		100%	
BR2		104,985	100%	104,985	100%		100%		100%	
Difference					#DIV/0!		#DIV/0!		#DIV/0!	
BR2		104,985	100%	104,985	100%		100%		100%	
BR3		104,985	100%	104,985	100%		100%		100%	
Difference					#DIV/0!		#DIV/0!		#DIV/0!	
INVOICES										
1st Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
2nd Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
3rd Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
4th Qtr					#DIV/0!		#DIV/0!		#DIV/0!	
Supp					#DIV/0!		#DIV/0!		#DIV/0!	
Adjustments/Corrections										
Total Expended Funds					#DIV/0!		#DIV/0!		#DIV/0!	
Balance of Available Funds*	100.00%	104,985	100.00%	104,985	#DIV/0!		#DIV/0!		#DIV/0!	

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)	
	% Funding	(1) TOTAL FUNDING	(2) % Remaining CHVP	(3) PCA 53140 Remaining CHVP	AGENCY		(10) % Remaining Fed/Agency	(11) PCA - Remaining Fed/Agency
					(6) % Remaining Agency	(7) PCA 0 Remaining Agency		
<b>(III) CAPITAL EXPENDITURES</b>								
<b>ACTIVE====&gt;</b>								
Budget			100%		100%		100%	
BR1			100%		100%		100%	
Difference	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
BR1			100%		100%		100%	
BR2			100%		100%		100%	
Difference	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
BR2			100%		100%		100%	
BR3			100%		100%		100%	
Difference	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
<b>INVOICES</b>								
1st Qtr	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
2nd Qtr	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
3rd Qtr	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
4th Qtr	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Supp	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
<b>Adjustments/Corrections</b>								
Total Expended Funds	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Balance of Available Funds*	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	

(IV) OTHER COSTS			UNMATCHED FUNDING				NON-ENHANCED MATCHING		ENHANCED MATCHING	
	ACTIVE====>	Budget				AGENCY				
						(6) % Remaining Agency	(7) PCA 0 Remaining Agency			
Budget		100,175	100%		100%	100,175		100%		100%
BR1		100,175	100%		100%	100,175		100%		100%
Difference			#DIV/0!					#DIV/0!		#DIV/0!
BR1		100,175	100%		100%	100,175		100%		100%
BR2		100,175	100%		100%	100,175		100%		100%
Difference			#DIV/0!					#DIV/0!		#DIV/0!
BR2		100,175	100%		100%	100,175		100%		100%
BR3		100,175	100%		100%	100,175		100%		100%
Difference			#DIV/0!					#DIV/0!		#DIV/0!
<b>INVOICES</b>										
1st Qtr			#DIV/0!					#DIV/0!		#DIV/0!
2nd Qtr			#DIV/0!					#DIV/0!		#DIV/0!
3rd Qtr			#DIV/0!					#DIV/0!		#DIV/0!
4th Qtr			#DIV/0!					#DIV/0!		#DIV/0!
Supp			#DIV/0!					#DIV/0!		#DIV/0!
<b>Adjustments/Corrections</b>										
Total Expended Funds			#DIV/0!					#DIV/0!		#DIV/0!
Balance of Available Funds*	100.00%	100,175	#DIV/0!		100.00%	100,175		#DIV/0!		#DIV/0!

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)	
	% Funding	(1) TOTAL FUNDING	(2) % Remaining CHVP	(3) PCA 53140 Remaining CHVP	AGENCY		(10) % Remaining Fed/Agency	(11) PCA - Remaining Fed/Agency
					(6) % Remaining Agency	(7) PCA 0 Remaining Agency		
<b>(V) INDIRECT COSTS</b>			<b>UNMATCHED FUNDING</b>				<b>NON-ENHANCED MATCHING</b>	
<b>ACTIVE====&gt;</b>	<b>Budget</b>	44,825	100%	44,825	100%		100%	
	<b>BR1</b>	44,825	100%	44,825	100%		100%	
	<b>Difference</b>				#DIV/0!		#DIV/0!	
	<b>BR1</b>	44,825	100%	44,825	100%		100%	
	<b>BR2</b>	44,825	100%	44,825	100%		100%	
	<b>Difference</b>				#DIV/0!		#DIV/0!	
	<b>BR2</b>	44,825	100%	44,825	100%		100%	
	<b>BR3</b>	44,825	100%	44,825	100%		100%	
	<b>Difference</b>				#DIV/0!		#DIV/0!	
	<b>INVOICES</b>							
	<b>1st Qtr</b>				#DIV/0!		#DIV/0!	
	<b>2nd Qtr</b>				#DIV/0!		#DIV/0!	
	<b>3rd Qtr</b>				#DIV/0!		#DIV/0!	
	<b>4th Qtr</b>				#DIV/0!		#DIV/0!	
	<b>Supp</b>				#DIV/0!		#DIV/0!	
	<b>Adjustments/Corrections</b>							
	<b>Total Expended Funds</b>				#DIV/0!		#DIV/0!	
	<b>Balance of Available Funds*</b>	100.00%	44,825	100.00%	44,825	#DIV/0!	#DIV/0!	

**CDPH Audit Section**

Program: California Home Visiting Program  
 Agency: 201250 Stanislaus  
 SubK:  
 FY: 2012-2013 ORIGINAL BUDGET

	Budgeted Funds	Remaining Funds	
		\$	%
Total CHVP	845,334	845,334	100.00%
Total State General Fund			
Total Matching Title XIX			
Total Agency General Fund	100,175	100,175	100.00%
<b>TOTALS</b>	<b>945,509</b>	<b>945,511</b>	<b>200.00%</b>

INVOICE	REIMBURSEMENT TOTALS
1st Qtr	
2nd Qtr	
3rd Qtr	
4th Qtr	
Supp	
Adjust/Corr	
<b>YTD Total</b>	

\*Balance of Available Funds includes Title V, State General Fund, Title XIX, and Agency Funds. Agency funds are not reimbursable through the MCAH Program.  
 \*\*Advance payment will be recovered at the State level when the first three quarterly invoices are submitted for payment and is dependent on funding availability

CMIS RECONCILIATION SECTION			UNMATCHED FUNDING				NON - ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
	%	(1) TOTAL REMAINING FUNDING	(2) % Remaining CHVP	(3) PCA 53140 Remaining CHVP	AGENCY		(10) % Remaining Fed/Agency	(11) PCA - Remaining Fed/Agency	(14) % Remaining Fed/Agency	(15) PCA - Remaining Fed/Agency
					(6) % Remaining Agency	(7) PCA 0 Remaining Agency				
(III) CAPITAL EXPENDITURES										
(V) INDIRECT COSTS		44,825		44,825						
(II) OPERATING EXPENSES		104,985		104,985						
(IV) OTHER COSTS										
(I) PERSONNEL		695,524		695,524						
<b>TOTALS*</b>		<b>845,334</b>		<b>845,334</b>						

Budgeted	Paid	Balance
845,334		845,334

**NOTES PAGE**

**Program: California**  
**Agency: 201250 Stanislaus**  
**SubK:**  
**Fiscal Year: 2012-2013**

Version 1.5A CHVP

This Section is for MCAH/OFP or Agency staff to document problems, questions, or other information.

Note No.	Initials	Date	Note
1			
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## Duty Statement

Budget Line: 1

**Health Jurisdiction:** Stanislaus County Health Services Agency

**Program:** California Home Visiting Program

**Program Position:** Nurse Family Partnership Nurse Supervisor

**County Job Specification:** PHN III

### Qualifications

- Registered Nurse in good standing
- Bachelor's degree in Nursing, Masters Degree in nursing or closely related field preferred
- Public Health Nurse Certificate
- Three to five years of experience as a Public Health Nursing Supervisor

### Responsibilities

#### Supervision Commitments

- Report to the Field Services Manager and MCAH Director
- Use reflective supervision with PHN-HV, demonstrate NFP theory integration, and facilitate professional development essential to the PHN-HV
- Provide clinical supervision with reflection through the following activities:
  - One-on-one clinical supervision, including weekly one-on-one meetings with PHN-HV for 1-hour duration;
  - Case conference with the team to review cases for professional growth and problem solving, twice a month for 1.5 to 2 hours duration;
  - Meetings with the team to discuss program implementation issues twice a month;
  - Field supervision with PHN-HV between 4 to 8 hours per nurse every 4 months or as needed.
- Provide close oversight to PHN-HV when complex physical or mental health issues are identified from selected clients who are case managed
- Ensure that PHN-HV is assigned a caseload of no more than 25 participants
- Provide supervision for FTE PHN-HVs.

#### Quality Assurance Commitments

- Support CHVP in the activities that will lead to success in achieving the benchmarks, constructs, and operational component of the SOW
- Participate in a minimum of six one-to-one meetings with CHVP SNL to evaluate the progress of CHVP and identify quality improvement activities as needed
- Serve as the LHJ liaison with the CHVP SNL; attend meetings required by the NFP/CHVP SNL.
- Write protocols for quality assurance activities for the PHN-HV.

#### Training Commitments

- Attend mandatory and recommended trainings identified by CHVP



## Duty Statement

Budget Line: 2-5

**Health Jurisdiction:** Stanislaus County Health Services Agency

**Program:** California Home Visiting Program

**Program Position:** Nurse Family Partnership Public Health Nurse Home Visitor (NFP-HV)

**County Job Specification:** PHN II

### Qualifications

- Registered Nurse in good standing
- Bachelor's degree in Nursing
- Public Health Nurse Certificate
- Experience in public health and cultural competency

### Responsibilities

#### Home Visiting Commitments

- Carry a caseload of no more than 25 families
- Conduct home visits integrating use of required assessment tools and refer clients to necessary resources as appropriate
- Provide medical case management, as defined by the NFP model, to families identified as having complex physical or mental health issues, such as pregnancy with or without complications, adolescent pregnancy, premature infants, or children with special needs
- Provide a summary of case physical assessment, developmental and case documentation during a reflective case conference with the supervisor
- Data entry is an optional responsibility for this position.

#### Training and Meeting Commitments

- Attend mandatory orientations and meetings required by California Home Visiting Program and Nurse Family Partnership.

## Duty Statement

Budget Line: 6

**Health Jurisdiction:** Stanislaus County Health Services Agency

**Program:** California Home Visiting Program

**Program Position:** NFP Administrative Assistant

**County Job Specification:** Administrative Clerk III

### General Duties

The Administrative Clerk III shall be responsible for assisting the NFP Nurse Supervisor and program staff. All job duties will be performed in a culturally appropriate, respectful and responsive manner. There is a minimum requirement of 0.5 FTE support staff per 100 clients

### Responsibilities

- Data entry and other administrative tasks such as entering data into various data bases including the NFP data base, Excel spreadsheets, Access data bases, Community Health Services electronic record system, Meds, Lodestar, or CPS, and pulling reports as directed by PHN III coordinator, Field Services Manager, or MCAH Director.
- Assist NFP staff with creating Power Points presentations as needed.
- Delegate to Admin Clerk II or volunteer, charts assembly and forms needed by case managers for opening and screening clients
- Open and close cases according to procedure, includes entering referrals into electronic record system, including obtaining case numbers, updating client demographics or family members into record, and for closed cases, entering record to assure services are closed and paper chart is filed.
- Maintain client confidentiality
- Order office supplies, NFP client educational materials, case management supplies
- Maintain Community Health Services Resource/Video library inventory, ordering supplies, tracking usage and restocking or directing volunteer.
- Track and report NFP referral sources, provider/program outreach using reporting tools.
- Type case review notes weekly and provide to PHN III coordinator.
- Create, revise, update educational brochures under the direction clinical staff
- Create and/or revise flyers in accordance with HSA graphic standards using either Publisher, Word, or PDF.
- Type and copy correspondence related to NFP using Word.
- Assist with evaluation and report preparation and assembly, including collecting data and reports from various databases, electronic formatting and/or typing of reports, making copies for review.
- Answer the Toll-Free line
- Coordinate set up and schedule conference call lines for NFP meetings.
- Makes appointments and travel arrangements for NFP staff
- Attend and take notes at meetings as needed
- Will act as substitute lead worker for Admin Clerk II by assigning, reviewing and evaluating the work of subordinates, and offering training when needed.

## Duty Statement

Budget Line: 7

**Health Jurisdiction:** Stanislaus County Health Services Agency

**Program:** Maternal Child Adolescent Health

**Program Position:** MCAH Director, Manager II, SPMP

**County Job Specification:** Manager II

### GENERAL RESPONSIBILITIES

The MCAH Director is responsible for planning, coordinating and advocating for all activities that improve the health of women and children in the Health Services Agency/Public Health Division (HSA/PH). The MCAH Director provides fiscal and administrative oversight, planning and direction to several programs within Maternal Child Health: CPSP, CCS, CHDP, and CHDP Foster Care; there is dotted line supervision and oversight of the California Home Visiting Program, AFLP, SIDS activities, and the Toll-Free line to ensure compliance with Title V requirements. This position must be a Skilled Professional Medical Personnel.

Under general direction of the Associate Director of HSA/PH and Director of Nursing, this position has responsibility for administering, planning, organizing and directing activities within the MCAH and Children's Medical Services areas. Responsibilities also include serving on the management team of the department in assessing the needs of the community and developing strategies, partnerships and resources necessary to meet the broader health needs of this community. All job duties will be performed in a culturally appropriate, respectful and responsive manner.

### SPECIFIC DUTIES

- Plan, develop, implement and evaluate HSA/PH's MCAH/CPSP program, goals, program policy, and related services.
- Participate in Public Health Strategic Planning Team and other decision making teams to identify needs of the MCAH population and develop services that address those needs.
- Maintain commitment to and provide leadership to accomplishing the goals and objectives that support the mission of the Board of Supervisors within the respective programs.
- Ensure adherence to local, state and federal standards and mandates, policies and procedures.
- Assess the health care status, needs and access to health care of women and children.
- Represent the MCAH population in Stanislaus County through participation in statewide MCAH Directors' meetings and State adhoc committees as needed to identify, plan and address the needs of this population.

- Develop health department and community infrastructure/support to promote partnerships that work to improve the health status of pregnant and parenting women, infants and children.
- Assure access to needed health care providers and services to promote healthy births and infant/child development.
- Collaborate with, and advocate for, all programs and activities for MCAH populations.
- Assist in the development and implementation of special MCAH projects funded by other private/public funds, i.e., Healthy Birth Outcomes, Healthy Cubs, Families in Partnership and Healthy Start(s).
- Responsible for hiring and overseeing MCAH staff that meet MCAH/OFP criteria.
- This is a SPMP position.

**Qualifications:**

As agreed upon by the California Department of Public Health, the current MCAH Director meets the qualifications for this position.

Rev. 2/12

## Duty Statement

Budget Line: 8

**Health Jurisdiction:** Stanislaus County Health Services Agency

**Program:** Maternal Child Adolescent Health

**Program Position:** Field Services Manger

**County Job Specification:** Manager II

### GENERAL RESPONSIBILITIES

The Field Services Manager provides fiscal and administrative oversight, planning and direction to several programs within Maternal Child Health: Healthy Birth Outcomes, Adolescent Family Life Program, Pregnant and Parenting Teen Program, High Risk MCH and California Home Visiting Program. They also supervise SIDS activities and the Toll-Free Line staff.

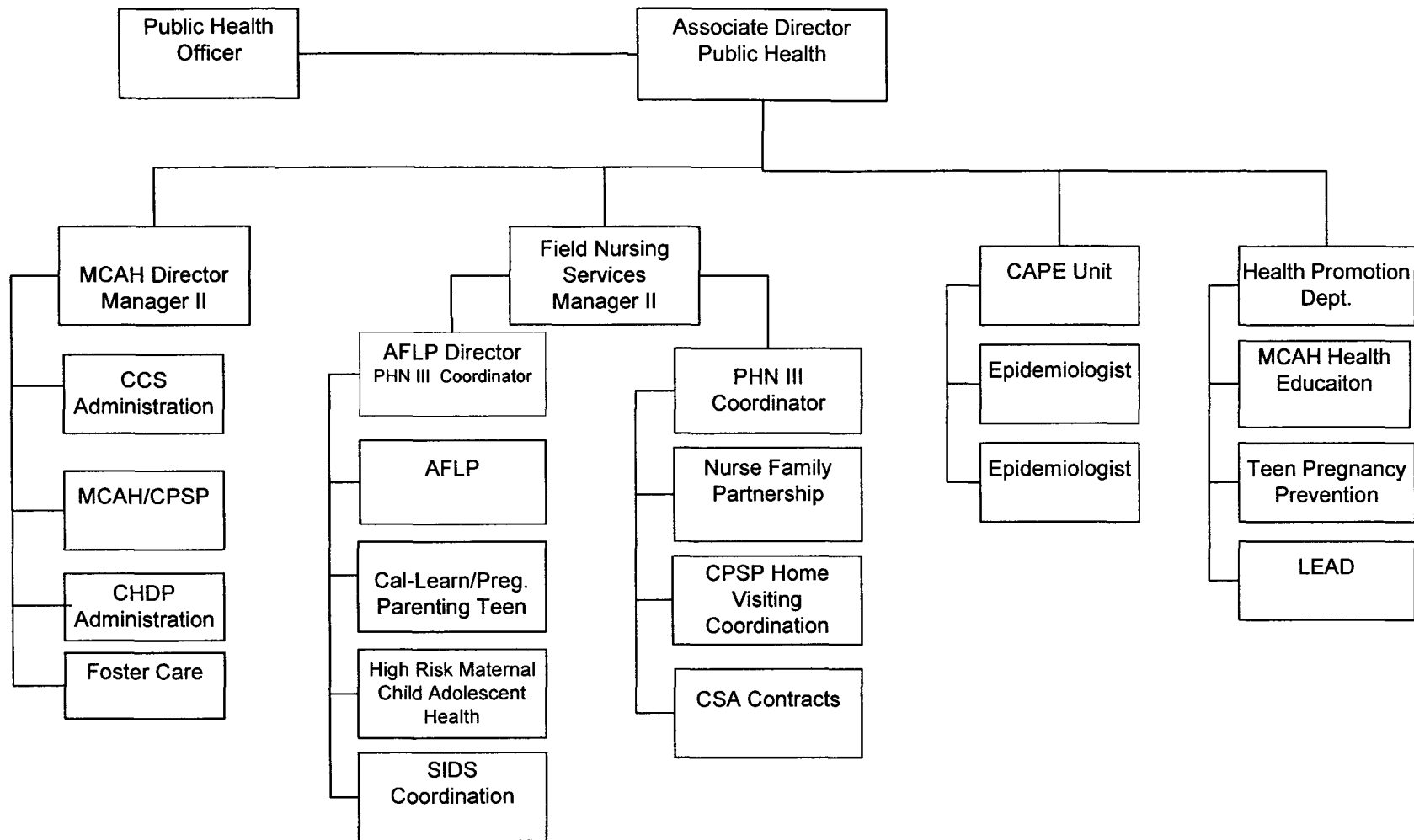
Under general direction of the Associate Director of HSA/PH and Director of Nursing, this position has responsibility for administering, planning, organizing and directing activities within Field Services. Responsibilities also include serving on the management team of the department in assessing the needs of the community and developing strategies, partnerships and resources necessary to meet the broader health needs of this community. All job duties will be performed in a culturally appropriate, respectful and responsive manner.

### SPECIFIC DUTIES

- Plan, develop, implement and evaluate HSA/PH's Field Services program, goals, program policy, and related services.
- Provide outreach for Field Services programs to community providers including Healthy Birth Outcomes, Adolescent Family Life Program, Pregnant and Parenting Teen Program, High Risk MCH and California Home Visiting Program.
- Participate in community meetings and collaborations advocating for and coordinating services for women, infants, children and families in the community.
- Provide supervision and oversight for PHN Coordinators and staff working in Healthy Birth Outcomes, Adolescent Family Life Program, Pregnant and Parenting Teen Program, High Risk MCH and California Home Visiting Program.
- Assure program fidelity and quality of program implementation for Healthy Birth Outcomes, Adolescent Family Life Program, Pregnant and Parenting Teen Program, High Risk MCH and California Home Visiting Program.
- Participate in Public Health Strategic Planning Team and other decision making teams to identify needs of the population and develop services that address those needs.

- Maintain commitment to and provide leadership to accomplishing the goals and objectives that support the mission of the Board of Supervisors within the respective programs.
- Ensure adherence to local, state and federal standards and mandates, policies and procedures.

# MCAH - PUBLIC HEALTH ORGANIZATION CHART



## California Home Visiting Program Scope of Work

### AUTHORITY

The Patient Protection and Affordable Care Act of 2010 established the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program to provide an opportunity for collaboration and partnership at the federal, state, and community levels to improve outcomes for families who reside in at-risk communities through evidence-based home visiting programs.

The Local Health Jurisdiction (LHJ) agrees to provide the services presented in this Scope of Work (SOW) from the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division in collaboration with the California Home Visiting Program Branch for implementation of the California Home Visiting Program (CHVP). The funded LHJ/Agency is referred to as "LHJ site" in this SOW. The CHVP shall strive to develop collaborative community systems that protect and improve the health and developmental outcomes for California's pregnant women, parents, and families.

The purpose of the LHJ site SOW is to provide parameters for implementing or expanding an existing Nurse-Family Partnership (NFP) or Healthy Families America (HFA) home visiting program in accordance with Federal MIECHV and State requirements to achieve positive outcomes for each of the following five goals:

1. Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California
2. Cultivate strong communities
3. Promote maternal health and well-being
4. Improve infant and child health development
5. Strengthen family functioning

Each LHJ site shall assure program integrity and fidelity to their selected evidenced-based model. The site shall comply with the terms of this SOW and its attachments, including CHVP Operational Requirements, in their entirety. These requirements include, but are not limited to, fulfilling all deliverables associated with benchmark constructs, attending required meetings and trainings, using a version of the Efforts to Outcome data system (referred herein as the "CHVP data system") to measure outcomes, perform continuous quality improvement, enter and submit timely data, and complete other required reports.

LHJ site agrees to abide by the Maintenance of Effort (MOE) as defined in the Affordable Care Act Section 295:

***"Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood visitation programs or initiatives. The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010."***

All activities in this SOW shall take place from receipt of funding, estimated to begin February 1, 2012, to June 30, 2013.



**California Home Visiting Program  
 Scope of Work**

**Special Notice for \$50,000 Initial Allocation**

CDPH/MCAH will allocate \$50,000 for one-time-use to each LHJ site for initial administrative functions associated with home visiting implementation activities. This amount must be used for activities required to implement CHVP. The initial allocation shall be used to hire qualified staff, provide the necessary equipment, training, and home visiting materials required by CHVP and either HFA or NFP model, affiliation or certification fees, and other administrative activities.

The table below summarizes a list of reports due to CHVP. Specifics related to the contents of reports are described further in this SOW and located under *Evaluation/Performance Measure* of each objective.

