THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY

SAN BERNARDINO COUNTY

Contract Number
21-870

SAP Number
N/A

Department of Public Health

Department Contract Representative	Stewart Hunter
Telephone Number	(909) 383-3044
Contractor	California Department of Public Health
Contractor Representative	Jing Yuan, Contract Manager
Telephone Number	916-650-0340
Contract Term	July 1, 2021 through June 30, 2022
Original Contract Amount	$830,907
Amendment Amount	
Total Contract Amount	$830,907
Cost Center	9300321000

Briefly describe the general nature of the contract: Grant award (State Agreement No. 202136) from the California Department of Public Health for the Department of Public Health's Maternal, Child, and Adolescent Health Program, in the amount of $830,907, for the period of July 1, 2021 through June 30, 2022.

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Adam Ebright, Deputy County Counsel		Joshua Dugas, Director
Date 10/28/2021	Date	Date

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

TOMÁS J. ARAGÓN, M.D., Dr.P.H
Director and State Public Health Officer

GAVIN NEWSOM
Governor

October 11, 2021

Ms. Asuncion Williams
MCAH Director
County of San Bernardino
606 East Mill Street, 2nd Floor
San Bernardino, CA 92415-0011

Dear Ms. Williams:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT #202136 – FISCAL YEAR 2021-22

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division approves your Agency's AFA. Attached are the most current Scope(s) of Work (SOW) and Budget(s) that were approved for administration of MCAH related programs.

To carry out the program(s) outlined in the enclosed SOW(s) and Budget(s), during the period of July 1, 2021 through June 30, 2022, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

Maternal Child and Adolescent Health $830,906.58

The availability of Title V funds and State General funds (BIH only) are based upon funds appropriated in the FY 2021-22 Budget Act. The availability of Federal Financial Participation (FFP), also known at Title XIX, are based upon the dissemination of funds from the Department of Healthcare Services that administers the FFP Medicaid Program. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH/MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed.

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

1. The web-posted CDPH/MCAH, BIH Base Medi-Cal Factor (MCF), and/or

2. A Variable Base MCF for specific staff who serve a unique client population, and who verify and document 100% of their Medi-Cal enrolled and non-Medi-Cal enrolled clients during each time study period (MCAH Program only).

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, Jing Yuan, at (916) 650-0340 or by e-mail at jing.yuan@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,

Angelica Jimenez-Bean

Angelica Jimenez-Bean
Section Chief – Contract Management and Allocations Process
Maternal, Child and Adolescent Health Division
Center for Family Health
California Department of Public Health

Attachment(s)

cc: Mr. Stewart Hunter
Administrative Supervisor I

Ms. Jing Yuan
Contract Manager

Ms. Mary DeSouza
Program Chief

Local Health Jurisdiction: San Bernardino
Agreement Number: 202136

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

The Local Health Jurisdiction (LHJ), in collaboration with the CDPH/MCAH Division, shall strive to develop systems that protect and improve the health of California's women of reproductive age, infants, children, adolescents and their families.

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

- The Ten Essential Services of Public Health and Toolkit
- The Spectrum of Prevention
- Life Course Perspective
- Social Determinants of Health
- The Social-Ecological Model
- Strengthening Families

All Title V programs must comply with the MCAH Fiscal Policy and Procedures Manual and the MCAH Program Policy and Procedures Manual.

Certification by MCAH Director:	Name: Asuncion Williams Title: RN, MCAH Interim Director Date: 6/3/2021 *I certify that I have seen and reviewed this Scope of Work for compliance with CDPH/MCAH Program Policies and Procedures.*

Note: The Title V Maternal and Child Health Block Grant is the federal program that provides core funding to California to improve the health of mothers and children. The Title V Block Grant is federally administered by the Health Resources and Services Administration.

CDPH/MCAH may post SOWs on the CDPH/MCAH website.