<b>Administrative Plan for \$50,000 One-Time Funding</b>	<b>Upon return of complete AFA packet</b>
<b>Orientation Attendance</b>	<b>April, 2012 or TBD</b>
<b>Staffing Report</b>	<b>May 31, 2012</b>
<b>Semiannual Progress Reports</b>	<b>See below</b>
<b>Supervisor Quarterly Reports</b>	<b>See below</b>

Semiannual Progress Reports:

<b>1) First Report</b>	<b>February 15, 2012</b>	<b>June 30, 2012</b>	<b>July 31, 2012</b>
<b>2) Second Report</b>	<b>July 1, 2012</b>	<b>December 31, 2012</b>	<b>January 31, 2013</b>
<b>3) Third Report</b>	<b>January 1, 2013</b>	<b>June 30, 2013</b>	<b>July 31, 2013</b>

H. V. Supervisor Quarterly Reports:

<b>1) Primary Administrative Report</b>	<b>February 15, 2012</b>	<b>June 30, 2012</b>	<b>July 31, 2012</b>
<b>2) Second Report</b>	<b>July 1, 2012</b>	<b>September 30, 2012</b>	<b>October 31, 2012</b>
<b>3) Third Report</b>	<b>October 1, 2012</b>	<b>December 31, 2012</b>	<b>January 31, 2013</b>
<b>4) Fourth Report</b>	<b>January 1, 2013</b>	<b>March 31, 2013</b>	<b>April 30, 2013</b>
<b>5) Fifth Report</b>	<b>April 1, 2013</b>	<b>June 30, 2013</b>	<b>July 31, 2013</b>

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

**California Home Visiting Program  
 Scope of Work**

**Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
<b>Administrative Plan</b>			
1.1 Prior to CHVP implementation, sites will receive \$50,000 one-time allocation; sites will develop a summary of initial administrative functions associated with home visiting implementation activities.	1.1 The administrative plan must summarize administrative activities associated with CHVP implementation as follows: <ul style="list-style-type: none"> <li>• Prioritization of activities required before program implementation (e.g., county approval to accept funds; obtaining site certifications/affiliations through NFP/HFA if needed; recruiting, hiring, orienting, and training staff, as well as for obtaining equipment and training materials.</li> <li>• Determine target dates for completion of each activity.</li> <li>• Names and contact information for the responsible staff who will be completing each activity.</li> </ul>		1.1 Submit a summary of administrative activities upon return of complete AFA packet.
<b>MCAH Director Leadership</b>			

2/6/2012  
(Final)

**3**

**Notations to Scope of Work:**

(\*) reports must be generated from CHVP database and submitted to CHVP with semiannual progress reports at a due date indicated above.

(+) Health Resources and Services Administration (HRSA) required construct

**All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.**

**California Home Visiting Program  
 Scope of Work**

**Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
1.2 The LHJ Maternal, Child and Adolescent Health (MCAH) Director shall provide oversight of the LHJ site, including leveraging opportunities for coordination and integration of services to improve community linkages, reduce duplication of service, and foster seamless systems of services and supports for the target MCAH population.	1.2 The LHJ MCAH Director shall perform the following: <ul style="list-style-type: none"> <li>• Provide authoritative advice, guidance, and assistance to LHJ site managers, supervisors, staff, and various nonprofit and private entities on all matters related to the development, implementation, operation, administration, evaluation, and funding for CHVP in their own local jurisdictions.</li> <li>• Designate self or an appropriate staff member as the central point of contact for CHVP in terms of program-related administration.</li> <li>• Participate in CHVP system of care improvement activities with specific emphasis on building local capacity to promote positive outcomes for children and families and addressing systems-level factors, such as ensuring a</li> </ul>	1.2.1a Submit a report on CHVP-related activities and accomplishments performed by the MCAH Director during the reporting period.  1.2.1b. Submit a report regarding discussion of the system of care improvement activities developed by LHJ sites and/or the Community Advisory Board during the reporting period. Required details of this report will soon be announced in a Program Letter.	

2/6/2012  
(Final)

4

**Notations to Scope of Work:**

(\*) reports must be generated from CHVP database and submitted to CHVP with semiannual progress reports at a due date indicated above.

(+) Health Resources and Services Administration (HRSA) required construct

**All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.**

California Home Visiting Program  
 Scope of Work

**Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
	strong network of community services; addressing gaps in local services and supports; enhancing cross agency coordination, collaboration and communication; integration of home visiting into the larger continuum of services for children and families; and prevention of service duplication. <ul style="list-style-type: none"> <li>• Play a role in the state effort to build a high quality comprehensive and coordinated statewide early childhood system.</li> </ul>		
<b>Program and Fiscal Management</b>			
1.3 LHJ site will maintain program and fiscal management capability and will demonstrate that it is conducting CHVP activities as required in the CHVP established Policies and Procedures, Scope of Work and Fiscal Policies and	1.3 LHJ site shall: <ul style="list-style-type: none"> <li>• Semiannually review, revise and enhance internal policies and procedures for implementing CHVP.</li> <li>• Implement CHVP according to HFA or NFP program fidelity</li> </ul>	1.3 Semi-annual progress reports to include a brief description of the LHJ policies reviewed during the reporting period, and a discussion of relevant policy changes during that period.	

2/6/2012  
 (Final)

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**Notations to Scope of Work:**

(\*) reports must be generated from CHVP database and submitted to CHVP with semiannual progress reports at a due date indicated above.

(+) Health Resources and Services Administration (HRSA) required construct

**All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.**

California Home Visiting Program  
 Scope of Work

**Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
Procedures.	and CHVP requirements. <ul style="list-style-type: none"> <li>Collect and electronically input data according to model and CHVP requirements.</li> </ul>		
<b>MCAH Director Responsibilities</b>			
1.4 By April 30, 2012, LHJ site will hire staff according to CHVP and model requirements.	1.4 LHJ site shall hire sufficient staff to serve 100 clients and adhere to their specific evidence-based model guidelines as follows: <p><b>NFP Model</b></p> <ul style="list-style-type: none"> <li>- Supervising Public Health Nurse</li> <li>- Public Health Nurse</li> <li>- Administrative / Clerical Support</li> </ul> <p><b>HFA Model</b></p> <ul style="list-style-type: none"> <li>- Program Manager</li> <li>- Supervisor</li> <li>- Family Support Worker</li> <li>- Family Assessment Worker</li> </ul>		1.4 Submit staffing report by May 31, 2012, that will include the following (see Attachment B): <ul style="list-style-type: none"> <li>Staff recruitment status.</li> <li>Percentage of effort dedicated to CHVP.</li> <li>Submit organizational chart with names of staff hired by May 31, 2012.</li> </ul>
<b>Orientation</b>			
1.5 By June 30, 2012, staff will complete required CHVP	1.5 LHJ staff shall participate in a CHVP-mandated "General Orientation" which will be face-	1.5 Submit a list of staff who attended CHVP-mandated	

2/6/2012  
 (Final)

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**Notations to Scope of Work:**

(\*) reports must be generated from CHVP database and submitted to CHVP with semiannual progress reports at a due date indicated above.

(+) Health Resources and Services Administration (HRSA) required construct

**All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.**

**California Home Visiting Program  
 Scope of Work**

**Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
program orientation.	to-face (other details will be provided at a future date via an official Program Letter).	"General Orientation."	
<b>Training</b>			
1.6 LHJ sites will ensure that staff complete the required core trainings and ongoing training sessions required by the NFP National Service Office (NSO) or HFA model.	1.6 LHJ site shall ensure that staff receive training in the following curricula, assessment tools, and other training modules: <u><b>NFP Model</b></u> - Partners in Parenting Education (PIPE) - NCAST (Training assessment tool) - Ages and Stages Questionnaire (ASQ) - Keys to Caregiving - HOME Inventory - Other CHVP required trainings to be announced in a program letter <u><b>HFA Model</b></u> - Partners for a Healthy Baby (include latest versions of five modules: "Before Baby Arrives", Baby First 6 mo., Baby First 7-12 mo., Baby First 13-18 mo., Baby First 19-36 mo.) - Ages and Stages Questionnaire (ASQ) - Kempe Family Stress Checklist	1.6 Submit a list of staff who completed trainings, including the dates taken and copy of successful completion of core educational requirements.	

2/6/2012  
 (Final)

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**Notations to Scope of Work:**

(\*) reports must be generated from CHVP database and submitted to CHVP with semiannual progress reports at a due date indicated above.

(+) Health Resources and Services Administration (HRSA) required construct

**All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.**

California Home Visiting Program  
 Scope of Work

**Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
	- Other CHVP required trainings to be announced in a Program Letter		
<b>Enrollment</b>			
1.7.1 <u>NFP Expanded and New LHJ Sites</u> – 100 families will be enrolled within 9-15 months from date of program	1.7.1 Conduct outreach activities to at-risk groups, areas, and community agencies and other service providers to ensure that	1.7 List and report the following : <ul style="list-style-type: none"> <li>• Outreach activities.</li> <li>• Number <u>and</u> contact information for all</li> </ul>	1.7 (HFA sites) At the end of each reporting period, submit a report on the average time to

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**Notations to Scope of Work:**

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(+) Health Resources and Services Administration (HRSA) required construct

**All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.**

California Home Visiting Program  
 Scope of Work

**Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
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		Process Measures	Outcome Measures
implementation and maintained throughout the duration of the program, recognizing effects of attrition when number of enrolled clients may temporarily fall below 100.(+)  <u><b>HFA Expansion and New LHJ Sites</b></u> – 100 families will be enrolled by 15 months from date of program implementation and maintained throughout the duration of the program , recognizing effects of attrition when number of enrolled clients may temporarily fall below 100.(+)	appropriate, eligible clients are identified and referred to LHJ.  1.7.2 LHJ site will assess and enroll eligible families for CHVP services and will link non-qualifying referred families and families referred after the program has reached full capacity to other community resources.	community groups, and other service providers contacted.  Report the following: <ul style="list-style-type: none"> <li>• Number of enrolled families by month.</li> <li>• Number and source of incoming referrals to CHVP and number of newly enrolled families by month.</li> <li>• Number and type of outgoing referrals made to appropriate community resources for families not enrolled in CHVP by month.</li> </ul>	assess and enroll families following the receipt of referrals. Within this report, submit information on the total number of contact attempts from referral to assessment and enrollment. (*)  1.7 (NFP sites) At the end of each reporting period, submit a report on the average time from receipt of referral to first client contact and home visit intake. Within this report, submit information on the total number of contact attempts from referral to first client contact and home visit intake. (*)

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**California Home Visiting Program  
 Scope of Work**

**Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
	1.9.3 Participate in model-specific quality assurance activities and any CHVP-directed Continuous Quality Improvement (CQI) activities to be developed.  1.9.4 Identify areas in need of improvement and develop a plan to address deficiencies.  1.9.5 Coordinate communication of quality assurance/improvement activities between the LHJ program and Community Advisory Board (CAB) or other community collaborative designated to address quality improvement needs.  1.9.6 MIECHV Competitive Grant recipients will work with the CHVP external evaluators and ensure that all data is provided as needed under direction of the CHVP Branch.	verifying the integrity of the data.  1.9.3 - 1.9.5 Electronically submit all required CQI reports, including plan and activities to CHVP Branch. Other specific requirements related to CQI will be announced by CHVP via a Program Letter.  1.9.6 MIECHV Competitive Grant recipients will report required activities as defined in the attached Operational Requirements.	

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California Home Visiting Program  
 Scope of Work

**Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
<b>Data Collection</b>			
1.10.1 Collect all information that will contribute to the 35 constructs that comprise the 6 legislatively-mandated benchmark domains, and any possible additional CQI and/or evaluation measures identified by CHVP in the CHVP Policies and Procedures Manual (to be released).	1.10.1 – 1.10.4 LHJs will use CHVP or NFP/HFA data forms and processes as defined in the CHVP Policies and Procedures Manual (to be released) or Program Letter. LHJs' appropriate staff shall collect and enter the data into the secure data management system on an ongoing basis and as required by CHVP and NFP or HFA.		
1.10.2 Collect participant demographic, process, quality improvement, and outcome data using the required tools through self-report and observation at each of the defined time intervals.			

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California Home Visiting Program  
 Scope of Work

**Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
1.10.3 Collect home visitor and supervisor demographic, process, and quality improvement data at each of the defined time intervals.			
1.10.4 Collect information on collaboration and systems of care from program staff using the required tools (TBA) at each of the defined time intervals.			
1.10.5 Verify the accuracy, validity, and completeness of data collected and entered into MIS.	1.10.5 LHJ site in collaboration with the CHVP Evaluation Team Member will develop methods for verifying the integrity of these data.	1.10.5 LHJ shall electronically submit data by the end of each quarterly reporting period that meets all requirements set forth by the CDPH/MCAH in the Policies and Procedures Manual (to be released).	

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### California Home Visiting Program Scope of Work

**Goal 2: Cultivate strong communities.**

The federally required benchmarks and constructs corresponding to Goal 2 include:

- Improvement in the coordination and referrals for other community resources and supports
  - Number of families identified for necessary services; Number of families that required services and received a referral to available community resources; Number of Memoranda of Understanding or other formal agreements with other social service agencies in the community; Number of agencies with which the home visiting provider has a clear point of contact in the collaborating community agency that includes regular sharing of information between agencies; Number of completed referrals.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
<b>Community Advisory Board</b>			
2.1 CHVP LHJ will form a Community Advisory Board (CAB)	2.1 CAB activities include: <ul style="list-style-type: none"> <li>• Quarterly meetings.</li> <li>• Maintenance of meeting minutes, a list of membership to be made available by LHJ site to CHVP upon request.</li> <li>• Assist in informing program operation and implementation, quality assurance/improvement, child and family advocacy, and public awareness regarding home visiting. Establish or improve system of care improvements, interagency coordination, information sharing, and referral system.</li> </ul>	2.1 Briefly describe the activities and frequency of CAB meetings during the reporting period to enhance CHVP implementation and operation.	2.1.1 Submit a report of policy recommendations developed by CAB.  2.1.2 Submit a report of outcomes related to policy recommendations (guidance to be announced in a Program Letter).  2.1.3 Submit a report of accomplishments as related to each of the CAB goals and objectives (specific goals and objectives to be announced in a Program Letter).

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**Notations to Scope of Work:**

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- (+) Health Resources and Services Administration (HRSA) required construct

**All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.**

California Home Visiting Program  
 Scope of Work

**Goal 2: Cultivate strong communities.**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Process Measures	Outcome Measures
<b>Memoranda of Understanding (MOU) / Formal Agreements</b>			
2.2 LHJ site will increase or enhance the number of MOUs or other formal agreements with other local social service agencies in the community. (+)	2.2.1 Develop and/or maintain documented agreements (e.g., MOUs, letters of support or agreements) with community agencies and other service providers specified by CHVP.  2.2.2 Develop community partnerships and facilitate coordination and integration of services among MCAH and other community programs/services.	2.2.1 – 2.2.2 At the end of each reporting period, submit a report that lists, describes, and updates the types of agreements (e.g., MOUs, formal/informal agreements) with community agencies and other service providers involved in referral of potential clients.	2.2.1 – 2.2.2 Report the number of MOUs or other formal agreements with other local social service agencies.

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**Notations to Scope of Work:**

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California Home Visiting Program  
 Scope of Work

**Goal 2: Cultivate strong communities.**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
<b>Collaborative Effort</b>			
2.3 LHJ site will increase information sharing with other local social service agencies in the community. (+)	2.3.1 Develop collaborative relationships with local service agencies and hospitals in the community to effect strong referral resources and allow service integration.  2.3.2 The LHJ will develop a clear point of contact (person/s) with collaborating community agencies and share information on a regular basis as it relates to outreach, enrollment, referrals, care coordination, etc.  2.3.3 Outreach and education about CHVP.	2.3 The number of agencies with which the home visitor has a clear point of contact and with whom information is regularly exchanged.	2.3.1-2.3.2 System of care survey to be developed that will include measurement of number and types of interagency relationships.
<b>Increase identification and referral of families in need of services for families already enrolled</b>			
2.4 Home visitors screen mothers/children for needs at scheduled intervals (or whenever parent/caregiver/home visitor (HV) concerns arise) using identified screening/ assessment tools. (+)	2.4 Home visitor to administer screening/assessments (e.g. ASQ, ASQ-SE, Edinburgh Postpartum Depression Scale, etc.) at scheduled time periods or whenever parent/caregiver/HV concerns arise in accordance to CHVP requirements.	2.4 Submit report on the following:  - The number of children/mothers screened for needs at each scheduled time period for each identified screening/ assessment tool. (*)	

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### California Home Visiting Program Scope of Work

**Goal 2: Cultivate strong communities.**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
2.5 Home visitors shall provide appropriate referral(s) to available community resources for children and mothers with identified need(s) based on screening tools, clinical assessment, or parental concern. (+)	2.5.1 For each identified concern, based on screening tools, clinical assessment, or parental concern, the mother and/or child receives a referral(s) to available community resources.	2.5.1 Submit report on the following:  - The number of identified needs (based on screening tools, clinical assessment, or parental concern) with and without a corresponding referral to available community resources. (*)	2.5.1 Document and report on the number of completed referrals (i.e., the home visiting provider is able to track individual family referrals and assess their completion by obtaining a report of the service provided). (*)
	2.5.2 Home visitor shall follow-up with the family regarding outcome of referral.		
	2.5.3 Maintain access to, or develop an updated list of community referral resources/services including hospitals, health care providers, and community agencies. Domains shall include:  <ul style="list-style-type: none"> <li>• Maternal, Infant, and Child Health</li> <li>• Mental Health</li> <li>• Early Childhood Development</li> <li>• Substance Abuse</li> <li>• Domestic Violence Prevention</li> <li>• Child Maltreatment Prevention</li> <li>• Child Welfare</li> <li>• Education</li> <li>• Other Social and Health Services</li> </ul> Note: Referrals include both internal	2.5.2 Submit a list of the number and type of referral resources/ services available and appropriate for the participants in the program regardless of whether LHJ uses a telephone access resource. (*)	

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California Home Visiting Program  
 Scope of Work

**Goal 2: Cultivate strong communities.**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
	referrals (to other services provided by the local agency) and external referrals (to services provided in the community but outside of the local agency).	2.5.3 Document any changes or updates to the list of community referral resources.	

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### California Home Visiting Program Scope of Work

**Goal 3: Promote Maternal Health and Well-being**

The federally required benchmarks and constructs corresponding to Goal 3 include:

➤ Improved Maternal and Newborn Health

- Prenatal care; Parental use of alcohol, tobacco, or illicit drugs; Preconception care; Inter-birth intervals; Screening for maternal depressive symptoms; Breastfeeding; Well-child visits; Maternal and child health insurance status.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
<b>Prenatal Care</b>			
3.1 If enrolling during pregnancy, increase receipt of early and adequate prenatal care. (+)	3.1.1 Educate women regarding early and adequate prenatal care. 3.1.2 Refer to prenatal provider, and use Comprehensive Perinatal Services Program (CPSP) provider when available. 3.1.3 Identify and address barriers to keeping prenatal appointments.	3.1 Number of referrals to CPSP and other prenatal providers.	3.1 Report on the number of early and adequate prenatal care visits (*).
<b>Maternal Health Insurance</b>			
3.2 If enrolling during pregnancy, increase the proportion of women with health insurance during pregnancy. (+)	3.2 Make referrals and assist clients to enroll in Healthy Families, Medi-Cal, Access for Infants and Mothers (AIM), and other low cost/no cost health insurance programs for health care coverage.	3.2 Number of referrals to low cost/no cost health insurance programs for health care coverage.	3.2 Report the number and percent of women with health insurance at specified time frame intervals required by CHVP (to be announced in a Program Letter). (*)

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**Notations to Scope of Work:**

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All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program  
 Scope of Work

**Goal 3: Promote Maternal Health and Well-being**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
3.3 Decrease maternal Emergency Department (ED) visits. (+)	3.3 Educate women on appropriate use of ED and medical home for routine care.		3.3 Number of visits per mother at each reporting period. (*)
3.4 If enrolling during pregnancy, decrease maternal use of alcohol, tobacco, and illicit drugs during pregnancy. (+)	3.4 Assess mother for alcohol, tobacco, and illicit drugs and refer as appropriate.	3.4 Number of women with identified substance use receiving referrals to appropriate agencies for alcohol, tobacco, and illicit drug use.	3.4 Number of women who drink alcohol at/during specified times required by CHVP (to be announced in a Program Letter). (*)  Number of women who use tobacco at/during specified times required by CHVP (to be announced in a Program Letter). (*)  Number of women who use illicit drugs at/during specified times required by CHVP (to be announced in a Program Letter). (*)

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California Home Visiting Program  
 Scope of Work

**Goal 3: Promote Maternal Health and Well-being**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
<b>Inter-birth Interval</b>			
3.5 Decrease the proportion of women with a subsequent pregnancy within 18 months postpartum. (+)	3.5.1 Educate on family planning and use of different types of contraceptives and refer to appropriate agencies.		3.5 Number of women with confirmed subsequent pregnancy less than 18 months postpartum. (*)
<b>Maternal Depression</b>			
3.6 Increase the proportion of women screened for maternal depression and referred for services as appropriate.	3.6.1 Educate women on the signs and symptoms of maternal depression.  3.6.2 Screen women for maternal depression with the Edinburgh Postnatal Depression Scale at specified intervals required by CHVP (to be announced in a Program Letter), and refer to appropriate services as warranted.  3.6.3 Identify community partners with expertise in management of postpartum depression/perinatal mood disorders.	3.6 Number of women screened for maternal depression. (*)	3.6 Number of women at-risk who are referred and receive services for postpartum depression/perinatal mood disorders.

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California Home Visiting Program  
 Scope of Work

**Goal 3: Promote Maternal Health and Well-being**

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Process Measures	Outcome Measures
<b>Breastfeeding</b>			
3.7 If enrolling during pregnancy, increase proportion of women who plan prenatally to breastfeed. (+)	3.7.1 Educate women regarding the importance of breastfeeding for at least 6 months and of continued breastfeeding through one year postpartum.		3.7 Number of women who plan on breastfeeding their baby. (*)
3.8 Increase the proportion of women breastfeeding. (+)	3.8.1 Educate women regarding the importance of breastfeeding for at least 6 months and continued breastfeeding through one year postpartum.		3.8 Number of women who breastfeed at/during specified times required by CHVP (to be announced in a Program Letter). (*)
<b>Postpartum Visit</b>			
3.9 If enrolling before 10 weeks postpartum, increase proportion of women who had a postpartum visit with a medical provider.	3.9.1 Educate women regarding the importance of a postpartum visit with a medical provider.		3.9.1 Number of women who attend a 3-8 week postpartum visit with a medical provider. (*)  3.9.2 Number of women who attend an 8-12 week postpartum visit with a medical provider. (*)

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### California Home Visiting Program Scope of Work

**Goal 4: Improve Infant and Child Health and Development**

The federally required benchmarks and constructs corresponding to Goal 4 include:

- Improved Maternal and Newborn Health
  - Prenatal care; Parental use of alcohol, tobacco, or illicit drugs; Preconception care; Inter-birth intervals; Screening for maternal depressive symptoms; Breastfeeding; Well-child visits; Maternal and child health insurance status
  
- Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits
  - Visits for children to the emergency department from all causes; Visits of mothers to the emergency department from all causes; Information provided or training of participants on prevention of child injuries; Incidence of child injuries requiring medical treatment; reported suspected maltreatment for children in the program; Reported substantiated maltreatment for children in the program; First-time victims of maltreatment for children in the program.
  
- Improvements in School Readiness and Achievement
  - Parent support for children's learning and development; Parent knowledge of child development and of their child's developmental progress, Parenting behaviors and parent-child relationship; Parent emotional well-being or parenting stress; Child's communication, language and emergent literacy; Child's general cognitive skills.