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Section A: General requirements and activities for all LHJs				
Aligns With	**General Requirement(s)**	**Required Local Activities**	**Time Frame**	**Deliverable Description**
CDPH/MCAH Requirement	Annual Progress Report and Year-End Survey	Complete and submit an Annual Progress Report with the included Year-End Survey each fiscal year to report on Scope of Work activities.	Annually, each fiscal year Due: August 15th	The Annual Progress Report will report on progress of program activities and the extent to which the LHJ met the SOW goals and deliverables and how funds were expended.
CDPH/MCAH Requirement	Community Profiles and Data Information	Complete and submit a Community Profile for each fiscal year for posting on the CDPH/MCAH website.	Annually, each fiscal year Due with Agreement Funding Application (AFA)	Community Profiles (also known as Program Narratives) provide insight into the health and environment (community, home, and school) of California mothers, babies, children and teens. A template is provided to the LHJs for them to complete and submit each year. Use the most recent data available.
Title V Requirement	Toll-Free Line	Provide a toll-free telephone number or "no cost to the calling party" number (and other appropriate methods) which provides a current list of culturally and linguistically appropriate information and referrals to community health and human resources for the general public regarding access to prenatal care.	Annually, each fiscal year	Include on Local MCAH budget during the AFA cycle. Report in Annual Report: • List toll-free telephone number • Number of calls received
Title V Requirement	MCAH Website	Share link, if available, to the appropriate Local MCAH Title V Program website.	Annually, each fiscal year	Report in the Annual Report: • List the URL for the Local MCAH Title V program website • Enter the number of hits to the website, if known
Title V Requirement CDPH/MCAH Requirement	Workforce Development and Training	Attend required trainings/meetings as outlined in the MCAH Program Policies and Procedures.	Annually, each fiscal year	Report in Annual Report on attendance at: • MCAH Director's meeting • SIDS Coordinators meeting

CDPH/MCAH Requirement	Recruitment and Retention	Maintain required key leadership personnel and recruit and retain qualified Title V program staff by as outlined in the MCAH Policies and Procedures.	Ongoing	If the LHJ is not able to meet key personnel requirements, the LHJ should submit a waiver request letter, as applicable per the MCAH Policies and Procedures. • Key Personnel leadership consists of the MCAH Director and the MCAH Coordinator, if the LHJ has one.
CDPH/MCAH Requirement	Community Resource and Referral Guide	Develop a comprehensive MCAH resource and referral guide of available health, mental health, emergency resources, and social services.	By end of 2025	Report in Annual Report/Year-End Survey • Submit/upload a copy or link to the existing resource and referral guide
Title V Requirement	Conduct Local Needs Assessment	Conduct a Local Needs Assessment to acquire an accurate, thorough picture of the strengths and weaknesses of the local public health system that can be used in response to the preventive and primary care services needs for ALL pregnant women, mothers, infants (up to age one), and children, including children with special health care needs.	Once in five-year cycle	Complete Needs Assessment Deliverable Packet and Forms provided by CDPH/MCAH when requested by CDPH/MCAH.

Section B: Domain specific requirements and activities				
CDPH/MCAH Requirement	Sudden Infant Death Syndrome (SIDS)	**Required for Infant Domain - all LHJs** Provide Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID) grief and bereavement services and supports through home visits and/or mail resource packets to families suffering an infant loss.	Annually, each fiscal year	Report on SIDS/SUID activities in the Annual Report/Year-End Survey
CDPH/MCAH Requirement	Child Health - Developmental Screening	**Required for Child Domain - all LHJs** Partner with CDPH/MCAH to identify, review and monitor local developmental screening rates.	Annually, each fiscal year	Report on activities in the Annual Report/Year-End Survey
CDPH/MCAH Requirement	Child Health – Family Economic Supports	**Required for Child Domain - all LHJs** Link and refer families in MCAH programs to safety net and public health care programs such as Family Planning, Access, Care, and Treatment (PACT), Medi-Cal, and Denti-Cal.	Annually, each fiscal year	Report on activities in the Annual Report/Year-End Survey
CDPH/MCAH Requirement	Children and Youth with Special Health Care needs (CYSHCN)	**Required for CYSHCN Domain - all LHJs** Link and refer children in families served by Local MCAH programs to services if results of a developmental or trauma screening indicates that the child needs follow-up.	Annually, each fiscal year	Report on activities in the Annual Report/Year-End Survey
CDPH/MCAH Requirement	Children and Youth with Special	**Required for CYSHCN Domain - all LHJs**	Annually, each fiscal year	Report on activities in the Annual Report/Year-End Survey