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
<b>Insured Children</b>			
4.1 Increase proportion of children who have health insurance. (+)	4.1 Make referrals and assist parents to enroll children in Healthy Families, Medi-Cal, Access for Infants and Mothers (AIM), and/or other low cost/no cost health insurance programs.	4.1 Number of referrals to low cost/no cost health insurance programs for health care coverage.	4.1 Number of children that have any type of health insurance at specified time intervals required by CHVP (to be announced in a Program Letter). (*)

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### California Home Visiting Program Scope of Work

**Goal 4: Improve Infant and Child Health and Development**

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
<b>Child E.D. Visits</b>			
4.2 Decrease child Emergency Department (ED) visits. (+)	4.2 Educate parents on appropriate use of ED and help establish medical home for routine care.		4.2 Number of child visits to the ED at a specified time interval required by CHVP (to be announced in a Program Letter). (*)
<b>Well-Child Visits</b>			
4.3 Increase the proportion of children who receive all recommended well-child visits from 0-2 years. (+)	4.3 Educate families to understand the importance of well-child visits and immunizations. Support parents to adhere to scheduled well-child visits.		4.3 Number of infants that received all recommended well-child visits for their age. (*)
<b>Child Injuries</b>			
4.4 Decrease the incidence of child injuries requiring medical treatment. (+)	4.4 Educate families regarding home safety measures and injury prevention.		4.4 Number of child injuries that required medical treatment at specified intervals required by CHVP (to be announced in a Program Letter). (*)

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California Home Visiting Program  
 Scope of Work

**Goal 4: Improve Infant and Child Health and Development**

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
<b>Child Abuse</b>			
4.5 Decrease suspected and substantiated child abuse and neglect. (+)	4.5.1 Provide resources to parents to prevent child abuse.  4.5.2 Model appropriate parenting skills and refer to parenting classes, counseling, or other support resources.  4.5.3 Provide emotional support to the family.  4.5.4 Look for signs of child abuse and/or neglect through observation at each home visit.	4.5.1 Number of referrals to support services for parents who are suspected of maltreatment and/or neglect. (*) Number of referrals to Child Protective Services (CPS) for suspected maltreatment and/ or neglect. (*)	4.5.1 Number of cases of suspected child maltreatment. (*) Number of cases of substantiated child maltreatment. (*)
<b>Child Safety</b>			
4.6 Home visitors provide women with information regarding child safety, safe home environment, and prevention of child injuries. (+)	4.6.1 Provide education and educational materials (e.g., brochures, videos) related to child safety, safe home environment, and injury prevention.  4.6.2 Administer the Home Safety Checklist according to CHVP requirements.	4.6.1 Document information provided on child injury and safe home environment.	4.6.1 Number of women provided information on child injury and safe home environment. (*)  4.6.2 Number of Home Safety Checklists administered. (*)

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### California Home Visiting Program Scope of Work

**Goal 5: Strengthen family functioning**

The federally required benchmarks and constructs corresponding to Goal 5 include:

- Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits
  - Visits for children to the ED from all causes; Visits of mothers to the ED from all causes; Information provided or training of participants on prevention of child injuries; Incidence of child injuries requiring medical treatment; Reported suspected maltreatment for child in the program; Reported substantiated maltreatment for children in the program; First-time victims of maltreatment for child in the program.
- Improvements in School Readiness and Achievement
  - Parent support for children's learning and development; Parent knowledge of child development and of their children's developmental progress; Parenting behaviors and parent-child relationship; Parent emotional well-being or parenting stress; Child's communication, language and emergent literacy; Child's general cognitive skills.
- Domestic Violence
  - Screening for domestic violence; Of families identified for the presence of domestic violence, number of referrals made to relevant domestic violence services; Of families identified for the presence of domestic violence, number of families for which a safety plan was completed.
- Family Economic Self-Sufficiency
  - Household income and benefits; Employment or Education of adult members of the household; Health insurance status.

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
<b>School Readiness</b>			
5.1 Parents increase their support of their children's learning and development (e.g., having appropriate toys available, talking and reading with their child). (+)  • Parents increase their	5.1 LHJ will integrate the Strengthening Families framework and protective factors to promote high-quality parenting behavior and the parent-child relationship. Protective Factors:  • Parental Resilience • Social Connections • Concrete Support in Times of Need • Knowledge of Parenting and Child	5.1 Submit a description of activities incorporating the five Protective Factors of "Strengthening Families Framework" in the Policies and Procedures Manual for home visiting service delivery. Administer tools	5.1 Number of families with improved scores on tools related to school readiness/ strengthening families as recommended/ required by CHVP (to be announced in a Program Letter).

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(Final)

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**Notations to Scope of Work:**

- (\*) reports must be generated from CHVP database and submitted to CHVP with semiannual progress reports at a due date indicated above.
- (+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.



California Home Visiting Program  
 Scope of Work

**Goal 5: Strengthen family functioning**

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
knowledge of child development and of their child's developmental progress. (+)  • Parents have an improved relationship with their child (e.g., discipline strategies, play interactions). (+)  5.2 Screen target child for developmental progress using the Ages and Stages Questionnaire (ASQ) Version 3 and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) instruments.	Development <ul style="list-style-type: none"> <li>• Social and Emotional Competence of Children <a href="http://www.strengtheningfamilies.net">www.strengtheningfamilies.net</a></li> </ul> ➤ Assist families in improving the quality of the child's home environment and the extent of stimulation available to the child.  ➤ Model appropriate parenting skills and refer to parenting classes and other support resources.  5.2.1 Provide anticipatory guidance and education regarding importance of developmental screening.  5.2.2 Administer the ASQ-3 and ASQ SE at specified intervals required by CHVP (to be announced in a Program Letter).	related to school readiness/ strengthening families as recommended/ required by CHVP (to be announced in a Program Letter).  5.2.1 – 5.2.2 Number of children that received all scheduled assessments. (*)	
<b>Parental Stress</b>			
5.3 Increase parental emotional well-being and decrease parental stress. (+)	5.3 Conduct assessment of family level stress, social support, and parental emotional well-being using CHVP required assessment tools.		5.3 Number of families with improved parental well-being and stress scores. (*)

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 (Final)

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**Notations to Scope of Work:**

(\*) reports must be generated from CHVP database and submitted to CHVP with semiannual progress reports at a due date indicated above.

(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program  
 Scope of Work

**Goal 5: Strengthen family functioning**

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
<b>Domestic Violence</b>			
5.4 Home visitors screen mothers for domestic violence (DV) at appropriate intervals. If needed (either based on screening tools, clinical assessment, or mother's concern), home visitors refer mothers to DV services and assist them in developing a safety plan. (+)	<p>5.4.1 The home visitor will screen for relationship related issues and DV at specified intervals or as needed.</p> <p>5.4.2 The home visitor will refer women to DV services as needed (either based on screening tools, by clinical assessment, or mother's concern).</p> <p>5.4.3 Home visitor will assist women experiencing DV with the creation of a safety plan. Revisit/update the plan as needed.</p>	<p>5.4.1 The number of women who received DV screening during specified intervals required by CHVP (to be announced in a Program Letter). (*)</p> <p>5.4.2 The number of women who received at least one referral to a relevant DV service after a newly positive screen or disclosure of abuse. (*)</p> <p>5.4.3 The number of women who completed a safety plan after a newly positive screen or disclosure of abuse. (*)</p>	

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**Notations to Scope of Work:**

(\*) reports must be generated from CHVP database and submitted to CHVP with semiannual progress reports at a due date indicated above.

(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program  
 Scope of Work

**Goal 5: Strengthen family functioning**

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
5.5 Increase the proportion of women provided reproductive coercion information and resources.	5.5.1 Screen women for presence of reproductive coercion and provide information and resources.  5.5.2 Refer screen-positive women to providers to obtain coercion-resistant birth control methods and counseling.  5.5.3 Provide emotional support.	5.5.1 Number of at-risk (e.g., screen positive) clients referred for "coercion resistant" birth control methods and counseling.	
<b>Employment and Education</b>			
5.6 Increase the proportion of parents improving employment status or educational attainment. (+)	5.6 Assist parents to develop a plan to achieve educational and employment goals.	5.6 Describe activities performed to assist parents in developing educational and employment goals at specified intervals required by CHVP (to be announced in a Program Letter).	5.6 Number of households with increased parental employment status or education attainment. (*)
<b>Household Health Insurance</b>			
5.7 Increase proportion of household members with health insurance	5.7.1 Make referrals and assist families to enroll in Healthy Families, Medi-Cal, and other low cost/no cost health insurance programs for health care coverage.	5.7 Number of family members who received referrals to low cost/no cost health insurance	5.7 Number of household members insured at specified intervals required by CHVP (to be announced in a Program

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**Notations to Scope of Work:**

(\*) reports must be generated from CHVP database and submitted to CHVP with semiannual progress reports at a due date indicated above.

(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.



California Home Visiting Program  
 Scope of Work

**Goal 5: Strengthen family functioning**

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
coverage. (+)		programs for health care coverage.	Letter). (*)
<b>Income</b>			
5.8 Proportion of households with an increase in total household income and benefits. (+)	5.8 Assist parents in developing an economic self-sufficiency plan. Refer to community resources, job training, and employment events.		5.8 Number of households with an increase of combined household income and monetary benefits.

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**Notations to Scope of Work:**

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(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.



RON CHAPMAN, MD, MPH  
Director & State Health Officer

State of California—Health and Human Services Agency  
**California Department of Public Health**  
BOARD OF SUPERVISORS



EDMUND G. BROWN JR.  
Governor

12 MAY 16 A 10:56

May 11, 2012

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

Dear Ms. Falkenstein:

**APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR  
AGREEMENT # 201150 – Fiscal Year (FY) 2011-2012**

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

To carry out the program outlined in the enclosed SOW, Attachment A Program Operational Requirements for the California Home Visiting Program (CHVP) and Budget, during the pre-implementation period beginning December 1, 2011, and program implementation beginning February 1, 2012 through June 30, 2012, the MCAH Division will reimburse expenditures up to the following amount:

**CALIFORNIA HOME VISITING PROGRAM .....\$415,946**

The availability of Maternal, Infant and Early Childhood Home Visiting (MIECHV) TITLE V funds are based upon funds appropriated in the FY 2011-2012 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 current CDPH MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed. The policies and procedures manual can be accessed at: <http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalPoliciesandProceduresManual.aspx>

Julie Falkenstein

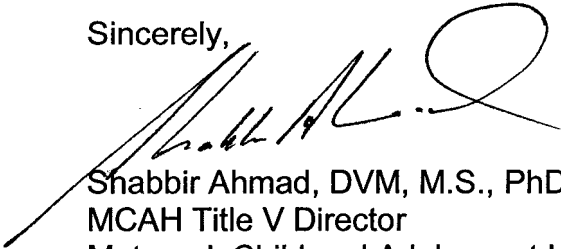
Page 2

May 11, 2012

As stated in Attachment A Program Operational Requirements, please remember you are required to secure a contract agreement with Nurse Family Partnership (NFP) prior to CHVP implementation. A copy of the most recent contract agreement from the NFP/National Service Office (NSO) must be received by CHVP through the mail or electronic format, upon contract execution. Agreements with the NFP/NSO must meet the subcontracting requirements as defined in the MCAH Policies and Procedures Manual. Please refer to the Subcontract Section of the MCAH Fiscal Policies and Procedures manual for the subcontracting requirements that must be adhered to by the Agency and any subcontractors.

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, Dale E. Price at (916) 650-0357 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, M.S., PhD.  
MCAH Title V Director  
Maternal, Child and Adolescent Health Division

Enclosure(s)

cc: Dick Monteith, Chair  
Stanislaus County Board of Supervisors  
1010 10<sup>th</sup> Street, Suite 6500  
Modesto, CA 95354

Dale E. Price  
Contract Manager  
Maternal, Child and Adolescent Health Division

Arlene Silva  
Program Consultant  
Maternal, Child and Adolescent Health Division

Central File

## ATTACHMENT A

### PROGRAM OPERATIONAL REQUIREMENTS FOR CALIFORNIA HOME VISITING PROGRAM

#### Purpose

The California Home Visiting Program (CHVP) Local Health Jurisdiction (LHJ) sites must meet all objectives and complete each of the required intervention activities stated in the Scope of Work (SOW) in order to remain in compliance with the contract agreement. The Program Operational Requirements outlines additional information and specifics to assist each LHJ site in completing activities, meeting objectives defined in the SOW, and implementing program activities with quality and fidelity to the home visiting model. The Program Operational Requirements should be considered both part of the SOW and a precursor to the forthcoming CHVP Policies and Procedures Manual. The SOW contains federally mandated requirements. LHJ's ability to meet and maintain CHVP goals and objectives will affect future LHJ funding.

#### Background Information

The delivery of home visiting services addresses the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. The California Department of Public Health/Maternal, Child and Adolescent Health (CDPH/MCAH) Division selected two evidence-based home visiting models for implementation in California: Nurse-Family Partnership (NFP) and Healthy Families America (HFA). Selection of these models was based on findings from the Home Visiting Evidence of Effectiveness Review (HomVee) Study that gave NFP and HFA the most favorable ratings for primary and secondary outcomes in the benchmark areas. LHJ sites are responsible for administering the CHVP in accordance with model fidelity, the requirements stated in the SOW, and the CHVP Policies and Procedures Manual. LHJ site staff is responsible for having in-depth knowledge of all CHVP program components and manuals, such as the Policies and Procedures Manual for LHJ sites, the CHVP Standards, NFP model or HFA model, as well as the federal benchmarks and constructs. This may include any future manuals.

#### CHVP PROGRAM REQUIREMENTS RELATED TO THE SCOPE OF WORK

##### 1. Site Visits and Technical Assistance

CHVP will perform formal and/or informal site visits at their discretion. LHJ sites are required to participate in CHVP site visits and allow CHVP Quality Assurance (QA) Teams to access program-related records, participant records, and observe home visiting activities.

##### 2. Progress Reports

- a. LHJ site shall submit Progress Reports postmarked no later than the due dates specified in this SOW. Progress Reports are to be prepared in accordance with the information and format provided by CHVP. Faxed Progress Reports will not be accepted.
- b. LHJ site is required to follow all CHVP procedures for reporting information submitted in each Progress Report.

- c. Failure to submit an acceptable Final Progress Report may jeopardize future funding for LHJ site.
- d. LHJ site must submit one copy of Progress Reports in original format to CHVP via certified mail, postmarked no later than 30 days after the period ending on *Due Date*. In addition, the same Progress Reports must be submitted electronically at the *Due Date* stated below. LHJ site's failure to submit Progress Reports in a timely manner may jeopardize future funding for LHJ site. CHVP reserves the right to require additional components in the Progress Reports such as:
  - Accomplishments;
  - Challenges; and/or
  - Plan for Improvement

The following schedule below must be followed for Progress Reports:

Reporting Period	From	To	Due Date
1) First Report	February 1, 2012	June 30, 2012	July 31, 2012
2) Second Report	July 1, 2012	December 31, 2012	January 31, 2013
3) Third Report	January 1, 2013	June 30, 2013	July 31, 2013

### 3. Additional Reports:

- a. For supervisor quarterly reporting, see 6.c. below.
- b. LHJ site shall complete CHVP evaluation requirements as directed by CHVP in accordance with prescribed form and format.
- c. LHJ site will be required to respond as necessary to any ad hoc and/or final reports as designated by CHVP.
- d. LHJ site shall submit "Staffing Report," to CHVP by May 31, 2012, and/or upon any change in personnel. Prior approval from CHVP NFP State Nurse Liaison (SNL) /HFA Statewide Nurse Consultant is required for changes in staffing patterns that deviate from the original contract agreement.

### 4. Media Communication

LHJ site shall coordinate and collaborate with CHVP or its designee in any local or statewide media/communication efforts, as directed and approved by CHVP. If media is involved in communicating the program and its implementation to the public, proposed information must be shared and approved by CHVP first.

### 5. Communication/Transmittal Process

#### a. Transmittal Process

CHVP transmittal form must be used by the LHJ site to send contract related documents and/or to request CHVP approval for items identified in the SOW. Completed CHVP communication forms shall be electronically submitted to CHVP (See Attachment C).



**b. Program Letter**

Any clarification related to the SOW including this Program Operational Requirement will be communicated to the LHJ site via a Program Letter.

**c. Communication with SNL for NFP or Statewide Nurse Consultant for HFA**

In order to establish a clear channel of communication and maintain model fidelity, CHVP-related questions must be directed to the CHVP SNL for NFP or Statewide Nurse Consultant for HFA first before involving the NFP or HFA National Office or staff. The following order of communication is expected from LHJ sites:

1. LHJ site NFP Supervisors, under the direction of the local MCAH Director, must first contact the CHVP SNL for NFP program-related questions.
2. LHJ site HFA Supervisors, under the direction of the local MCAH Director, must first contact the CHVP Statewide Nurse Consultant for HFA program-related questions.
3. Home Visitors for both models must contact their immediate supervisors for program-related issues.
4. CHVP NFP SNL /HFA Statewide Nurse Consultant will regularly communicate with the CDPH/MCAH Program Nurse Consultants overseeing Title V Block Grant Scopes of Work.

**6. Supervisor Quarterly Reports**

LHJ site Supervisors are required to submit quarterly reports summarizing their successes, challenges, and any technical assistance needs for that period to the CHVP HFA Statewide Nurse Consultant or NFP SNL. This quarterly report may be sent via email and should also be included in the biannual Progress Report.

The following schedule below must be followed for Supervisor Quarterly Reports:

Reporting Period	From	To	Due Date
1) First Report	February 1, 2012	June 30, 2012	July 31, 2012
2) Second Report	July 1, 2012	September 30, 2012	October 31, 2012
3) Third Report	October 1, 2012	December 31, 2012	January 31, 2013
4) Fourth Report	January 1, 2013	March 31, 2013	April 30, 2013
5) Fifth Report	April 1, 2013	June 30, 2013	July 31, 2013

**7. Request for Adjustments**

Requests regarding adjustments in *Due Dates* of deliverables must be submitted to CHVP in writing via transmittal process.

## 8. Maintenance of Effort (MOE) Agreement

LHJ sites agree to abide by the MOE as defined in the Affordable Care Act Section 295:

***“Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood visitation programs or initiatives. The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010.”***

Specific questions or proposals should be directed to the local county counsel.

### Home Visiting defined by the Health Resources and Services Administration (HRSA):

***“Home visiting is defined as an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as a primary service delivery strategy (excluding programs with infrequent or supplemental home visiting), and is offered on a voluntary basis to pregnant women or children birth to age 5 targeting the participant outcomes in the legislation which include improved maternal and child health, prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in the coordination and referrals for other community resources and supports.” (HRSA-10-275)***

## 9. Performance and Accountability

LHJ site whose deliverables are not met, as outlined in the SOW, will receive technical assistance from CHVP. In addition, CHVP reserves the right to require a Corrective Action Plan from the LHJ site. LHJs must contact the CHVP HFA Statewide Nurse Consultant or NFP SNL to request assistance from CHVP as soon as concerns regarding meeting deliverables are identified.

### **CHVP PROGRAM REQUIREMENTS ON IMPLEMENTATION**

**The following actions are necessary to initiate, implement, and sustain CHVP. Additional details regarding program operation will be discussed in the CHVP Policies and Procedures Manual to be released soon.**

#### **Contract Agreements at the Local, State, and National Level**

LHJ site must secure a contract agreement or affiliation with national models (NFP or HFA) prior to CHVP implementation. Before LHJ approaches the national models for contract agreement, the site is required to collaborate and receive approval from CHVP. In addition, a copy of the most recent contract agreement or approved affiliation agreement from the NFP National Service Office (NSO) or the Prevent Child Abuse America (PCAA) National Office (NO), if any, must be received by CHVP through mail or electronic format, upon contract execution. Copies of any signed affiliation or contract agreements with the NSO/NO after this contract execution must be submitted to CHVP within 10 days of receipt. LHJ site must regularly inform the CHVP SNL for NFP or Statewide Nurse

Consultant for HFA regarding the status of contracting from NFP NSO or status of securing affiliation from PCAA NO.

## **INITIAL IMPLEMENTATION REQUIREMENTS**

LHJ site must meet the initial certification or affiliation requirements of the national program model (NFP or HFA). LHJ site organizational structure must be prepared to assume the capacity to house the service and manage the hiring, supervision, and payment of all personnel and ensure general fiscal stability. The following actions must be considered prior to initiation of services:

### **1. MCAH Director**

The MCAH Director is required to devote a minimum of 0.15 Full Time Equivalent (FTE) to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP Community Advisory Board (CAB). These requirements are in addition to the Key Personnel requirements for the MCAH Director as outlined in the MCAH Policies and Procedures Manual for LHJs.

LHJ must meet the MCAH-LHJ FTE and credentialing requirements for the MCAH Director. LHJ may not receive waivers for the MCAH Director FTE requirements; waivers will be considered for credentialing only. If total FTE (LHJ plus local MCAH) exceed 1.0 FTE, local MCAH may meet staffing requirements utilizing a MCAH Coordinator.

MCAH Director will contact the CHVP-SNL before contacting the NFP-NSO.

MCAH Director will support the collaboration of the CHVP-SNL with the NFP designated Nurse Consultant (DNC). The MCAH Director will include the CHVP-SNL's role in the LHJ/NFP Implementation Agreement (contract) which includes:

1. Ongoing collaboration between SNL and NFP's DNC
2. Providing support to the MCAH director and/or their designee as specified in the contract between the LHJ and NFP
3. Providing ongoing coaching and consultation, as well as conducting education sessions as appropriate to help nurse supervisors and nurse home visitors improve their knowledge skills and abilities to implement the program with high quality and with fidelity to the NFP model in collaboration with NFP's DNC
4. Provide education and support to MCAH Directors, nurse supervisors, and nurse home visitors on specific topics as reasonably requested by NFP from time to time in collaboration with NFP DNC.
5. Monitor ongoing quality improvement to ensure LHJs enter timely and accurate data into ETO.
6. Assist in delivering appropriate continuing education in collaboration with NFP DNC.
7. Continually assist MCAH director to help nurse supervisors meet NFP professional development requirements as specified in the NFP Policies and Procedures (P&Ps) in collaboration with NFP DNC.
8. Assist NFP DNC in mentoring nurse supervisors in their administrative and clinical roles.

9. Foster communication of successful practices and mutual problem solving among nurse home visitors at LHJs.
10. Keep NFP informed of implementation issues that arise with any LHJ. Work with the NFP DNC to facilitate visits, not less than quarterly, between NFP's DNC and nurse supervisors. The NFP DNCs shall meet with nurse supervisors at least quarterly.

The above stated terms must be established in the contractual agreement between each NFP LHJ and the NFP NSO.

## **2. NFP Staff Recruitment**

CHVP will require two primary staff positions consistent with the national NFP recommendation: Nurse Supervisor and Public Health Nurse Home Visitor (PHN-HV). The FTE Public Health Nurse positions are based on the number of required caseloads. The FTE Nurse Supervisor is based on the total number of PHN Home Visitors. For example, a LHJ site with a caseload of 100 participants must have four FTE PHNs and one FTE Nurse Supervisor. CHVP NFP SNL reserves the right to ask for additional information or justification for any identified staffing deviations.

### **NFP Nurse Supervisor**

#### **Qualifications:**

- Registered Nurse license in good standing
- Master's degree in Nursing or closely related field (must submit a request to the NFP SNL for alternative degree approval)
- Public Health Nurse certificate
- Three to five years of experience as a Public Health Nursing Supervisor

#### **Responsibilities:**

##### **Supervision Commitments**

- Report directly to the MCAH Director
- Use reflective supervision with PHN-HV, demonstrate NFP theory integration, and facilitate professional development essential to the PHN-HV
- Provide clinical supervision with reflection through the following activities:
  - a. One-on-one clinical supervision, including weekly one-on-one meetings with PHN-HV for 1-hour duration;
  - b. Case conference with the team to review cases for professional growth and problem solving, twice a month for 1.5 to 2 hours duration;
  - c. Meetings with the team to discuss program implementation issues twice a month;
  - d. Field supervision with PHN-HV between 4 to 8 hours per nurse every 4 months or as needed.

- Provide close oversight to PHN-HV when complex physical or mental health issues are identified from selected clients who are case managed
- Ensure that PHN-HV is assigned a caseload of no more than 25 participants
- Provide supervision for FTE PHN-HVs. CHVP Branch prefers a ratio of one FTE supervisor to four FTE PHNs, unless exception is granted by CHVP Branch Quality Assurance team. Supervisor will dedicate a full time effort to CHVP. The team will consist of not less than four PHN's nurse home visitors (PHN-HV).

#### Quality Assurance Commitments

- Support CHVP in the activities that will lead to success in achieving the benchmarks, constructs, and operational component of the SOW
- Participate in a minimum of six one-to-one meetings with CHVP SNL to evaluate the progress of CHVP and identify quality improvement activities as needed
- Serve as the LHJ liaison with the CHVP SNL; attend meetings required by the NFP/CHVP SNL.
- Write protocols for quality assurance activities for the PHN-HV.

#### Training Commitments

- Attend mandatory and recommended trainings identified by CHVP

### **NFP Public Health Nurse Home Visitor (PHN-HV)**

#### **Qualifications:**

- Registered Nurse in good standing
- Bachelor's degree in Nursing
- Public Health Nurse certificate
- Experience in public health and cultural competency

#### **Responsibilities:**

##### Home Visiting Commitments

- Carry a caseload of no more than 25 families
- Conduct home visits integrating use of required assessment tools and refer clients to necessary resources as appropriate
- Provide medical case management, as defined by the NFP model, to families identified as having complex physical or mental health issues, such as pregnancy with or without complications, adolescent pregnancy, premature infants, or children with special needs

- Provide a summary of case physical assessment, developmental and case documentation during a reflective case conference with the supervisor
- Data entry is an optional responsibility for this position.

#### Training and Meeting Commitments

- Attend mandatory orientations and meetings required by CHVP announced through a Program Letter.

#### NFP Administrative Assistant

##### **Responsibilities:**

- Data entry and other administrative tasks. The agency has the option to have their nurses enter the data, but the expectation to have 0.5 FTE support staff remains.
- Minimum of 0.5 FTE support staff required per 100 clients

### **3. HFA Staff Recruitment**

CHVP will require four primary staff positions consistent with the national HFA recommendation: Program Managers/Supervisors, Family Assessment Workers (FAWs), and Family Support Workers (FSWs).

#### HFA Program Manager/MCAH Director

##### **Qualifications:**

- Master's degree, preferably in a health science, human services, or behavior science, such as psychology, sociology, or a related field;

**OR**

- Bachelor's degree, preferably in a health science or behavior science, such as psychology, sociology, or a related field, AND a minimum of five years' administrative experience in quality assurance/improvement and program development.

##### **Responsibilities:**

- **The MCAH Director may also act as HFA Program Manager. The percentage of effort for combined position must be specified in the Staffing Report (Attachment B).**
- Report directly to the MCAH Director (if not one and the same)
- Oversee program operations, funding, quality assurance, evaluation, and supervision of staff
- Develop and implement policies and procedures related to local CHVP

- Ensure accreditation and program standards are met as described in CHVP Policies and Procedures and HFA Self-Assessment tool; and
- Establish and maintain agreement and effective partnerships with home-visiting-related partner agencies and medical providers.

### **HFA Supervisor**

#### **Qualifications:**

- Master's degree, preferably in a health science, human services, or behavior science, such as psychology, sociology, or a related field;

**OR**

- Bachelor's degree, preferably in a health science or behavior science, such as in psychology, sociology, or a related field, AND a minimum of three years' experience working in a public health or community related setting in the clinical field with experience in supervising health professionals and managing programs.

#### **Responsibilities:**

- Full-time supervisors are to have six or fewer direct services staff.
- Spend a minimum of 1.5 to 2 hours per employee each week on formal supervision using a reflective model of supervision. Allow additional time to shadow the FSWs and FAWs to monitor and assess their performance and provide constructive feedback and development.
- Supervisors will serve as the liaison with the CHVP HFA Statewide Nurse Consultant. Supervisors are required to attend meetings required by the CHVP HFA Statewide Nurse Consultant at designated times.
- Use a reflective supervision model in face-to-face supervision with FAWs and FSWs, and facilitate professional development essential to the home visitor role.

### **Family Assessment Workers (FAWs)**

#### **Qualifications:**

- Bachelor's degree in health science or behavioral science, such as psychology, sociology, or a related field
- Experience working with clients in communities
- Experience in assessment process and scoring , recording of information, conducting patient interviews, implementing treatment plans, employing problem-solving techniques, handling crisis intervention matters, and using proper case management and referral procedures
- Ability to establish rapport easily, outgoing, friendly and non-judgmental, confident and assertive

- Cultural competence is preferred

**Responsibilities:**

- Conduct family and child assessments and screen families for enrollment in the program
- Document and enter assessment data in CHVP database
- Refer families to appropriate resources based on assessment
- Communicate pertinent assessment findings to FSW

**Family Support Workers (FSWs)**

**Qualifications:**

- Bachelor's or Associate's degree, preferably in health science, behavior science, or general education courses in liberal arts, sciences, and the humanities, in areas such as addiction or child protection.

**OR**

- Graduation from high school with a minimum of 5 years' experience providing services to infants, children and families and ability to demonstrate extensive knowledge of community resources verifiable through reference check. (Exemptions must be pre-approved by the CHVP HFA Statewide Nurse Consultant).
- Experience working with clients in communities
- Experience observing patients/clients and recording information, conducting patient interviews, implementing treatment plans, employing problem-solving techniques, handling crisis intervention matters, and using proper case management and referral procedures
- Strong desire to help others, effective communication and interpersonal skills, sense of responsibility, and ability to manage time effectively
- Attributes such as patience and understanding are highly valued
- Cultural competence is preferred

**Responsibilities:**

- Conduct home visits with families to include the following elements:
  - facilitate the parent-child relationship
  - observe and listen to parental concerns
  - respect family values and culture
  - support parents in their role as advocates for themselves and their children



- assess, facilitate, and promote positive child growth and development
- provide information and appropriate referrals to community resources
- maintain appropriate documentation that outlines the services provided to the family and help facilitate quality management
- serve no more than 15 families at a time who are currently being seen weekly
- carry a caseload of no more than 25 families
- caseload may need to be reduced to accommodate families with multiple needs or to accommodate communities in which there are long distances between home visits

#### **4. Other Staffing Requirements by CHVP**

- LHJ site must adhere to the Core Competency Requirements specified by NFP, HFA and CHVP Branch for hiring qualified staff. Applicants should demonstrate sufficient skills to meet the SOW objectives and activities. CHVP Branch reserves the right to approve or disapprove changes in key personnel positions that occur after awards are made.
- In order to ensure adequate funding of all contract deliverables, CHVP Branch reserves the right to require the LHJ to reduce or eliminate any staffing position(s) in excess of the minimum required staffing pattern as identified in the model or CHVP requirements.
- LHJ site shall submit "Staffing Report," to CHVP Branch **by May 31, 2012**, and/or upon any change in personnel. Prior approval from CHVP NFP SNL/HFA Statewide Nurse Consultant is required for changes in staffing patterns that deviate from the original contract agreement.
- Alternative patterns of staffing will need approval from CHVP Branch.
- All staff for each model must meet the Core Competency Requirements before providing services to the families, (see the Policies and Procedures Manual for LHJ site). Exemptions must be pre-approved by the CHVP NFP SNL or HFA Statewide Nurse Consultant before staff recruitment.
- LHJ site will report to CHVP Branch any changes in staffing or reduction in percentage of effort (less than 100%) dedicated by staff to CHVP **within seven days of the change**, along with plans for addressing these changes. The LHJ site must contact the CHVP NFPSNL or HFA Statewide Nurse Consultant any time there is a reduction in the percentage of effort dedicated by staff to CHVP.

#### **CORE COMPETENCY REQUIREMENTS**

Additional core competency requirements for NFP and HFA positions are located in the CHVP Policies and Procedures Manual.

#### **CHVP MEETINGS AND TRAINING REQUIREMENTS**

LHJ site is required to attend and participate in CHVP meetings, workgroups, and trainings directed by CHVP. LHJ site is responsible for staff members' receiving core training on HFA and NFP

models they are implementing and other CHVP required training to meet the program benchmarks. The following describes required training for NFP and HFA staff.

### NFP Training

The Nurse Supervisors and PHN-HV are required to:

- Attend core educational sessions and mandatory one week training; and
- Complete self-study materials as directed by NFP.

#### 1. NFP Program required trainings

Keys to Care Giving  
NCAST (assessment tools)  
Ages and Stages (assessment tools)  
Home Inventory

### HFA Training

LHJ site must comply with the training requirements to ensure staff receive the training support and have the skill set necessary to fulfill their job functions and achieve the program's goals with families.

#### 1. Orientation topics:

- Staff (assessment workers, home visitors, and supervisors) must receive orientation (separate from intensive role-specific training) prior to direct work with families, to familiarize them with the functions of the program. (For specific orientation topics, refer to HFA 2008-2011 Self-Assessment Tool Updated 3-1-10, pp. 69-74. Please contact your Prevent Child Abuse America (PCAA) National Office (NO) to obtain a copy of the 2008-2011 HFA Self-Assessment tool.)

#### 2. Intensive Training

- All staff must receive in-person Core Training from a Certified HFA trainer in either Parent Survey (Assessment) or Integrated Strategies (Home Visitors) within six months of hire.
- Supervisors must receive in-person training based on the track (assessment or home visiting) they supervise and administrative, clinical, and reflective practice training within six months of hire or affiliation of the site. In addition to both track-trainings, supervisors are also required to attend two days of supervision training.

#### 3. Wraparound training

- Once affiliation is received from HFA, staff will be able to access the *Wraparound* training topics (HFA standards 10-4 A-F and 10-5 A-F) available online, and must be completed within six and 12 months of hire respectively (refer to HFA 2008 - 2011 Self-Assessment Tool Updated 3-1-10, p. 113-116).

#### 4. Ongoing training

- After year one of operation, LHJ site is required to provide to their staff ongoing training in topics which take into account the worker's knowledge, skill base, and needs. CHVP will collaborate with each LHJ site to determine needs and coordinate training.

**Note: For new and expansion sites, LHJ shall keep on file the proof of completion of all required core and follow-up trainings, and CHVP-required trainings of employed staff along with their curricula.**

## **WORK SPACE AND EQUIPMENT**

LHJ site shall provide necessary equipment and establish an optimal work space for staff who will be implementing CHVP, including:

- Appropriate telecommunication and computer equipment capabilities for staff use
- Access to a LHJ site Policies and Procedures Manual for easy reference
- Easy access to community resources or agencies either electronically or on paper

## **DELIVERY OF HOME VISITING SERVICES**

### **1. Enrollment**

Potential participants are enrolled only if the enrollment criteria specified in the model elements are satisfied.

### **2. LHJ Site Responsibilities During Home Visiting Implementation**

In order to implement the program with fidelity to the models, LHJ site shall share experiences learned and program improvement with other LHJ entities that are implementing the NFP or HFA models through CHVP coordinated meetings and teleconferences. If issues or difficulties arise regarding home visiting program implementation, the LHJ site must contact the CHVP SNL for the NFP or the HFA Statewide Nurse Consultant model. Other responsibilities include the following:

- LHJ staff shall demonstrate a level of competence in the skills related to Home Visiting including assessments, interventions, referrals and follow-up.
- LHJ staff for each site shall ensure that the CHVP SNL for NFP or Statewide Nurse Consultant for HFA is involved in the process of program implementation and accreditation.

CHVP Home Visitors shall collect required data on client visits, and the Home Visiting Supervisor will ensure that these data are entered into the database or data system required by CHVP within 1 week of the client's visit, taking all appropriate steps to maintain client confidentiality.

- LHJ staff will obtain agreement from CHVP Branch before reporting data outside of their own program (this is to protect against inconsistencies in reporting coming from different sources).
- LHJ will send copies to CDPH-MCAH of all reports submitted to NFP NSO or PCAA NO.
- LHJ shall implement the Home Visiting Program in accordance with program fidelity to the models.

## **Home Visitation Guidelines**

### **NFP Home Visitation Guidelines:**

- Ensure that each full-time PHN-HV carries a caseload of not more than 25 active families.
- PHN-HV must maintain the established visit schedule.
- Ensure that the essential program content as described in NFP Home Visit Guidelines is covered with clients by Nurse Home Visitors. (Refer to Policies and Procedures Manual for model visit schedule specifics.)
- All PHN staff visitation must be documented within 24 hours of visit.

### **HFA Home Visitation Guidelines:**

- Ensure that each full-time FSW carries a caseload of no more than 15 active families seen weekly or a weighted caseload of 26 to 30 points for Level 1 families or families seen weekly.
- Ensure that each full-time FSW carries an overall caseload of no more than 25 families.
- FAWs and FSWs must maintain the established visit schedule.
- Ensure that the essential program content as described in HFA Home Visit Guidelines is covered with clients by the FSW. (Refer to Policies and Procedures Manual for model visit schedule specifics.)
- All Home Visitors' visitation must be documented within 24 hours of the visit.
- CHVP reserves the right to access all collected data and establishes CHVP ownership of CHVP uniquely- defined data content and functionality.

## **CLIENT CONFIDENTIALITY AND HIPAA REQUIREMENTS**

The Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996, and took effect in 2003. It establishes standards for Protected Health Information (PHI) from disclosure and informs clients of how their information will be used. LHJ site must abide by stringent rules and regulations related to HIPAA. This ensures that all communication of PHI is confidential.

LHJ site must establish and maintain appropriate administrative, technical and physical safeguards to protect the confidentiality of the data, prevent unauthorized use of or access to it and obtain any necessary written permissions or agreements for data analysis or disclosure of PHI, including from CHVP, and in accordance with HIPAA regulations including, but not limited to, authorizations, data use agreements, and business associate agreements.

Appropriate safeguards include, but are not limited to, securing and maintaining all hard copy or other records containing participant information containing PHI (such as CD-ROM, diskettes, thumb drives, etc.) in a locked file cabinet inaccessible to staff other than those directly involved in either the delivery of service to the participant, supervision of these direct service-delivery staff, or in data entry; and securing all electronic records containing participant information containing PHI in password-protected, encrypted files, with access only for staff directly involved in delivery of services to participants, supervision of these staff, or data entry.

Each LHJ site must have on file a Confidentiality Agreement signed by each staff member who has the ability to view the raw data, either by collecting the data or by viewing it after it has been recorded; these individual Confidentiality Agreements must be renewed annually.

All client-participants will sign an informed consent to have their information shared with CDPH for purposes of aggregated, unidentifiable public health reporting.

Failure of LHJ site to comply with any applicable provision of HIPAA will constitute a breach of agreement.

### **SPECIFIC REQUIREMENTS FOR COMPETITIVE GRANT RECIPIENTS**

(Fresno; Los Angeles Communities; Merced; Nevada; Sacramento Communities; San Mateo; Solano; and Stanislaus)

#### **A. Activities Required for Competitive Grant Recipients**

In collaboration with the CHVP SNL for NFP and Statewide Nurse Consultant for HFA and Quality Assurance Team, and external evaluator, the following activities are required for counties that received MIECHV Competitive Expansion Grant funding:

1. Provide a sample of community leadership, family members, and clinicians who will participate in interviews and/or focus groups with external evaluators during first two months of client enrollment
2. Assist external evaluators with scheduling of focus groups with selected community leaders, family members, and clinicians to develop appropriate measures and incorporate information deemed important for formal Site Visits; these activities are to occur during the first three months of client enrollment
3. Specific designees (including community leaders, home visiting clinicians, family members, and program administrators) participate in community focus groups during the first three months of client enrollment
4. Assist with organizing and scheduling site visits with key informants in collaboration with external evaluators during the first quarter of State Fiscal Year (SFY) 2012/2013
5. Work with external evaluator to set up locations and schedule of participants for site visit during the first quarter of SFY 2012/2013
6. Participate in site visits with Evaluation Team Site Visitors during the first quarter of SFY 2012/2013
7. Receive feedback from evaluators regarding interview and site visit data before the end of second quarter for SFY 2012/2013
8. Respond to survey tools for key informants during the fourth quarter for SFY 2012/2013
9. Key program administrators to participate in phone interviews with external evaluators during the fourth quarter for SFY 2012/2013
10. Enter additional data (type and frequency to be announced); this activity is ongoing

## **B. Deliverables for Competitive Grant Recipients**

The following deliverables are required from the Competitive Grant Recipients semiannually in a progress report in accordance with the due dates indicated in the Scope of Work:

1. List of key participants including administrators, home visiting staff, supervisors, family members, advisory board members, and local community leaders provided to external evaluators; these activities are to occur during the first three months of client enrollment.
2. Schedule of focus group meetings during the first quarter of State Fiscal Year (SFY) 2012/2013
3. Establishment of dates of focus group meeting participation and roles of participants during the first quarter of State Fiscal Year (SFY) 2012/2013
4. Site Visit schedule developed collaboratively with external evaluators during the first quarter of SFY 2012/2013
5. Agenda for site visits, provided by external evaluators with locations and participants, during the first quarter of SFY 2012/2013
6. Summary report of site visits provided by external evaluators before end of second quarter for SFY 2012/2013
7. Participation in oral feedback sessions at end of site visit; receive formal written report highlighting key areas of discussion from external evaluators during quarter following site visit before end of second quarter for SFY 2012/2013
8. Email of links to survey tools or mailing through U.S. Postal Service of hard copy of survey; transmission of completed tools to external evaluators during the fourth quarter for SFY 2012/2013
9. Dates of scheduled interviews in annual reports during the third quarter for SFY 2012/2013
10. Entry of additional data; this activity is ongoing

## **QUALITY IMPROVEMENT FOR ALL HOME VISITING NFP AND HFA SITES**

Efforts to improve home visiting outcomes for home visiting sites are required through effective collaboration with the model program consultant and State QA teams. CHVP requires the following activities to facilitate and establish a high quality CHVP:

- Communicate Continuous Quality Improvement Program initiatives to CHVP
- Participate in MCAH/CHVP workgroups/committees
- Collect consistent and accurate data for home visiting activities
- Maintain detailed supervisory guidelines and expectations
- Promote measures to improve the process of identifying and enrolling participants who reflect the model's and the LHJ target population

- Develop a Community Advisory Board with diverse representation to ensure broad-based community support for LHJ's implementation of CHVP
- Participate in periodic assessment by NFP or HFA model to ensure LHJ implements the Home Visiting Program with fidelity to the selected model
- Involve the CHVP SNL and Statewide Nurse Consultant in strengthening fidelity to the model for improved results
- Periodically review and update LHJ site-specific Policies and Procedures Manual to improve home visiting interventions, documentation, and data collection; CHVP reserves the right to review LHJ site's Policies and Procedures Manual and approve changes
- Ensure staff are trained in accordance with NFP or HFA model requirements, in addition to CHVP training requirements
- Adhere to the program components and requirements for each model, including CHVP protocols
- Consistently deliver home visiting services to families enrolled in services

<b>BUDGET SUMMARY PAGE</b>	<b>FISCAL YEAR</b>	<b>BUDGET</b>	<b>BASE MCF %</b>	<b>TITLE V BALANCE</b>	<b>% Personnel Matched</b>
	2011-2012	Original			

Version 1.5A CHVP

Program:	<b>California Home Visiting Program</b>		<b>UNMATCHED FUNDING</b>			<b>NON-ENHANCED MATCHING (50/50)</b>		<b>ENHANCED MATCHING (75/25)</b>				
Agency:	<b>201150 Stanislaus</b>		AGENCY									
SubK:		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
<b>EXPENSE CATEGORY</b>		<b>TOTAL FUNDING</b>	<b>%</b>	<b>CHVP</b>	<b>%</b>	<b>Local* Revenue</b>	<b>%</b>	<b>Combined* Fed/Agency</b>	<b>%</b>	<b>Combined* Fed/Agency</b>		
(I) PERSONNEL		251,768	100.00%	251,768								100%
(II) OPERATING EXPENSES		52,347	100.00%	52,347								100%
(III) CAPITAL EXPENDITURES												
(IV) OTHER COSTS		129,801	73.66%	95,611	26.34%	34,190						100%
(V) INDIRECT COSTS (10% MAX.)	10.00%	16,220	100.00%	16,220								100%
<b>TOTALS*</b>		<b>450,136</b>	<b>92.40%</b>	<b>415,946</b>	<b>7.60%</b>	<b>34,190</b>						<b>100%</b>

Maximum Amount Payable from State and Federal resources: **\$415,946** **ACTIVE**



	STATE FUNDING	SMALL COUNTY PROJECT	BUDGETED	BALANCE	% of Budget
Total CHVP	415,946		415,946		92%
Total Agency General Fund			34,190	n/a	8%
Total Matching Title XIX				n/a	
<b>Totals</b>	<b>415,946</b>		<b>450,136</b>		<b>100%</b>

Maternal, Child and Adolescent Health Division / Office of Family Planning

MAY 03 2012

State of California

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

MCAH/PROJECT DIRECTOR'S SIGNATURE      DATE: 4/27/12      AGENCY FISCAL AGENT'S SIGNATURE      DATE: 4/27/12

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

State Use Only	PCA Codes	53143						
(I) PERSONNEL		251,768						
(II) OPERATING EXPENSES		52,347						
(III) CAPITAL EXPENSES								
(IV) OTHER COSTS		95,611						
(V) INDIRECT COSTS		16,220						
<b>Totals for PCA Codes</b>		<b>415,946</b>	<b>415,946</b>					



Program:	California Home Visiting Program		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:	201150 Stanislaus		AGENCY									
SubK:	(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)	
EXPENSE CATEGORY	TOTAL FUNDING	%	CHVP	%	Local* Revenue	%	Combined* Fed/Agency	%	Combined* Fed/Agency			
<b>II. OPERATING EXPENSES DETAIL PAGE</b>												
<b>TOTAL OPERATING EXPENSES</b>	<b>52,347</b>		<b>52,347</b>								Match Available	
TRAVEL	25,335	100.00%	25,335									
TRAINING	5,870	100.00%	5,870									
1 PRINTING	5,000	100.00%	5,000									
2 POSTAGE	1,500	100.00%	1,500									
3 COMMUNICATIONS	5,000	100.00%	5,000									
4 OFFICE EQUIPMENT (RENTS, LEASES, NON ASSET)	2,000	100.00%	2,000									
5 EDUCATIONAL MATERIALS	2,641	100.00%	2,641									
6 OFFICE SUPPLIES	5,001	100.00%	5,001									
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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.