	Health Care needs (CYSHCN)	Outreach to and connect with your local or regional family resource center to understand needs of CYSHCN and their families and the resources available to them. http://www.frcnca.org/frcnca-directory/		
CDPH/MCAH Requirement	**Fetal Infant Mortality Review (FIMR)**	**Required for FIMR funded LHJs only** LHJs funded for Fetal Infant Mortality Review (FIMR) will implement the FIMR Program in accordance with FIMR Policies and Procedures.	Annually, each fiscal year	Report on FIMR activities in the Annual Report/Year-End Survey
CDPH/MCAH Requirement	**Black Infant Health (BIH)**	**Required for BIH funded LHJs only** LHJs funded for Black Infant Health (BIH) will implement the BIH Program in accordance with BIH Policies and Procedures.	Annually, each fiscal year	Report on BIH activities in the Annual Reports.
CDPH/MCAH Requirement	**Adolescent Family Life Program (AFLP)**	**Required for AFLP funded LHJs only** LHJs funded for Adolescent Family Life Program (AFLP) will implement the AFLP Program in accordance with AFLP Policies and Procedures.	Annually, each fiscal year	Report on AFLP activities in the Annual Report.

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Section C: Local Activities by Domain

At least one activity must be selected or the LHJ must develop at least one activity of their own in the Women/Maternal Health Domain.

Women/Maternal Health Domain	
Women/Maternal Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 1: Reduce the impact of chronic conditions related to maternal mortality.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year).
Women/Maternal State Objective 1: By 2025, reduce the rate of pregnancy-related deaths (up to 1 year after the end of pregnancy) from 11.3 deaths per 100,000 live births (2013 CA-PMSS) to 10.8 deaths per 100,000 live births.	
Women/Maternal State Objective 1: Strategy 1: Lead surveillance and research associated with pregnancy-related deaths (up to 1 year after the end of pregnancy) in California.	**Women/Maternal State Objective 1: Strategy 2:** Partner to translate findings from pregnancy-related mortality surveillance and research into recommendations for action to improve maternal health and perinatal clinical practices.
Local Activities for Women/Maternal Objective 1: Strategy 1:	**Local Activities for Women/Maternal Objective 1: Strategy 2:**
☐Partner with CDPH/MCAH on dissemination of data findings, guidance and education to the public and local partners, including perinatal obstetric providers. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH on dissemination of recommendations to improve maternal health and perinatal clinical practices, including quality improvement toolkits. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐ Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**

How will impacts be measured?	How will impacts be measured?

If you have additional local activities, please add a row.

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Women/Maternal Health Domain		
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 2: Reduce the impact of chronic conditions related to maternal morbidity.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year).	
Women/Maternal State Objective 2: By 2025, reduce the rate of severe maternal morbidity from 91.0 per 10,000 delivery hospitalizations (2015 PDD) to 86.5 per 10,000 delivery hospitalizations.		
Women/Maternal State Objective 2: Strategy 1: Lead surveillance and research related to maternal morbidity in California.	**Women/Maternal State Objective 2: Strategy 2:** Lead statewide regionalization of maternal care to ensure women receive appropriate care for childbirth.	**Women/Maternal State Objective 2: Strategy 3:** Partner to strengthen knowledge and skill among health care providers and individuals on chronic health conditions exacerbated during pregnancy.
Local Activities for Women/Maternal Objective 2: Strategy 1	**Local Activities for Women/Maternal Objective 2: Strategy 2**	**Local Activities for Women/Maternal Objective 2: Strategy 3**
☐Partner with CDPH/MCAH on dissemination of data findings, guidance and education to the public and local partners. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with local Regional Perinatal Programs of California (RPPC) Director to understand and promote efforts to establish Maternal Levels of Care. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH to pilot test educational materials addressing chronic health conditions during pregnancy and disseminate to consumers and providers. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH, RPPC, and Comprehensive Perinatal Services Program (CPSP) to coordinate resources and quality improvement efforts. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐For Black Infant Health (BIH) funded sites only, develop and disseminate statewide media campaigns to inform Black women on chronic health conditions. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Perinatal Service Coordinator (PSC) will partner with Women Infant Children (WIC), RPPC, CDPH/MCAH, Medi-Cal, and other key stakeholders to ensure a coordinated delivery system for women during and after pregnancy. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Other local activity (Please Specify/Optional): Collaborate with San Bernardino County Health officer, Communicable Disease Section, and San Bernardino Medical Society to create a protocol to implement universal syphilis rapid testing screening and treatment for pregnant women presenting to Emergency Departments (ED) **How will this activity be tracked and measured by the LHJ?** Collaborative meetings will be scheduled bi-monthly to plan and track progress. **What is your anticipated outcome?** Creation of universal syphilis screening protocol for pregnant women presenting to the ED. **How will impacts be measured?** At least one hospital in high risk area for syphilis will implement universal syphilis screening protocol for pregnant women presenting to the ED.	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

If you have additional local activities, please add a row.