<b>IV. OTHER COSTS DETAIL PAGE</b>											
<b>TOTAL OTHER COSTS</b>	<b>129,801</b>		<b>95,611</b>		<b>34,190</b>						
<b>SUBCONTRACTS</b>											
1 NFP/NSO SUBCONTRACTS	45,611	100.00%	45,611								
2											
3											
4											
5											
6											
7											
8											
<b>OTHER CHARGES</b>											
<b>AGENCY'S TOTAL INDIRECT COSTS</b>	<b>50,410</b>										
AGENCY'S OTHER INDIRECT COSTS	34,190			100.00%	34,190						Match Available
1 START-UP: OFFICE EQUIP (NON-ASSET)	3,293	100.00%	3,293								
2 START-UP: COMPUTERS, PRINTERS	10,500	100.00%	10,500								
3 START-UP: OFFICE FURNITURE	15,000	100.00%	15,000								
4 START-UP: MEDICAL & PROGRAM SUPPLIES	3,158	100.00%	3,158								
5 START-UP: CLIENT SUPPORT MATERIALS	13,500	100.00%	13,500								
6 START-UP: EDUCATIONAL MATERIALS	4,549	100.00%	4,549								
7											

Program:		California Home Visiting Program				UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:		201150 Stanislaus				AGENCY									
SubK:		(1)	(2)	(3)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)			
EXPENSE CATEGORY		TOTAL FUNDING	%	CHVP	%	Local* Revenue	%	Combined* Fed/Agency	%	Combined* Fed/Agency					
<b>I. PERSONNEL DETAIL PAGE</b>															
TOTAL PERSONNEL COSTS		251,768		251,768											
BENEFITS		89,567		89,567											
TOTAL WAGES		162,201		162,201											
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL WAGES									J-Pers MCF Per Staff	Staff Traveling (X)	
1 LP	PHN III	31.15%	84,053	26,188	100.00%	26,188								X	
2 TBD	PHN II	34.62%	80,038	27,705	100.00%	27,705								X	
3 TBD	PHN II	34.62%	80,038	27,705	100.00%	27,705								X	
4 TBD	PHN II	34.62%	80,038	27,705	100.00%	27,705								X	
5 TBD	PHN II	34.62%	80,038	27,705	100.00%	27,705								X	
6 TBD	Admin Clerk III	17.31%	39,811	6,891	100.00%	6,891								X	
7 JF	MCAH Director	5.19%	81,349	4,224	100.00%	4,224								X	
8 EM	Manager II	17.31%	81,349	14,080	100.00%	14,080								X	
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State of California—Health and Human Services Agency  
California Department of Public Health



BOARD OF SUPERVISORS

2013 JAN -8 A 11:04

EDMUND G. BROWN JR.  
Governor

December 18, 2012

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

Dear Ms. Falkenstein:

**APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR  
AGREEMENT 201250 – Fiscal Year (FY) 2012-13**

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

To carry out the program outlined in the enclosed SOW and Budget, during the period of July 1, 2012, through June 30, 2013, the MCAH Division will reimburse expenditures up to the following amount:

Maternal, Child and Adolescent Health	\$203,146
Adolescent Family Life Program	\$100,259

The availability of Title V funds is based upon funds appropriated in the FY 2012-13 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 2012-13 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>.

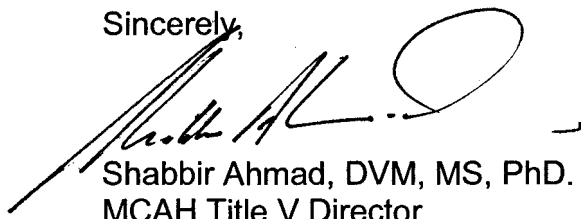
Julie Falkenstein, MCAH Director  
Page 2  
December 18, 2012

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 and Budget is incorrect or different from that negotiated, please contact your Contract Manager, Dale E. Price, at (916) 650-0357 or by e-mail at [dale.price@cdph.ca.gov](mailto: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.  
MCAH Title V Director

Enclosure(s)

cc: Dick Monteith, Chair  
Stanislaus County Board of Supervisors  
1010 10<sup>th</sup> Street, Suite 6500  
Modesto, CA 95354

Mary Wieg  
Program Consultant  
Maternal, Child and Adolescent Health Division

Dale E. Price  
Contract Manager  
Maternal, Child and Adolescent Health Division

Central File

**Goal 1: Improve Outreach and Access to Quality Health and Human Services**

- **Link the MCAH population to needed medical, mental, social, dental, and community services to promote equity in access to quality services, especially for those who are eligible for Medi-Cal or other publicly provided health care programs**
  - **Outreach services will be targeted to identify pregnant women, women of reproductive age, infants, children and adolescents and their families who are eligible for Medi-Cal assistance or other publicly provided health care programs and assist them in applying for these benefits**<sup>2</sup>

**Long Term Outcome Objectives**

- 1.a** Increase the percentage of children and adolescents age 0 to 19 with health insurance from a baseline of 96.1 % to 100% by 2015. **HP 2020 AHS-1.1.** Source: [http://fhop.ucsf.edu/fhop/data/SOW/t5\\_16\\_health\\_ins\\_2009-NEW.xls](http://fhop.ucsf.edu/fhop/data/SOW/t5_16_health_ins_2009-NEW.xls)
- 1.b** Decrease the percentage of children age 2-11 without dental insurance from a baseline of 21.6% to 20.52% by 2015. **HP 2020 AHS-1.2 (Developmental).** Source: [http://familymedicine.medschool.ucsf.edu/fhop/docs/excel/mcah\\_t5/t5\\_17\\_dental\\_ins.xls](http://familymedicine.medschool.ucsf.edu/fhop/docs/excel/mcah_t5/t5_17_dental_ins.xls)
- 1.c** Increase the percentage of women age 19-44 with health insurance from a baseline of 78.3% to 82.2% by 2015. **HP 2020 AHS-1.1.** Source: [http://fhop.ucsf.edu/fhop/data/SOW/CHIS\\_Health\\_Insurance\\_Women\\_20-44\\_2009-NEW.xls](http://fhop.ucsf.edu/fhop/data/SOW/CHIS_Health_Insurance_Women_20-44_2009-NEW.xls)
- 1.d** Decrease the percentage of unenrolled children age 0-17 who are eligible for Medi-Cal/Healthy Families from a baseline of 73.1% to 69.4% by 2015. Source: [http://fhop.ucsf.edu/fhop/data/SOW/MediCal\\_Eligibility\\_0-17\\_2009\\_CA\\_MCAH\\_County\\_Groups-NEW.xlsx](http://fhop.ucsf.edu/fhop/data/SOW/MediCal_Eligibility_0-17_2009_CA_MCAH_County_Groups-NEW.xlsx)
- 1.e** Decrease the percentage of unenrolled women, ages 20-44, who are eligible for Medi-Cal from a baseline of 14.9% to 14.1 by 2015. Source: [http://fhop.ucsf.edu/fhop/data/SOW/MediCal\\_Eligibility\\_19-44%202007-2009\\_CA\\_MCAH\\_County\\_Groups%20-%20NEW.xlsx](http://fhop.ucsf.edu/fhop/data/SOW/MediCal_Eligibility_19-44%202007-2009_CA_MCAH_County_Groups%20-%20NEW.xlsx)
- 1.f** Insert specific LHJ data collected, if applicable

**Data Source**

California Health Interview Survey (CHIS), Medi-Cal Statistical Reports, LHJ specific statistics, if applicable

**Healthy People 2020 Objectives**

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

**Timelines**

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

<sup>1</sup> 2011-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

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)
1.1-1.8 Develop and maintain required foundational structure and public health activities that improve coordination of and access to local health and human services.	<b>Assessment</b> 1.1 Identify and monitor trends in health, including disparities, social determinants and barriers to the provision of health and human services to the MCAH population.	<b>Assessment</b> 1.1 List and briefly describe trends in health including disparities, social determinants and barriers to the provision of health and human services.	1.1 Complete and submit Annual Report Data Table (Form 1)
	1.2 Identify and monitor local geographic areas and/or population groups that have insufficient access to health and human services.	1.2 Briefly describe geographic areas or population groups that have insufficient access to health and human services.	
	1.3 Participate in collaboratives, coalitions, networks, etc., and develop products that address unmet needs and promote increased local access to health and human services.	1.3 Submit Collaborative Form to document participation, objectives, activities and accomplishments of MCAH-related collaboratives to improve infrastructure and access to health and human services.	1.3 List products developed to improve infrastructure and access to health and human services and describe outcomes of dissemination
	<b>Policy Development</b> 1.4 Review, revise and enact policies that facilitate access to Healthy Families (HF), Medi-Cal, Access for Infants and Mothers (AIM), or other publicly provided health care programs.	<b>Policy Development</b> 1.4 Describe participation in review and development of policy changes and corresponding systems changes that facilitate access to HF, Medi-Cal, AIM, or other publicly provided health care programs.	<b>Policy Development</b> 1.4 Describe the impact of policy changes and corresponding systems changes that facilitate access to HF, Medi-Cal, AIM, or other publicly provided health care programs.
	1.5 Work with community organizations to influence policy and address social determinants of health and disparities regarding access to health and human services and/or publicly provided health care programs.	1.5 Describe efforts to work with community organizations to influence policy and address social determinants of health and disparities regarding access to health and human services and/or publicly provided health care programs.	1.5 Describe results of work with community organizations to influence policy and address social determinants of health and disparities regarding access to health and human services and/or publicly provided health care programs.

<sup>1</sup> 2011-2015 Title V State Priorities

<sup>2</sup> Title V Requirement



Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p><b>Assurance</b></p> <p><b>1.6</b> Promote MCAH and public health competencies, participation in trainings, and workforce development as resources allow.</p>	<p><b>Assurance</b></p> <p><b>1.6</b> List trainings and educational events that promoted MCAH and public health competencies and workforce development.</p>	<p><b>Assurance</b></p> <p><b>1.6</b> Describe outcomes of trainings and educational events that promoted MCAH and public health competencies and workforce development.</p>
	<p><b>1.7</b> Conduct activities that promote referrals to HF, Medi-Cal, AIM, and other low cost/no cost health insurance programs for health care coverage.<sup>2</sup></p>	<p><b>1.7</b> Describe activities that promote referrals to referrals to HF, Medi-Cal, AIM or other no/low cost health insurance programs for health care coverage</p> <ul style="list-style-type: none"> <li>o Provide the number of referrals to HF, Medi-Cal, AIM or other no/low cost health insurance programs</li> </ul>	<p><b>1.7</b> Describe outcomes of activities that promote referrals to HF, Medi-Cal, AIM or other no/low cost health insurance programs for health care coverage.</p>
	<p><b>1.8</b> Provide a toll free or no cost to the calling party telephone information service and other appropriate methods of communication, e.g. local MCAH Program web page to the local community.<sup>2</sup> The requirements are as follows:</p> <ul style="list-style-type: none"> <li>• The service must provide culturally and linguistically appropriate information and referrals to health care providers and practitioners regarding access to prenatal care and other relevant information</li> <li>• The telephone number must be disseminated widely</li> <li>• The toll free line must be operated during normal business hours. After hours messages must be answered by end of the next business day</li> </ul>	<p><b>1.8</b> Report the following:</p> <ul style="list-style-type: none"> <li>o Number of calls and the success/barriers toll-free or no cost to the calling party telephone information service</li> <li>o Report the number of web hits to the appropriate local MCAH Program webpage</li> </ul>	<p><b>1.8</b> Describe outcomes of community information services.</p>

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<b>Insert Short and/or Intermediate Outcome Objective(s), activities, Evaluation/Performance Measures in the appropriate column below</b>			
<b>Local Objectives</b>			
<p><b>1.9</b> Through June 30, 2013, coordinate the Community Health Assessment, including collection of primary data through face-to-face surveys, and analysis of secondary data.</p>	<p><b>Assessment</b>  <b>1.9a</b> Continue to coordinate subcommittee meetings  <b>1.9b</b> Work with vendor to train face-to-face survey collectors.  <b>1.9c</b> Work with partners to collect survey data.  <b>1.9d</b> Work with vendor to analyze face-to-face survey data and summarize into brief points.  <b>1.9e</b> Update secondary data from sources such as American Community Survey, California Health Interview Survey, County Health Status Profiles</p>	<p><b>Assessment</b>  <b>1.9a</b> # of Community Health Assessment Steering Committee meetings held.</p>	<p><b>Assessment</b>  <b>1.9a</b> Face-to-face survey data collected and analyzed.</p>
<p><b>1.10</b> Through June 30, 2013, continue to monitor data for 3 long-term population indicators specifically related to the MCAH population that will help monitor progress for <i>The Framework for a Thriving Stanislaus</i> (FTS) initiative.  <i>Note: The Framework for a Thriving Stanislaus (FTS) is the new name for what had been called the Community Health Improvement Plan (CHIP) initiative.</i></p>	<p><b>Assessment</b>  <b>1.10a</b> Maintain coordination of the FTS Executive Committee to facilitate implementation of the Framework for a Thriving Stanislaus specifically related to the MCAH population.</p>	<p><b>Assessment</b>  <b>1.10a</b> # of FTS Executive Committee Meetings held.   <b>1.10b</b> Report on trends from the long-term population indicators that are related to the MCAH population.</p>	<p><b>Assessment</b>  <b>1.10a</b> # of long-term indicators for which data is being collected / 3</p>
<p><b>1.11</b> By June 30, 2013, provide at least one update re data on MCAH populations and health-related issues</p>	<p><b>1.11a</b> Post MCAH-relevant data to the HSA data webpage as data become available.</p>	<p><b>1.11a</b> Number and subject of new data summaries posted to the webpage.</p>	<p><b>1.11</b> Number of data/issues updates presented to MCAH system partners / 1 update</p>

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
to MCAH system partners.	<p><b>1.11b</b> Include a data update as part of the standing agenda of the MCAH Advisory Committee.</p> <p><b>1.11c</b> At each MCAH Advisory Committee, ask that members indicate whether they have used data provided for program planning, grant applications or other uses.</p>	<p><b>1.11b</b> Number of hits to the data webpage</p> <p><b>1.11c</b> Number of times data is presented to the MCAH Advisory Committee.</p> <p><b>1.11d</b> Number of MCAH Advisory Committee members who report having used the data provided.</p>	
<p><b>1.12</b> Through June 30, 2013, provide at least 3 updates to MCAH system partners on new and potential policies and laws that may impact the MCAH population.</p>	<p><b>Policy Development</b></p> <p><b>1.12a</b> Present updates on new and potential policies at each quarterly MCAH Advisory Committee meeting.</p> <p><b>1.12b</b> Email time-sensitive policy information to the MCAH system distribution list.</p>	<p><b>Policy Development</b></p> <p><b>1.12</b> Brief description of how updates are received and if any action results</p>	<p><b>Policy Development</b></p> <p><b>1.12</b> Number of policy/legal updates given to MCAH partners / 3 updates</p>
<p><b>1.13a</b> By June 30, 2013, MCAH staff will deliver training on the MCAH system in Stanislaus County to 10 Community Health Workers (CHWs).</p> <p><b>1.13b</b> By June 30, 2013, the community liaison for the MCAH program will hold at least 1 TA site meeting each with 10 CBOs to address service delivery to the MCAH population</p>	<p><b>Assurance</b></p> <p><b>1.13a</b> Design, organize and hold a training or series of trainings.</p> <p><b>1.13b</b> Inform CBO staff and other MCAH partners about health insurance plans and programs that serve MCAH populations (e.g. Medi-Cal, CPSP, AIM, Healthy Families, Healthy Cubs) and how to assist MCAH population to enroll (directly or by referral).</p>	<p><b>Assurance</b></p> <p><b>1.13a</b> Number of MCAH system partners trained about insurance and programs serving the MCAH population</p> <p><b>1.13b</b> Number of MCAH system partners trained about the MCAH system and their role.</p> <p><b>1.13c</b> Describe the frequency and type of TA support provided.</p>	<p><b>Assurance</b></p> <p><b>1.13a</b> # of Community Health Workers (CHWs) attending MCAH system training /10 CHWs</p> <p><b>1.3b</b> # of CHWs who indicate and increase in knowledge / 10 CHWs</p> <p><b>1.13c</b> # CBOs receiving service-delivery TA site meeting /10 CBOs</p>

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p><b>1.13c</b> In at least one training, educate CBO staff and other MCAH partners about the MCAH system and the role they play within it.</p> <p><b>1.13d</b> Provide technical assistance (TA) and other support to CBOs and other MCAH system partners in providing services to the MCAH population.</p>		
<p><b>1.14a</b> By January 30, 2013, MCAH staff will hold 1 training for at least 4 health care interpreters who will support the care of mothers and children through MCAH home visiting programs.</p> <p><b>1.14b</b> By January 30, 2013, MCAH staff will hold 1 cultural competency in-services or series of in-services for providers working with interpreters in the delivery of health care services through MCAH home visiting programs.</p>	<p><b>1.14a</b> Organize, recruit, design, and deliver training or series of trainings to interpreters.</p> <p><b>1.14b</b> Develop a cultural competency training or series of trainings for nurses working with interpreters</p>	<p><b>1.14a</b> Evaluations completed by interpreters completing training.</p> <p><b>1.14b</b> Evaluations completed by providers working with interpreters going through the cultural competency in-service.</p>	<p><b>1.14a</b> # of interpreters trained/4 interpreters</p> <p><b>1.14b</b> # of nurses completing in-services on cultural competency.</p> <p><b>1.14c</b> Results from evaluations completed by interpreters and providers regarding effectiveness of training and level of comfort working with interpreters/providers at the end of the training.</p>

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**Goal 2: Improve Maternal Health**

- **Improve maternal health by optimizing the health and well-being of girls and women across the lifecourse <sup>1</sup>**
- **Reduce maternal morbidity and mortality and the increasing disparity in maternal health outcomes <sup>1</sup>**
  - **Assure that all pregnant women will have access to early, adequate and high quality perinatal care with a special emphasis on low-income and Medi-Cal eligible women <sup>2</sup>**

**Long Term Outcome Objectives**

- 2.a** Decrease the percentage of births within 24 months of a previous birth among women age 15 to 44 from a baseline of 14.7% to 14.0% by 2015. **HP 2020 FP -5 (18 mths.)**. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 2.b** Decrease the percentage of births within 24 months of a previous birth among women age 12 to 19 from a baseline of 9.3% to 8.8% by 2015. **HP 2020 FP -5 (18 mths.)**. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 2.c** Increase the percentage of live born infants whose mothers received prenatal care in the first trimester of pregnancy from a baseline of 76.9% to 80.7% by 2015. **HP 2020 MICH-10.1**. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 2.d** Increase the percentage of women age 15 to 44 with a live birth during the reporting year whose observed to expected prenatal visits are equal to 80 to 109 percent on the Kotelchuck Index from a baseline of 41.2% to 43.3% (APNCU Index- FHOP) by 2015. **HP 2020 MICH-10.2**. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 2.e** Decrease the rate of domestic violence calls for assistance per 10,000 from a baseline of rate 44.2 to 42.0 by 2015. **HP 2020 IVP-39 (Developmental)**. Source: <http://fhop.ucsf.edu/fhop/docs/pdf/mcah/DV1987-2009%20by%20LHJ1.pdf>
- 2.f** Increase the percentage of postpartum visits from 54.9% to 57.6% by 2015. Source: 2010 Healthcare Effectiveness Data and Information Set (HEDIS): Prenatal and Postpartum Care – timeliness of Prenatal Care

**Data Source**

Birth Statistical Master File, Department of Justice statistics, LHJ specific statistics, if applicable

**Healthy People 2020 Objectives**

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

**Timelines**

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

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Nothing is entered in the shaded areas.

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
2.1-2.5 Develop and maintain required foundational structure and public health activities that improve coordination of and access to early, adequate and high quality perinatal care and maternal health.	<b>Assessment</b> 2.1 Identify and monitor trends in disparities and barriers in access to early, adequate and high quality perinatal care and maternal health.	<b>Assessment</b> 2.1 List and briefly describe trends in disparities and barriers in access to early, adequate and high quality perinatal care and maternal health.	
	2.2 Identify and monitor local geographic areas and/or population groups that have insufficient access to early, adequate and high quality perinatal care and poor maternal health.	2.2 Briefly describe geographic areas and/or population groups that have insufficient access to early, adequate and high quality perinatal care and poor maternal health.	
	2.3 Conduct the following activities: a. Collaborate with providers and other third party payers to improve maternal health and extend comprehensive perinatal care to all pregnant women b. Participate in collaboratives, coalitions, networks, etc., and develop products that address unmet needs to provide access to early perinatal care and CPSP services for all women	2.3 a & b. Submit Collaborative Form to document participation, objectives, activities and accomplishments of collaboratives and coalitions that improve maternal health and address access to early, adequate and high quality perinatal care.	2.3 b List products developed to improve access to early, adequate and high quality perinatal care and maternal health and describe outcomes of dissemination.
	<b>Policy Development</b> 2.4 Review, revise and enact policies that facilitate access to early, adequate and high quality perinatal care and improve maternal health.	<b>Policy Development</b> 2.4 Describe participation in the review and development of policy changes and corresponding systems changes that facilitate access to early, adequate and high quality perinatal care and improve maternal health.	<b>Policy Development</b> 2.4 Describe the impact of policy changes and corresponding systems changes that facilitate access to early, adequate and high quality perinatal care and improve maternal health.

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	2.5 Work with community organizations to influence policy and address disparities regarding access to early, adequate and high quality perinatal care and maternal health.	2.5 Describe efforts to work with community organizations to influence policy and address disparities regarding access to early, adequate and high quality perinatal care and maternal health.	2.5 Describe results of work with community organizations to influence policy and address disparities regarding access to early, adequate and high quality perinatal care and maternal health.
2.6-2.8 Promote access to and quality of local CPSP.	<b>Assurance</b> 2.6 Process applications for identified Medi-Cal providers desiring to become approved CPSP providers.	<b>Assurance</b> 2.6 Report the number of current and newly enrolled providers in CPSP and number of Medi-Cal Obstetrical (OB) providers. List barriers to recruitment and retention of OB providers.	<b>Assurance</b> 2.6 Describe the impact on access to and quality of CPSP services.
	2.7 Provide consultation and technical assistance to CPSP providers related to the provision of CPSP services.	2.7 List consultation and/or technical assistance provided to CPSP providers.	2.7 Describe outcomes of consultation and/or technical assistance provided to CPSP providers.
	2.8 At a minimum, conduct yearly continuous quality improvement (CQI) and quality assurance activities (QA) for local CPSP providers to ensure that the program is being implemented according to Policies and Procedures and clients are receiving the required nutrition, psychosocial and health education services.	2.8 List CPSP provider CQI/QA activities that were conducted. Report the number of site visits and face to face contacts with current and potential CPSP providers.	2.8 Describe the results of CQI/QA activities that were conducted.

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<b>Insert Short and or Intermediate Outcome Objective(s), activities, Evaluation/Performance Measures in the appropriate column below</b>			
<b>Local Objectives</b>			
<p><b>2.9</b> By June 30, 2013, continue pilot program to expand CPSP services for enrolled women being seen at HSA Clinics to increase postpartum care within the period recommended by professional guidance.</p> <p><b>Specific Objectives:</b>  <b>2.9a</b> By June 30, 2013, 65% of the CPSP women who received a postpartum home visit by a nurse will attend their 2 wk. postpartum visit.  <b>2.9b</b> By June 30, 2013, 75% of the CPSP women who received a home visit by a nurse will attend the 6 wk postpartum OB appointment.</p>	<p><b>Assurance</b>  <b>2.9a</b> Review and revise protocols as needed.  <b>2.9b</b> Nursing staff will visit clients at home within 10 days after hospital discharge.  <b>2.9c</b> Nursing staff will schedule a 2-week CPSP and a 6-week OB appointment for their clients to receive postpartum visit and exam.  <b>2.9d</b> Nursing staff will assess clients for additional OB or medical needs and give referrals to HSA Clinics.  <b>2.9e</b> Nursing staff will assess clients for barriers to attending postpartum and other medical visits and will receive necessary referrals to overcome barriers.  <b>2.9f</b> Nursing staff will conduct follow up with clients one month after the original appointment to determine whether mothers attended their CPSP 2 week appointment and whether they need additional help or referrals.  <b>2.9g</b> Program staff will check the CPS electronic medical records of clients to</p>	<p><b>Assurance</b>  <b>2.9</b> Description of the CPSP Postpartum Home Visiting program done in conjunction with the HSA Clinics, including</p> <ul style="list-style-type: none"> <li>• Number and % of women seen out of the total possible number of women to be seen (CPSP-enrolled at MMO who delivered at DMC)</li> <li>• % of women seen within 1 week of delivery</li> <li>• Number and % of clients who are scheduled for their 2 week CPSP appointment.</li> <li>• Number and % of clients who are scheduled for their 6 week OB appointment.</li> </ul>	<p><b>Assurance</b>  <b>2.9b</b> % of visited clients attending 2-week postpartum CPSP appt at HSA clinic / 65% of clients seen  <b>2.9c</b> % of clients attending their 6 week OB appt at HSA clinics / 75% of clients seen</p>

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	determine whether they attended their 6-week postpartum visit.		
<b>2.10a</b> By June 30, 2013, MCAH staff will explore reasons for the recent increase in the percentage of pregnant women with late entry into PNC or no PNC and identify at least one evidence-based practice that may be implemented to address the problem.	<p><b>2.10a</b> Investigate how Vital Records collects birth certificate data re date of entry into care (e.g. ask Mom vs. hospital records).</p> <p><b>2.10b</b> Analyze raw birth certificate data re late entry and no PNC and identify correlated factors.</p> <p><b>2.10c</b> Examine raw birth certificate data for out of hospital births to see if they are connected with late entry/no PNC.</p> <p><b>2.10d</b> Explore evidence-based practices to address late or no entry into PNC.</p>	<p><b>2.10a</b> Description of factors that are related to late entry and no PNC</p> <p><b>2.10b</b> Description of factors that are related to out of hospital births</p> <p><b>2.10c</b> List of evidence-based practices researched</p>	<b>2.10a</b> Number of best-practices identified for potential implementation to reduce late entry or no PNC / 1
<b>2.11</b> By June 30, 2013, present perinatal health data to at least one group of perinatal health providers.	<p><b>2.11a</b> Design, organize and hold a presentation or series of presentations.</p> <p><b>2.11b</b> Design and administer pre/post test evaluations to determine whether information presented was useful to participants.</p>	<p><b>2.11a</b> Number of presentations held.</p> <p><b>2.11b</b> Number of perinatal health providers who received the information.</p> <p>2.11c Number of perinatal health providers who completed the evaluation.</p>	<p><b>2.11a</b> Number of presentations held / 1 presentation</p> <p><b>2.11b</b> Number of health providers receiving information</p> <p>2.12c Percentage of attending perinatal health care providers who report the information was useful to their practice.</p>
<b>2.12</b> By June 30, 2013, 50% of women participating in MCAH programs are knowledgeable about general and reproductive health as well as safety	<b>2.12</b> Revise existing and/or create new curriculum modules to ensure that modules are up-to-date. Revise pre and post tests.	<p><b>2.12a</b> # and type of curriculum modules updated.</p> <p><b>2.12b</b> # Number of women in support</p>	<b>2.12</b> % of women who gained knowledge after receiving classes/50% of class attendees

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
for themselves.		groups who received the training  <b>2.12c</b> Pre/post test completed.	
<p><b>2.13</b> By June 30, 2013, MCAH staff will build the capacity of 30 Spanish speaking promotores and CHWs in Stanislaus County on MCAH Latino-specific health issues.</p> <p><b>2.13b</b> By June 30, 2013, 80% of promotores and CHWs trained on MCAH health issues will indicate an increase in knowledge.</p> <p><b>2.13c</b> By June 30, 2013, 50% of the promotores and CHW's trained will indicate an intention to pass along the information they learned on MCAH health issues to others in their community.</p>	<p><b>2.13a</b> Maintain participation in the Stanislaus County Promotora and Community Health Worker Network.</p> <p><b>2.13b</b> Maintain participation in the Promotora Network leadership group</p> <p><b>2.13c</b> Maintain participation in the Promotora Network education-planning group.</p> <p><b>2.13d</b> Work with Promotora Network and subcommittees to offer trainings to members on MCAH health issues.</p> <p><b>2.13e</b> Work with the Promotora Network education-planning group to develop a pre and post test to evaluate learning.</p>	<p><b>2.13</b> Brief description of work of promotoras and CHWs</p> <p><b>2.13a</b> # Network meetings held and # attended</p> <p><b>2.13b</b> # and type of trainings offered to Stanislaus County Promotoras</p>	<p><b>2.13a</b> # of Promotora Network members trained on Latino health issues/30 Promotora Network members</p> <p><b>2.13b</b> % of promotores and CHWs attending training who indicate increased knowledge on MCAH health and wellbeing related topics/80% of attendees</p> <p><b>2.13c</b> % of promotores and CHWs attending training who indicate their intention to pass on knowledge of MCAH health issues to their community/50% of attendees</p>
<p><b>2.14</b> By June 30, 2014, partner with the California Peer Preconception Education Collaborative (CPPEC) to support Peer Preconception Educator (PPE) programs at post-secondary institutions within Stanislaus County</p>	<p><b>2.14a</b> Meet with CPPEC to discuss the FCDPH existing infrastructure for PPE programs and develop a plan to develop and/or collaborate with programs within the jurisdiction and/or across neighboring jurisdictions.</p> <p><b>2.14b</b> Collaborate with post-secondary institution(s) to conduct PPE program training(s). - Contact county program directors,</p>	<p><b>2.14a</b> Brief description and documentation of implementation goals and action items needed to support PPE programs that serve Stanislaus County.</p> <p><b>2.14b</b> Number of post-secondary institutions contacted.</p> <p><b>2.14c</b> Number of post-secondary institutions met with and entered into</p>	<p><b>2.14a</b> Work plan with quantitative and qualitative goals for the development of PPE training(s) and/or community initiative(s) for 2013-2018 on file. Submit a brief executive summary of the work plan with the annual report.</p>

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<sup>2</sup> Title V 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 <i>(Report on these measures in the Annual Report)</i>	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	school and community health educators, and local non-profit partners to identify potential outreach partners for trainings and community initiatives -Meet with post-secondary institution health education contacts to identify interest in developing a PPE campus organization and develop a recruitment strategy -attend PPE training at CSU Fresno	discussions with.	

<sup>1</sup> 2011-2015 Title V State Priorities  
<sup>2</sup> Title V Requirement

**Goal 3: Improve Infant Health**

- **Reduce infant mortality and address disparities by promoting preconception health and health care and by preventing causes such as birth defects, low birth weight/prematurity, SIDS, and maternal complications in pregnancy**<sup>1</sup>

**Long Term Outcome Objectives**

- 3.a** Decrease the percentage of Low Birth Weight Live Births from a baseline of 6.4% to 6.24% by 2015. **HP 2020 MICH-8.1.** Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 3.b** Decrease the percentage of Very Low Birth Weight Live Births from a baseline of 1.2% to 1.17% by 2015. **HP 2020 MICH-8.2.** Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 3.c** Decrease the percentage of Preterm Births (less than 37 weeks gestation) from a baseline of 11.7% to 11.1% by 2015. **HP 2020 MICH-9.1-9.4.** Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 3.d** Decrease the rate of perinatal deaths (fetal and infant deaths from 20 wks gestation through 7 days after birth) from a baseline of 6.6 to 6.3 per 1,000 live births by 2015. **HP 2020 MICH-1.2.** Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 3.e** Decrease the rate of neonatal deaths (within the first 28 days of life) from a baseline of 3.9 to 3.7 per 1,000 live births by 2015. **HP 2020 MICH- 1.4.** Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 3.f** Decrease the rate of postneonatal deaths (between 28 days and 1 year) from a baseline of 2.2 to 2.1 per 1,000 live births by 2015. **HP 2020 MICH-1.5.** Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 3.g** Decrease the rate of infant deaths (birth to 1 year) from a baseline of 6.1 to 5.8 per 1,000 live births by 2015. **HP 2020 MICH -1.3.** Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 3.h** Decrease the number of infant deaths due to SIDS from a baseline of \_\_\_\_ to \_\_\_\_ by 2015 **OR** maintain the status of no infant deaths due to SIDS by 2015. **HP 2020 MICH-1.8.** Source: LHJ statistics
- 3.i** Insert specific LHJ data collected, if applicable → Decrease the number of sleep related deaths from 6 to 5 by 2015.
- 3.j** Insert specific LHJ data collected, if applicable → Decrease the percentage of large for gestational age (LGA) babies born from the baseline of 9.7% to 9.2% by 2015. Source: Birth Statistical Master File for Stanislaus County (2005)

**Data Source**

LHJ Coroner's Notification Card (CDPH 4411), California SIDS Program compliance monitoring reports, Death Statistical Master File, Birth Statistical Master File, LHJ specific statistics, if applicable

**Healthy People 2020 Objectives**

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

**Timelines**

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

<sup>1</sup> 2011-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

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)
3.1-3.7 Develop and maintain required foundational structure and public health activities that improve infant health outcomes.	<b>Assessment</b> 3.1 Identify and monitor trends in perinatal, neonatal, postneonatal and infant health outcomes	<b>Assessment</b> 3.1 List and briefly describe trends in disparities and barriers related to perinatal, neonatal, postneonatal and infant health outcomes.	
	3.2 Identify and monitor local geographic areas and/or population groups that have high rates of poor perinatal, neonatal, postneonatal and infant health outcomes.	3.2 Briefly describe local geographic areas and/or population groups that have high rates of poor perinatal, neonatal, postneonatal and infant health outcomes.	
	3.3 Participate in collaboratives, coalitions, networks, etc. and develop products that address unmet needs to prevent poor perinatal, neonatal, postneonatal and infant health outcomes.	3.3 Submit Collaborative Form to document participation, objectives, activities and accomplishments of collaboratives and coalitions that address poor perinatal, neonatal, postneonatal and infant health outcomes.	3.3 List products developed to improve infant health outcomes and describe outcomes of dissemination. <b>(List below)</b>
	<b>Policy Development</b> 3.4 Review, revise and enact policies that enable the implementation of appropriate interventions to improve infant health.	<b>Policy Development</b> 3.4 Describe participation in the review and development of policy changes and corresponding systems changes that improve infant health.	<b>Policy Development</b> 3.4 Describe the impact of policy changes and corresponding systems changes that improve infant health.
	3.5 Work with community organizations to influence policy and address disparities in infant health.	3.5 Describe efforts to work with community organizations to influence policy and address disparities regarding infant health.	3.5 Describe results of efforts to address disparities in infant health outcomes.
	<b>Assurance</b> 3.6 Establish contact with parents/caregivers of infants with presumed SIDS death to provide grief and bereavement support services.	<b>Assurance</b> 3.6 (Insert number) of parents/caregivers who experience a presumed SIDS death and the number who are contacted for grief and bereavement support services.	

<sup>1</sup> 2011-2015 Title V State Priorities  
<sup>2</sup> Title V 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)
	3.7 Attend the SIDS Annual Conference/ SIDS training(s) and other conferences/trainings related to infant health.	3.7 Provide staff member name and date of attendance at SIDS Annual Conference/training(s) and other conferences/trainings related to infant health.	3.7 Describe results of improved knowledge of staff trainings related to infant health
<b>Insert Short and or Intermediate Outcome Objective(s), activities, Evaluation/Performance Measures in the appropriate column below</b>			
<b>Local Objectives</b>			
<p><b>3.7</b> Educate parents and the public about safe sleep practices and SIDS risk reduction.</p> <p><b>Specific Objectives:</b>  <b>3.7a</b> By June 30, 2013, MCAH staff will revise existing safe sleep material to comply with new AAP guidelines.</p> <p><b>3.7 b</b> By June 30, 2013, MCAH staff will distribute revised safe sleep materials to local hospitals; perinatal and CHDP providers; and community partners.</p> <p><b>3.7c</b> By June 30, 2013 90% of the HBO sites will offer education on safe sleep.</p>	<p><b>3.7a</b> Using current AAP guidelines, revise current safe sleep print and video materials.</p> <p><b>3.7b</b> Distribute revised safe sleep print and video materials to hospitals; perinatal and CHDP providers; and community partners.</p> <p><b>3.7c</b> Continue to deliver educational modules covering safe sleep practices to women participating in HBO support groups.                      - Administer pre/post tests to determine percentage of women who gained information.</p> <p><b>3.7d</b> Provide safe sleep information on a one-to-one basis to women receiving case management from Community Health Services PHN's prior to delivery and during the postpartum period.</p>	<p><b>3.7a</b> Track and report on number and types of materials revised.</p> <p><b>3.7b</b> Track and report on number of providers receiving revised materials.</p> <p><b>3.7c</b> Track and report on number of HBO sites that offered safe sleep information through HSA-taught classes.</p> <p><b>3.7d</b> Track and report on number of case managed women receiving one-in-one safe sleep education.</p>	<p><b>3.7a</b> Number of materials revised</p> <p><b>3.7b</b> Number of materials distributed to local providers</p> <p><b>3.7c</b> Number of local providers receiving materials</p> <p><b>3.7d</b> % of HBO sites that offered a class that contained safe sleep information/90%.</p> <p><b>3.7e</b> % of women taking pre/post test who showed increase knowledge of safe sleep practices.</p> <p><b>3.8f</b> % of case managed women (in perinatal and postpartum period) who received safe sleep education.</p>

<sup>1</sup> 2011-2015 Title V State Priorities  
<sup>2</sup> Title V Requirement

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p><b>3.8</b> By June 30, 2013, 50% of women participating in MCAH programs are knowledgeable about infant health, including infant development, safety and nutrition.</p>	<p><b>3.8</b> Revise existing and/or create new curriculum modules to be used in community-based support groups to include updated information infant health, including infant development, safety and nutrition. Revise pre and post tests.</p>	<p><b>3.8a</b> # and type of curriculum modules updated.</p> <p><b>3.8b</b> # Number of women in support groups who received the training</p> <p><b>3.8c</b> Pre/post test completed</p>	<p><b>3.8</b> % of women who gained knowledge after receiving classes/50% of class attendees</p>
<p><b>3.9</b> By June 30, 2012 80% of newborns whose mothers are enrolled in the CPSP Home Visiting Program will receive their two-week well child check.</p>	<p><b>3.9a</b> Nursing staff will ensure that infants 2 week well child check (WCC) is scheduled during the home visit.</p> <p><b>3.9b</b> Nursing staff will assess clients for barriers to attending well child check and will deliver necessary referrals to overcome barriers during the home visit</p>	<p><b>3.9a</b> Number and % of infants who are scheduled for a 2 week WCC</p> <p><b>3.9b</b> Identify barriers to compliance to 2 week WCC from nurse case managers</p>	<p><b>3.9</b> % of the infants of visited in CPSP program who receive their two week well child exam / 80% of visited infants</p>
<p><b>3.10</b> By June 30 2013, MCAH staff will deliver 1 trainings to at least 15 staff from CBOs and other MCAH system partners to help them better serve pregnant women, new mothers and infants (e.g. info on fetal and child development, how to have a healthy pregnancy, risk factors for poor pregnancy and birth outcomes).</p> <p><b>3.102b</b> By June 30, 2013, 50% of trainees will report feeling better able to serve MCAH populations because of the training provided.</p>	<p><b>3.10a</b> Develop training materials</p> <p><b>3.10b</b> Arrange training sessions and make all logistical arrangements.</p> <p><b>3.10c</b> Develop pre/post test for training evaluation.</p> <p><b>3.10d</b> Administer trainings.</p> <p><b>3.10e</b> Evaluate trainings.</p>	<p><b>3.10a</b> Sign in sheets and pre/post test scores</p> <p><b>3.10b</b> Brief description of trainings and training results</p>	<p><b>3.10a</b> # of CBOs staff trained / 15 staff</p> <p><b>3.10b</b> % of service providers trained who indicate feeling better to serve pregnant women, new mothers and infants/ 50% of trainees</p>

<sup>1</sup> 2011-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

**Goal 4: Improve Nutrition and Physical Activity**  
 • Promote healthy nutrition and physical activity among MCAH populations throughout the lifespan beginning with exclusive breastfeeding of infants to six months of age<sup>1</sup>

**Long Term Outcome Objectives**  
 (Choose one or more. Delete those not chosen.)

- 4.a** Increase the percentage of any breastfeeding at the hospital from a baseline of 84.1% to 88.3 by 2015. **HP 2020 MICH -21.** Source: <http://fhop.ucsf.edu/fhop/data/SOW/MO-BFP-CountyofResidenceBreastfeedingbyRaceReport-2009.pdf>
- 4.b** Decrease the percentage of children less than age 5 who are overweight from a baseline of 33.6% to 31.9% by 2015. **HP 2020 NWS 10.0 (children age 2-5 yrs).** Source: <http://fhop.ucsf.edu/fhop/data/SOW/PEDNSS 2-5 2009 final.xlsx>
- 4.c** Decrease the percentage of children age 5-19 who are overweight from a baseline of 43% to 40.9% by 2015. **HP 2020 NWS-10.4 (children and adolescents 5-19 yrs).** Source: <http://fhop.ucsf.edu/fhop/data/SOW/PEDNSS 5-19 2009 final.xlsx>
- 4.d** Insert specific LHJ data collected, if applicable

**Data Source** California Pediatric Nutrition Surveillance System, Genetic Disease Branch, LHJ specific statistics, if applicable

**Healthy People 2020 Objectives** <http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
		Process Descriptions and Measures	Short and/or Intermediate Outcome Measure(s)
<b>Local Objectives</b>			
<b>4.1</b> By June 30, 2013, the Stanislaus County Breastfeeding Coalition will update/create 3 different brochures for: education to women; resources for providers; and a general community education brochure regarding the Coalition	<p><b>4.1a</b> Coordinate the Stanislaus County Breastfeeding Coalition and</p> <p><b>4.1b</b> Provide technical assistance and leadership for the effort to develop the three brochures and as needed to Coalition leadership</p>	<b>4.1</b> Brochures created by June 30, 2013 (yes/no)	<b>4.1</b> Number of brochures created/revised / 3 brochures
<b>4.2</b> By June 30, 2013, HSA will have supported at least one external grant application to improve the built environment in ways that can improve or protect the health of MCAH populations.	<b>4.2a</b> MCAH staff will continue to maintain relationships with city and county planning agencies and non-profit organizations interested in bettering the built environment of Stanislaus County.	<b>4.2</b> The number of built-environment related grants for external partners in the county that MCAH staff sent to HSA administration for consideration.	<b>4.2</b> The number of built-environment related grants for external partners in the county that HSA supported / 1

<sup>1</sup> 2011-2015 Title V State Priorities  
<sup>2</sup> Title V 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 Descriptions and Measures	Short and/or Intermediate Outcome Measure(s)
	<p><b>4.2b</b> MCAH staff will refer grant proposals that meet the built environment goals of the <i>Framework for a Thriving Stanislaus (FTS)</i> to HSA senior management with a recommendation to support those that meet the needs of the FTS priorities and indicators.</p>		

<sup>1</sup> 2011-2015 Title V State Priorities  
<sup>2</sup> Title V Requirement



**Goal 5: Improve Child Health**

- **Support the physical, socio-emotional, and cognitive development of children, including the prevention of injuries, through the implementation of prevention, early identification and intervention strategies<sup>1</sup>**

**Long Term Outcome Objectives  
(Choose one or more. Delete those  
not chosen.)**

- 5.a** Decrease the rate of deaths age 1-14 per 100,000 from a baseline of 14.3 to 13.6 by 2015. **HP 2020 MICH 3-4.** Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 5.b** Increase the percentage of children age 2-11 who have been to the dentist in the past year from a baseline of 90% to 94.5% by 2015. **HP 2020 OH-7.** Source: [http://familymedicine.medschool.ucsf.edu/fhop/docs/excel/mcah\\_t5/t5\\_18\\_dental\\_vis.xls](http://familymedicine.medschool.ucsf.edu/fhop/docs/excel/mcah_t5/t5_18_dental_vis.xls)
- 5.c** Decrease the rate of asthma hospitalizations for children age 0-4 per 10,000 from a baseline of 31.3 to 29.7 by 2015. **HP 2020 RD -2.1.** Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 5.d** Decrease the rate of asthma hospitalizations for children age 5-17 per 10,000 from a baseline of 6.8 to 6.5 by 2015. **HP 2020 RD -2.2.** Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 5.e** Decrease the rate of mental health hospitalizations for children age 5-14 per 10,000 from a baseline of 9.5 to 9.0 by 2015. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 5.f** Decrease the rate of non-fatal injury hospitalizations for children age 0-14 per 10,000 from a baseline of 19.4 to 18.4 by 2015. **HP 2020 IVP 1.2.** Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 5.g** Decrease the rate of non-fatal motor vehicle accident injuries for children age 0-14 per 100,000 from a baseline of 2.2 to 2.1 by 2015. **HP 2020 IVP 14.** Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm) (see Workbook B indicator 24a) Decrease the rate of non-fatal injury hospitalizations for motor vehicle accidents age 0-14 per 10,000 from a baseline of 2.2 to 2.09 by 2015. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 5.h** Decrease the rate of children living in foster care each January per 1,000 from a baseline of 3.4 to 3.2 by 2015. Source: <http://fhop.ucsf.edu/fhop/data/SOW/Children in Foster Care 2010.xls>
- 5.i** Decrease the percentage of children age 0-17 living in poverty from a baseline of 22.7% to 21.6% by 2015. Source: <http://fhop.ucsf.edu/fhop/data/SOW/Poverty Rates CA Counties 0-17 2009.xlsx>
- 5.j** Insert specific LHJ data collected, if applicable

**Data Source**

OSHPD Patient Discharge Data, California Highway Patrol Statewide Integrated Traffic Records System, California Department of Social Services, Child Welfare Dynamic Report System, LHJ specific statistics, if applicable

**Healthy People 2020 Objectives**

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

**Timelines**

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<sup>1</sup> 2011-2015 Title V State Priorities  
<sup>2</sup> Title V Requirement



Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<b>Local Objectives</b>			
<p><b>5.1</b> By June 30, 2013, the Family Violence Death Review Team (DRT) will identify at least one common preventable cause of death among Stanislaus County children and youth (0-18).</p>	<p><b>Assessment</b>  <b>5.1a</b> Coordinate the Family Violence Death Review Team and facilitate their review of all non-medical deaths of children ages 0-18 (occurring in 2010-2011) to identify modifiable factors contributing to death.</p>	<p><b>Assessment</b>  <b>5.1</b> Brief description of successes and challenges of DRT   <b>5.1a</b> The number of DRT meetings (target = 10+ meetings/year).   <b>5.1b</b> # of non-medical child deaths reviewed.</p>	<p><b>Assessment</b>  <b>5.1a</b> Number of modifiable factors identified / 1</p>
<p><b>5.2</b> By June 30, 2013, the Family Violence Death Review Team (DRT) will provide information to potential intervention partners and recommend at least one strategy to reduce non-medical child deaths via the yearly DRT report.</p>	<p><b>Policy Development</b>  <b>5.2a</b> Write synthesis for 2010 and 2011 calendar years of all DRT reviewed deaths, identifying at least one modifiable risk factor and recommending at least one strategy to reduce it to assist in policy and child death prevention strategy development.</p>	<p><b>Policy Development</b>  <b>5.2a</b> Describe results and impact of the Family Violence Death Review Report / recommendations.   <b>5.2c</b> Number of partners to whom report is disseminated.</p>	<p><b>Policy Development</b>  <b>5.2a</b> Completion of the yearly report (yes/no).   <b>5.2b</b> Number of preventive strategies recommended / 1 (target)</p>
<p><b>5.3</b> By June 30, 2013, contribute to national efforts to understand and prevent childhood deaths by entering 100% of non-medical child death reviewed into the national Fatal Child Abuse and Neglect Surveillance (FCANS) database.</p>	<p><b>5.3a</b> Train staff to enter data according to protocol   <b>5.3b</b> Enter data of all reviewed deaths into the national Fatal Child Abuse and Neglect Surveillance (FCANS) database.</p>	<p><b>5.3a</b> # of reviewed child deaths entered into the FCANS database.</p>	<p><b>5.3</b> % of deaths entered into FCANS database/100%</p>