Woman/Maternal Health Domain		
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 3: Improve mental health for all mothers in California.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year).	
Women/Maternal State Objective 3: By 2025, increase the receipt of mental health services among women who reported needing help for emotional well-being or mental health concerns during the perinatal period from 49.6% (provisional 2018 MIHA) to 52.1%.		
Women/Maternal State Objective 3: Strategy 1: Partner with state and local programs responsible for the provision of mental health services and early intervention programs to reduce mental health conditions in the perinatal period.	**Women/Maternal State Objective 3: Strategy 2:** Partner to strengthen knowledge and skill among health care providers, individuals and families to identify signs of maternal mental health-related needs.	**Women/Maternal State Objective 3: Strategy 3:** Partner to ensure pregnant and parenting women are screened utilizing standardized and validated tools and linked to needed services for mental health conditions in the perinatal period.
Local Activities for Women/Maternal Objective 3: Strategy 1	**Local Activities for Women/Maternal Objective 3: Strategy 2**	**Local Activities for Women/Maternal Objective 3: Strategy 3**
☐Partner with local programs responsible for the provision of mental health services and early intervention programs to promote mental health services in the perinatal period. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Perinatal Service Coordinators (PSCs) will provide technical assistance to CPSP providers on new requirements for provider screening of mental health. **How will this activity be tracked and measured by the LHJ?** During QA/TA visits, PSC will provide assistance on new requirements for provider screening of mental health. **What is your anticipated outcome?** By June 30, 2022 90% of providers will receive technical assistance related to new requirement of maternal mental health screenings. **How will impacts be measured?** 70% of CPSP providers that received technical assistance will implement new requirements of maternal mental health screenings.	☐Implement and utilize standardized and validated mental health screening tools for pregnant and parenting women in MCAH programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Partner with local mental health service providers to improve referral and linkages to mental health services. **How will this activity be tracked and measured by the LHJ?**	☐Partner with local Mental Health Services Act (MHSA)/Prop. 63 funded programs to increase available services to women during perinatal period.	☐Lead the development of a county maternal mental health algorithm that outlines a referral system and the services available to address maternal mental health.

What is your anticipated outcome? **How will impacts be measured?**	**How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	**How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Partner with CDPH/MCAH to disseminate mental health promotional messages that educate women and families to recognize early signs and symptoms of mental health disorders. **How will this activity be tracked and measured by the LHJ?** MCAH Health Education Specialist (HES) will log all the mental health promotional messages posted in our social media and will track traffic related to the posts. **What is your anticipated outcome?** San Bernardino County women and families will have access to mental health promotional messages from CDPH/MCAH to recognize early signs of mental health disorders. **How will impacts be measured?** Social media messages will be tracked by number of views and likes.	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Other local activity (Please Specify/Optional): In partnership with RPPC, introduce book "Feelings in Motherhood" (FIM) in birthing hospitals L&D family waiting rooms and NICU units to help family members and friends to recognize early sings of mental health disorders. **How will this activity be tracked and measured by the LHJ?** Number of hospitals contacted to request permission to place FIM books in their L&D and NICU family waiting areas, and number of hospitals keeping FIM books in L&D family waiting rooms and NICU.	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

	What is your anticipated outcome? Relatives and friends of new parents will have access to FIM books and will understand early signs and symptoms of mental health disorders. **How will impacts be measured?** Number of hospital participating in this project.	

If you have additional local activities, please add a row.

Woman/Maternal Health Domain			
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 4: Ensure optimal health before pregnancy and improve pregnancy planning and birth spacing.*			
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year). **ESM:** The number of Local Health Jurisdictions (LHJs) that report developing or adopting a protocol to link clients (women 22-44) to a provider to access a preventive visit.		
Women/Maternal State Objective 4: By 2025, increase the percent of women who had an optimal interpregnancy interval of at least 18 months from 73.6% (2017 CCMBF) to 76.4%.			
Women/Maternal State Objective 4: Strategy 1: Partner to increase provider and individual knowledge and skill to improve health and health care before and between pregnancies.	**Women/Maternal State Objective 4: Strategy 2:** Lead a population-based assessment of mothers in California, the Maternal and Infant Health Assessment Survey (MIHA), to provide data to guide programs and services.	**Women/Maternal State Objective 4: Strategy 3:** Lead the implementation of the Comprehensive Perinatal Service Provider (CPSP) program to ensure access to comprehensive prenatal care for Medi-Cal Fee-for-Service clients.	**Women/Maternal State Objective 4: Strategy 4:** Fund the DHCS Indian Health Program (IHP) to administer the American Indian Maternal Support Services (AIMSS) to provide case management and home visitation program services for American Indian women during and after pregnancy.
Local Activities for Women/Maternal Objective 4: Strategy 1	**Local Activities for Women/Maternal Objective 4: Strategy 2**	**Local Activities for Women/Maternal Objective 4: Strategy 3**	**Local Activities for Women/Maternal Objective 4: Strategy 4**
☒Partner with CDPH/MCAH to disseminate and promote best practices and resources from key preconception initiatives.	☐Partner with CDPH/MCAH in the development of the Maternal Infant Health Assessment (MIHA) Survey.	☐Partner with Perinatal Service Coordinators (PSCs) to identify and recruit providers in medically underserved areas to increase access to care.	☐Other local activity (Please Specify/Optional):

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How will this activity be tracked and measured by the LHJ? Dissemination of promotional messages will be tracked through distribution lists to CPSP providers and to woman and families through social media messages **What is your anticipated outcome?** Providers and families will have access to CDHP/MCAH preconception best practices and resources. **How will impacts be measured?** 100% of preconception messages from CDPH/MCAH will be shared with CPSP and shared on social media	**How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	**How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	**How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Coordinate with CDPH/MCAH to identify uninsured populations, and conduct outreach and awareness of health insurance options. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH to disseminate MIHA data findings and guidance to the general public and local partners. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Lead in implementing the local CPSP program and provide monitoring and oversight of providers to ensure quality of care for CPSP clients. **How will this activity be tracked and measured by the LHJ?** PSC will conduct QA activities through in-person and virtual visits using CPSP QA Form to ensure quality of care. **What is your anticipated outcome?** 80% of CPSP providers will receive QA visits and have CPSP QA Form completed. **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

		CPSP Providers that receive QA visit will score above 80/100 pts on CPSP QA Form	
☐Partner with CDPH/MCAH to disseminate Healthier Her campaign materials. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Partner with CDPH/MCAH to promote preconception/inter-conception health programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☒Other local activity (Please Specify/Optional): Will develop a CPSP Preconception Survey to determine baseline of preconception care and identify barriers to implementation **How will this activity be tracked and measured by the LHJ?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**

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How will this activity be tracked and measured by the LHJ? PSC will follow-up with CPSP providers who received survey and collect survey findings through fax or email. **What is your anticipated outcome?** By June 30, 2022, 30/43 providers will complete a survey. **How will impacts be measured?** PSC will collect CPSP preconception surveys to determine baseline and barriers to implementation.	**What is your anticipated outcome?** **How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**

If you have additional local activities, please add a row.

Woman/Maternal Health Domain	
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 5: Reduce maternal substance use.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with preventive medical visit in the a past year).
Women/Maternal State Objective 5: By 2025, reduce the rate of maternal substance use from 20.7 per 1,000 delivery hospitalizations (2018 PDD) to 19.7 per 1,000 delivery hospitalizations.	
Women/Maternal State Objective 5: Strategy 1: Lead surveillance and research on maternal substance use in California.	**Women/Maternal State Objective 5: Strategy 2:** Partner at the state and local level to increase prevention and treatment of maternal opioid and other substance use.
Local Activities for Women/Maternal Objective 5: Strategy 1	**Local Activities for Women/Maternal Objective 5: Strategy 2**
☐Coordinate with CDPH/MCAH to disseminate data findings, guidance and education to the public and local partners.	☒Identify county specific resources on treatment and best practices to address substance use and collaborate to improve referral and linkages to services.