<sup>1</sup> 2011-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

**Goal 6: Improve Adolescent Health**

- Promote positive youth development strategies to support the physical, mental, sexual and reproductive health of adolescents <sup>1</sup>

**Long Term Outcome Objectives  
(Choose one or more. Delete those  
not chosen.)**

- 6.a** Decrease the birth rate among adolescent females age 10-14 from a baseline of 0.04 to 0.38 by 2015. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 6.b** Decrease the birth rate among adolescent females age 15-17 from a baseline of 21.5 to 20.4 by 2015. **HP 2010. FP 8.1 (pregnancy rate)**. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 6.c** Decrease the birth rate among adolescent females age 18-19 from a baseline of 71.4 to 67.8 by 2015. **HP 2010 FP 8.1 (pregnancy rate)**. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 6.d** Decrease the birth rate among adolescent females age 15-19 from a baseline of 41.3 to 39.2 by 2015. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 6.e** Decrease the rate of Chlamydia per 1,000 females age 15-19 from a baseline of 344.6 to 327.4 by 2015. **HP 2020 STD 1.1 (females 15-24 yrs.)**. Source: <http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-Chlamydia-Provisional-Tables.pdf>
- 6.f** Decrease the rate of asthma hospitalizations for children age 5-17 per 10,000 from a baseline of 6.8 to 6.5 by 2015. **HP 2020 RD 2.2**. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 6.g** Decrease the rate of deaths age 15-19 per 100,000 from a baseline of 27.6 to 26.2 by 2015. **HP 2020 MICH 4.2**. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 6.h** Decrease the rate of mental health hospitalizations for adolescents age 15-19 per 10,000 from a baseline of 47.5 to 45.1 by 2015. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 6.i** Decrease the rate of non-fatal injury hospitalizations for adolescents age 15-24 per 10,000 from a baseline of 59.3 to 56.3 by 2015. **HP 2020 IVP 1.2**. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 6.j** Decrease the rate of non-fatal motor vehicle accident injuries age 15-24 per 100,000 from a baseline of 67.3 to 63.9 by 2015. **HP 2020 IVP – 14**. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm) (see Workbook B indicator 24b)
- 6.k** Decrease the rate of non-fatal injury hospitalizations for motor vehicle accidents age 15-24 per 10,000 from a baseline of 16.6 to 15.8 by 2015. Source: [http://familymedicine.medschool.ucsf.edu/fhop/htm/ca\\_mcah/counties/index.htm](http://familymedicine.medschool.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm)
- 6.l** Decrease the percentage of children age 0-17 living in poverty from a baseline of 22.7 % to 21.6% by 2015. Source: <http://fhop.ucsf.edu/fhop/data/SOW/Poverty Rates CA Counties 0-17 2009.xlsx>
- 6.m** Insert specific LHJ data collected, if applicable

**Data Source**

OSHPD Patient Discharge Data, California Highway Patrol Statewide Integrated Traffic Records System, California Department of Social Services, Child Welfare Dynamic Report System, U.S. Census Bureau, LHJ specific statistics, if applicable

**Healthy People 2020 Objectives**

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

<sup>1</sup> 2011-2015 Title V State Priorities

<sup>2</sup> Title V Requirement

**Timelines**

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<b>Local Objectives</b>			
<p><b>6.1</b> By June 30, 2014, the Teen Pregnancy Prevention (TPP) Collaborative will develop a strategic plan to guide activities over the next 3-5 years.</p>	<p><b>Policy Development</b>  <b>6.1</b> Coordinate the TPP Collaborative.   <b>6.1b</b> Provide technical assistance and training to assist TPP Collaborative to develop a 3-5 year strategic plan.</p>	<p><b>Policy Development</b>  <b>6.1</b> Describe impact of strategic plan development on Collaborative activities and membership.</p>	<p><b>Policy Development</b>  <b>6.1</b> Completion of a strategic plan (yes/no).</p>
<p><b>6.2</b> By May 30, 2012, the Teen Pregnancy Prevention Collaborative will host a teen Facebook Public Video and Poster Announcement Contest in collaboration with schools to increase awareness of the negative consequences of becoming a teen parent.</p> <p><u>Specific Objectives:</u>  <b>6.2a</b> By May 30, 2013, at least 3 schools will support student involvement in the contest.   <b>6.2b</b> By May 30, 2013, at least 20 student entries will be posted to Facebook for the contest.</p>	<p><b>Assurance</b>  <b>6.2a</b> Engage Collaborative members via subcommittee to discuss and plan TPP month activities   <b>6.2b</b> HSA staff will monitor and provide technical assistance to student groups working on creating videos and posters.   <b>6.2c</b> Host youth-oriented activity during the month of May to focus attention on debut of Facebook videos that same month.</p>	<p><b>Assurance</b>  <b>6.2</b> Brief description of process challenges and successes and use of Facebook   <b>6.2a</b> Report on:  <ul style="list-style-type: none"> <li>• Meetings held</li> <li>• # of schools invited to be a part of this activity.</li> <li>• # of entries to the Facebook contest</li> </ul> <b>6.2b</b> # of "likes" received across all posted entries</p>	<p><b>Assurance</b>  <b>6.2a</b> # of schools participating / 3   <b>6.2b</b> # of entries received / 20</p>

<sup>1</sup> 2011-2015 Title V State Priorities  
<sup>2</sup> Title V Requirement

NOV 06 2012  
 Personnel Matched  
 State of California 91.59%

BUDGET SUMMARY PAGE	FISCAL YEAR	BUDGET	BASE MCF %	TITLE V BALANCE
	2012-2013	Original	56.7%	

Version 2.1A-25 Quarterly (MCAH, BIH, AFLP, PYD, CHVP)

Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)				
Agency:	201250 Stanislaus		MCAH-TV		AGENCY		MCAH Cnty-N		MCAH Cnty-E				
SubK:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
EXPENSE CATEGORY	TOTAL FUNDING	%	TITLE V	%	%	Local* Revenue	%	Combined* Fed/Agency	%	Combined* Fed/Agency			
(I) PERSONNEL	386,307	24.70%	95,420			168,279	25.13%	97,083	6.61%	25,524			100%
(II) OPERATING EXPENSES	9,233	44.37%	4,097			970	32.94%	3,041	12.18%	1,125			100%
(III) CAPITAL EXPENDITURES													
(IV) OTHER COSTS	62,932					43,052	31.59%	19,880					100%
(V) INDIRECT COSTS (10% MAX.)	28,132	68.05%	19,145				31.95%	8,987					100%
TOTALS*	486,604	24.39%	118,662			212,301	26.51%	128,991	5.48%	26,649			100%

Maximum Amount Payable from State and Federal resources: **\$203,146** **ACTIVE**

	STATE FUNDING	SMALL COUNTY PROJECT	PYD	BUDGETED	BALANCE	% of Budget
Total Title V	118,662			118,662		24%
Total Agency General Fund				283,459	N/A	58%
Total Matching Title XIX				84,482	N/A	17%
Totals	118,662			486,603		100%

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

MCAH PROJECT DIRECTOR'S SIGNATURE  DATE 11/1/12

AGENCY FISCAL AGENT'S SIGNATURE  DATE 11/1/12

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

State Use Only	PCA Codes	MCAH-TV 53107	MCAH Cnty-N 53118	MCAH Cnty-E 53117
(I) PERSONNEL		95,420	48,542	19,143
(II) OPERATING EXPENSES		4,097	1,521	844
(III) CAPITAL EXPENSES				
(IV) OTHER COSTS			9,940	
(V) INDIRECT COSTS		19,145	4,494	
Totals for PCA Codes	203,146	118,662	64,497	19,987

Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:	201250 Stanislaus		MCAH-TV		AGENCY			MCAH Cnty-N		MCAH Cnty-E			
SubK:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
EXPENSE CATEGORY	TOTAL FUNDING	%	TITLE V	%	-	%	Local* Revenue	%	Combined* Fed/Agency	%	Combined* Fed/Agency		
<b>II. OPERATING EXPENSES DETAIL PAGE</b>													
TOTAL OPERATING EXPENSES	9,233		4,097				970		3,041		1,125		Match Available
TRAVEL	2,200	45.00%	990			10.00%	220	30.00%	660	15.00%	330		
TRAINING	2,650	21.60%	572			8.40%	223	40.00%	1,060	30.00%	795		
1 COMMUNICATIONS & POSTAGE	1,733	53.41%	926			15.00%	260	31.59%	547				
2 EQUIPMENT RENTAL / MAINTENANCE	500	53.91%	270			14.50%	73	31.59%	158				
3 OFFICE EQUIPMENT - NON ASSETS	200	58.41%	117			10.00%	20	31.59%	63				
4 OFFICE SUPPLIES	750	58.41%	438			10.00%	75	31.59%	237				
5 PRINTING	500	58.41%	292			10.00%	50	31.59%	158				
6 EDUCATIONAL MATERIALS	500	58.41%	292			10.00%	50	31.59%	158				
7						73.30%							31.59%
8 TOLL FREE LINE	200	100.00%	200										31.59%
9													31.59%
10													31.59%
11													31.59%
12													31.59%
13													31.59%
14													31.59%
15													31.59%

\*\* Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

<b>IV. OTHER COSTS DETAIL PAGE</b>													
TOTAL OTHER COSTS		62,932					43,052		19,880				
<b>SUBCONTRACTS</b>													
1													
2													
3													
4													
5													
6													
7													
<b>OTHER CHARGES</b>													
AGENCY'S TOTAL INDIRECT COSTS		91,064											
AGENCY'S OTHER INDIRECT COSTS		62,932	0.00%				68.41%	43,052	31.59%	19,880			Match Available
1													31.59%
2													31.59%
3													31.59%
4													31.59%
5													31.59%
6													31.59%
7													31.59%

Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)				
Agency:	201250 Stanislaus		MCAH-TV		AGENCY			MCAH Cnty-N		MCAH Cnty-E				
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
EXPENSE CATEGORY		TOTAL FUNDING	%	TITLE V	%	-	%	Local* Revenue	%	Combined* Fed/Agency	%	Combined* Fed/Agency		

<b>I. PERSONNEL DETAIL PAGE</b>														
TOTAL PERSONNEL COSTS		386,307		95,420				168,279		97,083		25,524		
BENEFITS		104,990		24,869				47,382		26,353		6,387		
TOTAL WAGES		281,317		70,551				120,898		70,731		19,137		

	INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL WAGES								J-Pers MCF Per Staff	Staff Traveling (X)		
1	JF	MCAH DIRECTOR	85.00%	80,496	68,422	29.00%	19,842		45.00%	30,790	23.00%	15,737	3.00%	2,053	56.7%	X
2	LP	MCAH COORDINATOR	25.00%	88,483	22,121	35.94%	7,950		24.06%	5,322	22.00%	4,867	18.00%	3,982	56.7%	X
3	SH	EPIDEMIOLOGIST	36.25%	77,834	28,215	0.00%			58.00%	16,365	42.00%	11,850			56.7%	X
4	VL	HEALTH EDUCATOR	25.00%	59,696	14,924	25.00%	3,731		45.00%	6,716	30.00%	4,477			56.7%	X
5	TP	ADMIN CLERK III	25.00%	41,912	10,478	44.00%	4,610		45.00%	4,715	11.00%	1,153			56.7%	X
6	OT	EPIDEMIOLOGIST	37.50%	77,835	29,188	23.00%	6,713		35.00%	10,216	42.00%	12,259			56.7%	X
7	TBD	DIRECTOR OF NURSING	33.75%	114,338	38,589	0.00%			82.00%	31,643	15.00%	5,788	3.00%	1,158	56.7%	X
8																
9	LP	PHN III (PSC)	75.00%	88,483	66,362	37.20%	24,686		22.80%	15,131	22.00%	14,600	18.00%	11,945	56.7%	X
10																
11	TBD	PHN II (SIDS)	1.25%	84,240	1,053	100.00%	1,053								56.7%	X
12	SP	PHN II (SIDS)	1.25%	84,240	1,053	100.00%	1,053								56.7%	X
13	JS	PHN II (SIDS)	1.34%	68,060	912	100.00%	912								56.7%	X
14																
15																
16																
17																
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## Scope of Work (SOW) Adolescent Family Life Program (AFLP)

### 1. Service Overview

The Agency agrees to provide to the Department of Public Health the services in this Scope of Work. As defined in the implementing statute in Health and Safety Code Sections 124175, 124180, and 124185, the purpose of the AFLP is to address the social, medical, educational, and economic consequences of adolescent pregnancy by (1) establishing local networks to provide necessary services to pregnant and parenting teens and their children, and (2) providing case management services focused on achieving the following goals:

- Improve the health of the pregnant and parenting teen, thus supporting the health of the baby
- Improve high school graduation rates for pregnant and parenting teens
- Reduce repeat pregnancies for pregnant and parenting teens, and
- Improve linkages and create networks for pregnant and parenting teens and their child(ren)

The statute also requires the AFLP to assess client needs and refer clients to services including comprehensive prenatal care, medical care, psychological and nutritional counseling, maternity counseling, adoption counseling, academic and vocational programs, day care, and substance abuse prevention, intervention, and counseling. Each AFLP shall also assure program integrity and maintain a data base to measure outcomes.

The AFLP program is part of the Division's strategy to achieve the following Division priorities identified by the federally required Title V, 5-year Needs Assessment for the adolescent pregnant and parenting population the AFLP serves:

- Improve maternal health by optimizing the health and well-being of girls and women across the life course.
- Promote healthy nutrition and physical activity among MCAH populations throughout the lifespan beginning with exclusive breastfeeding of infants to six months of age.
- Reduce maternal morbidity and mortality and the increasing disparity in maternal health outcomes.
- Reduce infant mortality and address disparities by promoting preconception health and health care and by preventing causes such as birth defects, low birth weight/prematurity, SIDS, and maternal complications in pregnancy.
- Support the physical, socio-emotional, and cognitive development of children, including the prevention of injuries, through the implementation of prevention, early identification and intervention strategies.
- Promote positive youth development strategies to support the physical, mental, sexual and reproductive health of adolescents.
- Link the MCAH population to needed medical, mental, social, dental, and community services to promote equity in access to quality services.

The development of this SOW was also guided by the three core public health functions of assessment, policy development, and assurance, the Ten Essential Services of Public Health, the Spectrum of Prevention, the Life Course Perspective, the Socioecological Model, and the Social Determinants of Health.

**Scope of Work (SOW)  
Adolescent Family Life Program (AFLP)**

AFLPs are also required to comply with requirements stated in the AFLP Program Policies and Procedures Manual and the MCAH Fiscal Policies and Procedures Manual such as attending statewide meetings, submitting Agreement Funding Applications, submitting timely invoices and Lodestar data, and completing Annual and Quarterly Reports.

All activities in this Scope of Work shall take place within the fiscal year. The measures marked with \* will be calculated by Branagh Information Group from Lodestar data in a Scope of Work report from data in Lodestar data forms, which include Intake, Status Change, Follow Up Form, Service Matrix, Additional Outcomes, Pregnancy Outcome, Freecode Forms. It is essential that agency staff complete these forms accurately and completely.

**2. Service Location(s)**

The services shall be performed at various Agencies throughout California.

**3. Service Hours**

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

**4. Project Representatives**

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

<b>California Department of Public Health Maternal, Child and Adolescent Health Division Program Allocations, Integrity and Support Branch Contract Manager: 1615 Capitol Avenue, MS 8305 PO Box 997420 Sacramento, CA 95899-7420 Telephone: Fax:</b>	<b>Agency Name: Agency Contact: Agency Address: City, State, Zip:  Telephone: Fax: Email:</b>
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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.



Scope of Work (SOW)  
Adolescent Family Life Program (AFLP)

5. Allowable Informal SOW Changes

Pursuant to Health and Safety code Section 38077(b)(2), changes and revisions to the Scope of Work contained in the agreement, utilizing the "allowable cost payment system", may be proposed by the Contractor in writing. Failure to notify the State of proposed revisions to the Scope of Work may result in an audit finding.

- A. The State will respond, in writing, as to the approval or disapproval of all such requests for changes or revisions to the Scope of Work within 30 calendar days of the date the request is first received in the Department. Should the State fail to respond to the Contractor's request within 30 calendar days of receipt, the Contractor's request shall be deemed approved.
- B. The State may also request changes and revisions to the Scope of Work. The State will make a good-faith effort to provide the Contractor 30 calendar days advance written notice of said changes or revisions.
- C. No changes to the Scope of Work agreed to pursuant to this paragraph shall take effect until the cooperative agreement is amended and the amendment is approved as required by law and this agreement.

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 for fiscal year(s):

\_\_\_\_\_ AFLP MOS ( \_\_\_ clients) for the budget period of 07/01/12 through 06/30/13  
\_\_\_\_\_ AFLP MOS ( \_\_\_ clients) for the budget period of 07/01/13 through 06/30/14  
\_\_\_\_\_ AFLP MOS ( \_\_\_ clients) for the budget period of 07/01/14 through 06/30/15

Scope of Work (SOW)  
Adolescent Family Life Program (AFLP)

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**

Annual Progress Report

Aug. 15

Quarterly Report:

Cover Sheet

Oct. 31, Jan. 31, Apr. 30, July 31

MOS **Quarterly** Report

Oct. 31, Jan. 31, Apr. 30, July 31

Caseload Analysis

Oct. 31, Jan. 31, Apr. 30, July 31

Personnel List

Oct. 31, Jan. 31, Apr. 30, July 31

MIS Data (content of previous month)

7<sup>th</sup> and/or 17<sup>th</sup> of each month for electronic submission

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

Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)

Goal 1: Improve linkages and create networks for pregnant and parenting teens and their children

Outcome Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures to be Reported in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures
1.1 AFLP will assess local needs, and develop and maintain a comprehensive, culturally appropriate local network of teen friendly supportive services	1.1.1 Identify and monitor local trends in teen pregnancy and parenting outcomes, including disparities, and social determinants.	1.1.1 List and briefly describe local trends in teen pregnancy and parenting outcomes, including disparities and social determinants.	
	1.1.2 Identify and monitor local geographic areas or population groups that have insufficient access to health and human services for pregnant and parenting teens. Identify high risk groups and areas.	1.1.2 List and briefly describe: <ul style="list-style-type: none"> <li>• Geographic areas or population groups that have insufficient access to health and human services for pregnant and parenting teens.</li> <li>• Any activities that have specifically addressed these gaps and the associated outcomes.</li> </ul>	
	1.1.3 Identify community agencies and other service providers for pregnant and parenting teens and work toward developing documented agreements (e.g., MOUs, letters of support or agreement) for referral with at least the following: <ul style="list-style-type: none"> <li>• Local MCAH Program (for CBOs)</li> <li>• Family PACT providers</li> <li>• CPSP providers</li> </ul>	1.1.3 a. Complete the table in the Annual Report to describe services available to clients and type of agreement for referral. b. Describe the relationship with the local MCAH program c. Describe venues where case management services are delivered to clients, address of offices, and d. model of service delivery (group, individual, face to face,	1.1.3 Summarize: <ul style="list-style-type: none"> <li>a. service gaps and changes in the provider network during the reporting period.</li> <li>b. the impact on the AFLP population</li> <li>c. key challenges and</li> <li>d. strategies to address the gaps and challenges.</li> </ul>

Outcome Measures require Lodestar Reports by Branagh Information Group using data from Lodestar forms.

\*MIS Scope of Work Report

\*\*Service Referral Analysis Report

\*\*\* Contact Summary Report

Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)

Goal 1: Improve linkages and create networks for pregnant and parenting teens and their children

Outcome Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures to be Reported in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures
	<ul style="list-style-type: none"> <li>• WIC</li> <li>• Cal Learn</li> <li>• Cal SAFE</li> <li>• Primary care providers</li> <li>• Child care and development services</li> <li>• Local schools or education services, including migrant education where appropriate</li> </ul> <p>Other resources could include:</p> <ul style="list-style-type: none"> <li>• Psychological counseling</li> <li>• Social services</li> <li>• Vocational programs</li> <li>• Emergency support</li> <li>• Housing</li> <li>• Legal Assistance</li> <li>• Substance Abuse Prevention</li> <li>• Adoption Counseling</li> <li>• Parenting Classes</li> <li>• Home Visiting Programs</li> </ul>	<p>telephone, combination)            (500 word limit)</p>	

Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)

Goal 1: Improve linkages and create networks for pregnant and parenting teens and their children

Outcome Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures to be Reported in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures
<p><b>1.2</b> Improve local systems of care through collaboration designed to establish, sustain and enhance comprehensive systems of care for pregnant and parenting teens and their children.</p>	<p><b>1.2</b> Participate in at least one collaborative, coalition, network, etc., that develops products or strategies that address unmet needs and promote increased local access to health and human services for pregnant and parenting teens and their children.</p>	<p><b>1.2</b> Submit Collaborative Form to document participation in at least one and not more than 3 AFLP collaboratives or coalitions that address unmet needs and improve access to health and human services: Maintain records of collaboration in AFLP Agency (i.e. network coordination documentation, summaries, and/or minutes of meetings attended).</p>	<p><b>1.2</b> Collaborative Form submitted in Process will</p> <ul style="list-style-type: none"> <li>a. Document objectives and accomplishments and</li> <li>b. Include a description of the collaborative's impact on the local system of care for pregnant and parenting teens.</li> <li>c. List products developed and outcomes of dissemination on collaborative form.</li> </ul>
<p><b>1.3</b> Improve community knowledge of AFLP services and identify potential clients by conducting outreach activities</p>	<p><b>1.3</b> AFLP will conduct outreach activities to high risk groups, areas, and community agencies and other service providers to ensure that appropriate and eligible clients are identified, referred to the program and enrolled or placed on a waiting list, or referred to other community services</p>	<p><b>1.3</b> Describe:</p> <ul style="list-style-type: none"> <li>a. outreach activities</li> <li>b. estimated number and types of clients, community groups, and other service providers contacted.</li> <li>c. State number of clients on current waiting list</li> <li>d. describe the process of referrals for clients that are not appropriate for AFLP</li> <li>e. challenges</li> </ul>	<p><b>1.3</b> State the number of enrollments from outreach activities by source in MIS Scope of Work Report</p>

**Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)**

**Goal 1: Improve linkages and create networks for pregnant and parenting teens and their children**

Outcome Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures to be Reported in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures
<b>1.4</b> Clients will obtain health insurance.	<b>1.4</b> Make referrals and assist clients to enroll in Healthy Families, Medi-Cal, Access for Infants and Mothers (AIM) and other low cost/no cost health insurance programs for health care coverage.	<b>1.4</b> Provide the number of clients and their children receiving referrals to Medi-Cal.* *	<b>1.4</b> Report:  a. Number and percent of adolescent clients with health insurance at intake* b. Number and percent of adolescent clients with health insurance at last follow up* c. Number and percent of index children with Medi-Cal *
<b>1.5</b> Client will access needed services for herself and her child	<b>1.5</b> CMs will work with clients to assure that clients and children receive linkages to services. CMs will educate client to understand the importance of well child visits and immunizations.		<b>1.5</b> Report the following:  a. Percent of clients and index children who needed and received services** b. Attach the Service Referral Analysis Report
<b>1.6</b> Client will develop a supportive relationship with a stable, caring adult outside of AFLP	<b>1.6</b> CMs will encourage clients to identify a stable, caring adult outside of AFLP. This could include improving relationships with parents, involvement with community groups or faith communities, or educational institutions.	<b>1.6</b> a. Describe the process to incorporate this objective into case management activities and b. List the challenges and successes in achieving this objective.	<b>1.6</b> Report the number and percent of clients who self-report that they have a supportive relationship with a caring adult outside of AFLP

Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)

Goal 2: Improve the health of the pregnant or parenting teen, thus also supporting the health of the index child

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
<b>2.1</b> Clients will have healthy nutrition and healthy weight.	<p><b>2.1</b> Refer to WIC and follow up to encourage linkage                      Refer to CPSP provider if pregnant and reinforce healthy diet/weight gain.</p> <p>Assist client to develop a goal to achieve or maintain a healthy weight.</p> <p>Program policies and activities, including case management activities, will promote and model healthy diet and reinforce healthy nutrition.</p>	<b>2.1</b> List key activities used to promote healthy nutrition and healthy weight.	<b>2.1</b> Report number and percent of clients receiving WIC *
<b>2.2</b> Clients will engage in daily physical activity	<p><b>2.2</b> Encourage physical activity daily, at least one hour four times a week, or as allowed by MD if pregnant.</p> <p>Program policies and activities, including case management activities, will promote and model regular and frequent physical activity</p>	<b>2.2</b> List key activities used to promote physical activity.	<p><b>2.2</b> Report the number and percent of:</p> <p>a. clients with any physical activity                      b. for those clients that report any physical activity, report the average days of physical activity per week</p>
<b>2.3</b> Pregnant clients will receive timely prenatal care in order to maximize their health and deliver a healthy baby.	<p><b>2.3</b> Refer to prenatal provider, use CPSP provider when available.</p> <p>Identify and address barriers to keeping appointments.</p>	<b>2.3</b> Describe success/challenges in linking to CPSP and other prenatal providers.	<p><b>2.3</b> Report the number and percent of clients pregnant at enrollment who:</p> <p>a. Received prenatal care *                      b. Had a LBW baby (&lt;2500g) *                      c. Had a pre-term baby (&lt;37 wks)*                      d. Had an LGA baby (&gt;4000g or 8#-</p>

Outcome Measures require Lodestar Reports by Branagh Information Group using data from Lodestar forms

\*MIS Scope of Work Report

\*\*Service Referral Analysis Report

\*\*\* Contact Summary Report

Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)

Goal 2: Improve the health of the pregnant or parenting teen, thus also supporting the health of the index child

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
<b>2.4</b> Clients will initiate and continue breastfeeding	<b>2.4</b> Encourage breastfeeding.	<b>2.4</b> List activities used to promote breastfeeding.	<b>2.4</b> Report number and percent of clients who did any breastfeeding* 13oz.)*
<b>2.5</b> Clients will not use tobacco	<b>2.5</b> Assess each client for tobacco use using self-report and/or validated screening tool.  Advise to quit or decrease tobacco use.  Refer to tobacco quit line, other treatment as appropriate.	<b>2.5</b> Briefly describe activities to screen and refer clients to tobacco cessation.	<b>2.5</b> a. Report number and percent of clients who were smoking at intake.* b. Report the number and percent of clients who were smoking at last follow up.*
<b>2.6</b> Clients will not use alcohol or other drugs	<b>2.6</b> Assess each client for alcohol or other drug use using self-report and/or validated screening tool.  Advise to quit or decrease alcohol or other drug use.  Refer to treatment for alcohol or other drug use.	<b>2.6</b> Describe key challenges related to alcohol or other drug use among clients.	<b>2.6</b> Report number and percent of clients who:  a. Admit use of alcohol in the 6 months before intake * b. Admit use of alcohol in the 6 months before last follow up* c. Admit use of drugs in the 6 months before intake* d. Admit use of drugs in the 6 months before last follow up*
<b>2.7</b> Non pregnant clients will receive primary preventive health care	<b>2.7</b> Discuss with each client the importance of receiving primary preventive health care to prevent	<b>2.7</b> Briefly describe successes and challenges in clients obtaining primary preventive care.	<b>2.7</b> Report the number and percent of clients who received primary preventive health care*

Outcome Measures require Lodestar Reports by Branagh Information Group using data from Lodestar forms

\*MIS Scope of Work Report

\*\*Service Referral Analysis Report

\*\*\* Contact Summary Report



Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)

Goal 2: Improve the health of the pregnant or parenting teen, thus also supporting the health of the index child

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
	<p>illness and identify and address health conditions early (for example, STIs, chronic conditions, pregnancy related conditions)</p> <p>Inform clients about importance of chlamydia screening (per CDC rec to annually screen all youth <math>\leq 25</math>) and encourage to request testing by provider.</p> <p>Identify and address barriers to clients receiving primary preventive health care.</p>		
<p><b>2.8</b> Clients will demonstrate knowledge of normal child development and appropriate parenting skills</p>	<p><b>2.8</b> Observe client/child interactions. Provide child development and parenting education. This could include use of validated early childhood developmental screening tools (e.g. ASQ, ASQ SE) and must include identification of a source of preventive and primary care for the client and her child. Provide anticipatory guidance and education regarding importance of developmental screening and well child visits.</p> <p>Model appropriate parenting skills and refer to parenting classes or other resources.</p>	<p><b>2.8</b> State how AFLP agency implements this objective. Identify assessments or other curricula used and usual types of referrals. Discuss referrals made to improve knowledge of child development and appropriate parenting skills **.</p>	<p>2.8 Attach the Service Referral Analysis Report/</p>

Outcome Measures require Lodestar Reports by Branagh Information Group using data from Lodestar forms

\*MIS Scope of Work Report

\*\*Service Referral Analysis Report

\*\*\* Contact Summary Report

Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)

Goal 3: Improve high school graduation rates for pregnant and parenting teens.

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
<b>3.1</b> All clients will set and achieve a goal to complete high school or equivalent.	<b>3.1</b> Case managers will work with all clients to develop and execute a plan for the client to complete high school or the equivalent.  CM will communicate with school staff responsible for tracking the client's academic progress (e.g. high school counselor, special education teacher, or migrant education program) routinely, at least biannually and note in ISP.  Identify and address barriers to attending and completing high school	<b>3.1</b> List and briefly describe the top three barriers to clients completing high school and strategies to address barriers.	<b>3.1</b> Report the number, percent and total clients who:  a. Are attending school or have graduated or the equivalent* b. Have an educational goal *
<b>3.2</b> Parenting Clients will have a reliable source of quality child care to enable them to attend school.	<b>3.2</b> CM will help client identify and address barriers to obtaining reliable, high quality child care.	<b>3.2</b> List and briefly describe the top three barriers to clients obtaining child care and strategies to address.	<b>3.2</b> Report number and percent of clients not in school because of child care barrier*
<b>3.3</b> Clients will have reliable transportation to school	<b>3.3</b> CM will help client to identify and address barriers to obtaining reliable transportation to school	<b>3.3</b> List and describe the top three barriers to clients having transportation to school and strategies to address these barriers.	<b>3.3</b> Report number and percent of clients not attending school because of transportation barrier. *
<b>3.4</b> Clients who have graduated from high school will enroll in postsecondary education or vocational training or will be employed	<b>3.4</b> CM will assist clients to develop and execute a plan for postsecondary education or training or employment (see next objective) after high school completion.	<b>3.4</b> List and describe the top three barriers to clients enrolling in postsecondary education or training and strategies to address these barriers. Identify opportunities for policy development, program planning	<b>3.4</b> Report the number and percent of clients who have graduated high school that are enrolled in postsecondary education or vocational training.

Outcome Measures require Lodestar Reports by Branagh Information Group using data from Lodestar forms

\*MIS Scope of Work Report  
 \*\*Service Referral Analysis Report  
 \*\*\* Contact Summary Report

Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)

Goal 3: Improve high school graduation rates for pregnant and parenting teens.

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
		and collaboration.	
<b>3.5</b> Clients who have graduated from high school and are not enrolled in postsecondary education training will be employed	<b>3.5</b> CM will assist clients who do not wish to pursue postsecondary education or training to develop and execute a plan to obtain employment after high school completion	<b>3.5</b> List and describe the top three barriers to clients obtaining employment and strategies to address these barriers. Identify opportunities for policy development, program planning and collaboration.	<b>3.5</b> Report the number and percent of clients who have graduated high school and are employed. *

Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)

Goal 4: Reduce repeat pregnancies in pregnant and parenting teens.

Outcome Objective(s)	Intervention/Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
<p><b>4.1</b> Clients who are not pregnant and are sexually active will:</p> <ul style="list-style-type: none"> <li>Always use contraception,</li> <li>Use long acting contraceptives</li> <li>Not have a repeat pregnancy while in the program.</li> <li>Use condoms to prevent STIs</li> </ul>	<p><b>4.1</b> Refer to Family PACT/ primary care provider.</p> <p>Identify and address barriers to correct and consistent use of contraception.</p> <p>Encourage clients to use long acting contraceptives</p> <p>Document client pregnancies Encourage clients to use condoms to prevent STIs.</p> <p>Educate on family planning as possible within the scope of training and licensure of the CM.</p>	<p><b>4.1</b> Describe the top three barriers to clients using contraception and strategies to address these barriers.</p>	<p><b>4.1</b> Report Number and Percent of sexually active non-pregnant clients who:</p> <ul style="list-style-type: none"> <li>a. are always using contraception *</li> <li>b. are using long acting contraceptives (3-injection,6- IUD,7, implant)*</li> </ul> <p>Report number and percent of sexually active clients who:</p> <ul style="list-style-type: none"> <li>c. had a repeat birth while in the program (all female clients)*</li> <li>d. are using condoms*</li> <li>e. are using condoms with another contraceptive method *</li> </ul>
<p><b>4.2</b> Clients will verbalize characteristics of healthy relationships and how to recognize and respond to reproductive coercion and birth control sabotage (RC/BCS).</p>	<p><b>4.2</b> AFLP will integrate information about RC/BCS into the SID and train CMs to provide information to clients.</p> <p>Screen clients for RC/BCS.</p> <p>Provide resources (Safety cards, Web sites) on recognizing and addressing this.</p> <p>Refer clients to providers to obtain coercion resistant birth control methods and counseling.</p>	<p><b>4.2</b> a. Report number and percent of clients who received information on reproductive coercion and birth control sabotage. *</p> <p>Describe process to integrate information on reproductive coercion and birth control sabotage into case management.</p> <p>b. Report number and percent of clients referred for "coercion resistant" birth control methods and counseling.*</p>	<p><b>4.2</b> a. Report number and percent of clients who state they feel safe in their relationship with their partner/other parent at intake.*</p> <p>b. Report number and percent of clients who state they feel safe in their relationship with their partner/other parent at last follow up.*</p>

Outcome Measures require Lodestar Reports by Branagh Information Group using data from Lodestar forms

\*MIS Scope of Work Report  
 \*\*Service Referral Analysis Report  
 \*\*\* Contact Summary Report

Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)

Goal 4: Reduce repeat pregnancies in pregnant and parenting teens.

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
	Provide emotional support  Maintain and train on local policy and procedure for mandatory reporters.	Provide compelling anecdotal stories when available.	

**Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)**

Goal 5: AFLP will maintain program and fiscal management capability to administer the program as required by the AFLP Program Policies, Procedures and Scope of Work and will assure staff competency, program integrity, and data completeness.

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
<p><b>5.1</b> AFLP will maintain program and fiscal management capability and will demonstrate that is it conducting AFLP activities as required in the AFLP Policies and Procedures, Scope of Work and Program and Fiscal Policies and Procedures.</p>	<p><b>5.1</b></p> <ul style="list-style-type: none"> <li>• Annually review, revise and enhance internal policies and procedures for delivering services to clients to prioritize the highest risk clients (Entry Criteria)</li> <li>• Meet the MOS.</li> <li>• AFLP will maintain a client to case manager ratio of no more than 50 clients per case manager.</li> <li>• Submit AFA and Annual Report timely</li> <li>• Collect and input monthly Follow Up, Service Matrix and Additional Outcomes forms that are due.</li> </ul>	<p><b>5.1</b></p> <ul style="list-style-type: none"> <li>a. Submit Entry Criteria</li> <li>b. discuss risk rating factors used</li> <li>c. discuss successes and challenges in meeting or exceeding MOS</li> <li>d. complete the staffing profile in Annual Report</li> <li>e. complete the client profile in the Annual Report</li> <li>f. state criteria for program completion/exit</li> <li>g. state top three reasons for client exit</li> <li>h. state common linkages to other programs or services for clients exiting the program</li> </ul>	<p><b>5.1</b></p> <ul style="list-style-type: none"> <li>a. Report number of clients and MOS for the year along with percent of allocation delivered (MOS and Caseload Analysis Report).*</li> <li>b. Submit the MOS and Caseload Analysis Report and AFLP Personnel List quarterly. *</li> <li>c. Report the percent of clients who have completed Follow Up Forms by the time the index child is six months old*</li> <li>d. Report the percent of clients who have Service Matrix and Additional Outcome forms with the most recent Follow Up Form. *</li> </ul>
<p><b>5.2</b> AFLP will maintain and increase staff competency</p>	<p><b>5.2</b></p> <ul style="list-style-type: none"> <li>a. Identify staff training needs</li> <li>b. Provide or support staff training</li> <li>c. AFLP Director will attend statewide meetings.</li> <li>d. If they have not done so already, AFLP Director will conduct self-assessment of Core Competencies for Providers of Adolescent Sexual and Reproductive Health using the ASHWG (CA Adolescent Sexual Health Workgroup) tools and require</li> </ul>	<p><b>5.2</b></p> <ul style="list-style-type: none"> <li>a. List gaps in core competencies identified and trainings and professional development for AFLP staff to address these gaps and other training needs.</li> <li>b. Describe the plan for conducting ASHWG core competency assessment for case managers</li> </ul>	<p><b>5.2</b></p> <ul style="list-style-type: none"> <li>a. Describe the outcome of the training evaluation.</li> </ul>

Outcome Measures require Lodestar Reports by Branagh Information Group using data from Lodestar forms

- \*MIS Scope of Work Report
- \*\*Service Referral Analysis Report
- \*\*\* Contact Summary Report

Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)

Goal 5: AFLP will maintain program and fiscal management capability to administer the program as required by the AFLP Program Policies, Procedures and Scope of Work and will assure staff competency, program integrity, and data completeness.

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
	supervisory staff and case managers to do so. e. Staff who have completed the self-assessment will develop and implement a plan to improve their skills and document progress annually f. Develop training for CM		

**Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)**

Goal 5: AFLP will maintain program and fiscal management capability to administer the program as required by the AFLP Program Policies, Procedures and Scope of Work and will assure staff competency, program integrity, and data completeness.

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
<p><b>5.3</b> AFLP director will assure that CMs conduct intake, comprehensive baseline assessment, develop an Individual Service plan, provide appropriate referrals, and conduct other elements of case management defined in the Standards, Policies and Procedures.</p>	<p><b>5.3</b> AFLP will conduct monitoring and evaluation of client documentation for:</p> <ul style="list-style-type: none"> <li>• Comprehensive Baseline Assessment within 30 days of consent—includes HV.</li> <li>• Individual Service Plan within 60 days of consent</li> <li>• monthly face to face client contact</li> <li>• Quarterly Home Visit</li> <li>• quarterly contact with collaterals (i.e. parents, teachers, counselors) and service providers;</li> <li>• identification of barriers to services and emerging or changing client needs,</li> <li>• evaluation of client use of services using feedback from client, collateral, and service providers.</li> <li>• Quarterly client reassessment and update and revision, if needed, of service plans</li> </ul> <p>Monitor above measures in a quarterly random sample of 25 charts or 10%, whichever is lower, and routinely implement QI activities to address measures not meeting the standard. Consider addressing one deficient measure per quarter.</p>	<p><b>5.3</b> State number and percent of clients that:</p> <ol style="list-style-type: none"> <li>a. received a Comprehensive Baseline Assessment (CBA) within 30 days of enrollment*</li> <li>b. received a Home Visit within 30 days of enrollment*</li> <li>c. received monthly face to face contact*</li> <li>d. had an Individual Service Plan (ISP) within sixty days of enrollment</li> <li>e. case manager made quarterly contact with collaterals or service providers. *</li> <li>f. Received a reassessment subsequent to the initial assessment. *</li> <li>g. received a case review to assure compliance with AFLP Standards, Policies and Procedures (narrative).</li> <li>h. State what CBA form is used                      State form _____                      Other form _____</li> </ol> <p>State what ISP form is used                      State form _____                      Other form _____</p>	<p><b>5.3</b> Describe the outcome of the QI plan</p>

Outcome Measures require Lodestar Reports by Branagh Information Group using data from Lodestar forms

\*MIS Scope of Work Report

\*\*Service Referral Analysis Report

\*\*\* Contact Summary Report



Scope of Work (SOW)  
 Adolescent Family Life Program (AFLP)

Goal 5: AFLP will maintain program and fiscal management capability to administer the program as required by the AFLP Program Policies, Procedures and Scope of Work and will assure staff competency, program integrity, and data completeness.

Outcome Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures Report items below in the Annual Report or more frequently where indicated	
		Process Measures	Outcome Measures (Forms)
		Please attach form used if not the state form  i. State what opportunities are currently available for staff to meet and share successes, identify challenges and strategize around solutions. j. state how frequently opportunities identified in i. are available  Refer to the MIS Scope of Work Report or the MIS Client Contact Summary Report  Briefly describe QI activities and which standard(s) have been addressed.	

<b>BUDGET SUMMARY PAGE</b>	<b>FISCAL YEAR</b>	<b>BUDGET</b>	<b>BASE MCF %</b>	<b>TITLE V BALANCE</b>	<b>% Personnel Matched</b>
	2012-2013	Original			


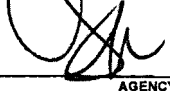
Version 2.0A Quarterly (MCAH,BH,AFLP-PYD,CHVP)

Program:	Adolescent Family Life - Allocation													
Agency:	201250 Stanislaus													
Subk:		AFLP-TV		AFLP-PYD		AGENCY		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)	
<b>EXPENSE CATEGORY</b>	<b>TOTAL FUNDING</b>	<b>%</b>	<b>TITLE V</b>	<b>%</b>	<b>PYD</b>	<b>%</b>	<b>Local* Revenue</b>	<b>%</b>	<b>Combined* Fed/Agency</b>	<b>%</b>	<b>Combined* Fed/Agency</b>			
(I) PERSONNEL	230,792	35.97%	83,012			64.03%	147,780						100%	
(II) OPERATING EXPENSES	3,350	58.21%	1,950			41.79%	1,400						100%	
(III) CAPITAL EXPENDITURES														
(IV) OTHER COSTS	43,637					100.00%	43,637						100%	
(V) INDIRECT COSTS (10% MAX.)	10.00%	15,297	100.00%	15,297									100%	
<b>TOTALS*</b>	<b>293,076</b>	<b>34.21%</b>	<b>100,259</b>			<b>65.78%</b>	<b>192,817</b>						<b>100%</b>	

Maximum Amount Payable from State and Federal resources: **\$100,259** **ACTIVE**

	<b>STATE FUNDING</b>	<b>SMALL COUNTY PROJECT</b>	<b>PYD</b>	<b>BUDGETED</b>	<b>BALANCE</b>	<b>% of Budget</b>	<b>Months of Service</b>
Total Title V	100,259			100,259		34%	708
Total PYD							
Total Agency General Fund				192,817	N/A	66%	
Total Matching Title XIX					N/A		
<b>Totals</b>	<b>100,259</b>			<b>293,076</b>		<b>100%</b>	

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



  
 MCAH/PROJECT DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE 6/29/12 \_\_\_\_\_ AGENCY FISCAL AGENT'S SIGNATURE \_\_\_\_\_ DATE 7/29/12

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

State Use Only	<b>PCA Codes</b>	<b>AFLP-TV</b>	<b>AFLP-PYD</b>	<b>AFLP Cnty-N</b>	<b>AFLP Cnty-E</b>
		53109	53141	53131	53130
(I) PERSONNEL		83,012			
(II) OPERATING EXPENSES		1,950			
(III) CAPITAL EXPENSES					
(IV) OTHER COSTS					
(V) INDIRECT COSTS		15,297			
<b>Totals for PCA Codes</b>	<b>100,259</b>	<b>100,259</b>			

Program: Adolescent Family Life - Allocation		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency: 201250 Stanislaus		AFLP-TV		AFLP-PYD		AGENCY		AFLP Cnty-N		AFLP Cnty-E			
Subk:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)
EXPENSE CATEGORY	TOTAL FUNDING	%	TITLE V	%	PYD	%	Local* Revenue	%	Combined* Fed/Agency	%	Combined* Fed/Agency		
<b>II. OPERATING EXPENSES DETAIL PAGE</b>													
<b>TOTAL OPERATING EXPENSES</b>		<b>3,350</b>		<b>1,950</b>			<b>1,400</b>						Match Available
TRAVEL	1,500	33.34%	500			66.66%	1,000						
TRAINING													
1 COMMUNICATIONS	750	100.00%	750										
2 EQUIPMENT RENTAL/MAINT	350	28.50%	100			71.50%	250						
3 OFFICE SUPPLIES	500	80.00%	400			20.00%	100						
4 PRINTING	250	80.00%	200			20.00%	50						
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

\*\* Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

<b>IV. OTHER COSTS DETAIL PAGE</b>													
<b>TOTAL OTHER COSTS</b>		<b>43,637</b>					<b>43,637</b>						
<b>SUBCONTRACTS</b>													
1													
2													
3													
4													
5													
6													
7													
8													
<b>OTHER CHARGES</b>													
<b>AGENCY'S TOTAL INDIRECT COSTS</b>		<b>58,934</b>											
<b>AGENCY'S OTHER INDIRECT COSTS</b>		<b>43,637</b>				100.00%	<b>43,637</b>						Match Available
1													
2													
3													
4													
5													
6													
7													

Program:		Adolescent Family Life - Allocation					UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)					
Agency:		201250 Stanislaus					AFLP-TV		AFLP-PYD		AGENCY		AFLP Cnty-N		AFLP Cnty-E			
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(16)	(17)				
EXPENSE CATEGORY		TOTAL FUNDING	%	TITLE V	%	PYD	%	Local* Revenue	%	Combined* Fed/Agency	%	Combined* Fed/Agency						
<b>I. PERSONNEL DETAIL PAGE</b>																		
TOTAL PERSONNEL COSTS		230,792		83,012				147,780										
BENEFITS		77,826		27,468				50,358										
TOTAL WAGES		152,966		55,543				97,423										
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL WAGES									J-Pers MCF Per Staff	Staff Traveling (X)				
1	JE PHN II	50.00%	84,240	42,120	100.00%	42,120										X		
2	SP PHN II	50.00%	84,240	42,120	30.15%	12,701		69.85%	29,419							X		
3	VP PHN III	23.75%	88,484	21,015				100.00%	21,015							X		
4	CS CHW III	50.00%	44,720	22,360				100.00%	22,360							X		
5	RS CHW III	50.00%	43,284	21,642				100.00%	21,642							X		
6	KV ADMIN CLERK II	10.00%	37,090	3,709	19.48%	722		80.53%	2,987							X		
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