How will this activity be tracked and measured by the LHJ? **What is your anticipated outcome?** **How will impacts be measured?**	**How will this activity be tracked and measured by the LHJ?** Treatment list will be ready for distribution by end of fiscal year. **What is your anticipated outcome?** Complete a county wide treatment resource list and best practices. **How will impacts be measured?** Comprehensive list will be ready by end of fiscal year to be used for future collaborative activities
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH to disseminate a social media campaign on maternal opioid use. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Disseminate the Association of State and Territorial Health Officials (ASTHO) Public Health Perinatal Opioid Toolkit. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**

What is your anticipated outcome? **How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**

If you have additional local activities, please add a row.

Section C: Local Activities by Domain

At least one activity must be selected or the LHJ must develop at least one activity of their own in the Perinatal/Infant Health Domain

Perinatal/Infant Health Domain			
Perinatal/Infant Priority Need: Ensure all infants are born healthy and thrive in their first year of life. *Perinatal/Infant Focus Area 1: Improve healthy infant development through breastfeeding and caregiver/infant bonding.*			
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 4a:** Percent of infants who are ever breastfed. **NPM 4b:** Percent of infants breastfed exclusively through 6 months. **ESM 4.1:** Number of online views/hits to the "Lactation Support for Low-Wage Workers".		
Perinatal/Infant State Objective 1: By 2025, increase the percent of women who report exclusive in-hospital breastfeeding from 70.2% (2018 GDSP) to 73.0%.			
Perinatal/Infant State Objective 1: Strategy 1: Lead surveillance of breastfeeding practices and assessment of initiation and duration trends.	**Perinatal/Infant State Objective 1: Strategy 2:** Lead technical assistance and training to support breastfeeding initiation, including the implementation of the Model Hospital Policy or Baby Friendly in all California birthing hospitals by 2025.	**Perinatal/Infant State Objective 1: Strategy 3:** Partner to develop and disseminate information and resources about policies and best practices to promote breastfeeding duration, including lactation accommodation within all MCAH programs.	**Perinatal/Infant State Objective 1: Strategy 4:** Partner with birthing hospitals to support infant/caregiver bonding.
Local Activities for Perinatal/Infant Objective 1: Strategy 1	**Local Activities for Perinatal/Infant Objective 1: Strategy 2**	**Local Activities for Perinatal/Infant Objective 1: Strategy 3**	**Local Activities for Perinatal/Infant Objective 1: Strategy 4**
☐Monitor and track breastfeeding initiation and duration rates and disseminate data to community and local partners. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Promote breastfeeding education to prenatal women in local MCAH programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner to develop and disseminate information and resources about policies and best practices to promote extending breastfeeding duration, including lactation accommodation within local MCAH programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with Regional Perinatal Program of California (RPPC) Directors to work with local birthing hospitals on messaging related to infant bonding with an emphasis on a client-centered approach. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner to disseminate information to the community regarding evidence-based breastfeeding initiation guidance. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with community leaders to promote infant bonding, skin to skin training and outreach activities to dads, partners, and caretakers. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with Regional Perinatal Programs of California (RPPC) Directors to track and assess implementation and technical assistance needs of birthing hospitals related to the implementation of Model Hospital Policy or Baby Friendly. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

If you have additional local activities, please add a row.

Local Health Jurisdiction: San Bernardino
Agreement Number: 202136

Fiscal Year: SFY 2021-22

Perinatal/Infant Health Domain		
Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities. *Perinatal/Infant Focus Area 2: Reduce infant mortality with a focus on reducing disparities.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**SPM 1:** Preterm birth rate among infants born to non-Hispanic Black women.	
Perinatal/Infant State Objective 2: By 2025, reduce the rate of infant deaths from 4.2 per 1,000 live births (2017 BSMF/DSMF) to 4.0.		
Perinatal/Infant State Objective 2: Strategy 1: Lead research and surveillance related to fetal and infant mortality in California.	**Perinatal/Infant State Objective 2: Strategy 2:** Fund the implementation of local fetal infant review programs to identify state and local strategies to reduce infant mortality.	**Perinatal/Infant State Objective 2: Strategy 3:** Lead the California SIDS Program to provide grief and bereavement support to parents, technical assistance, resources and training on infant safe sleep to reduce infant mortality.
Local Activities for Perinatal/Infant Objective 2: Strategy 1	**Local Activities for Perinatal/Infant Objective 2: Strategy 2**	**Local Activities for Perinatal/Infant Objective 2: Strategy 3**
☒Monitor and track fetal and infant mortality and disseminate data to community and local partners. **How will this activity be tracked and measured by the LHJ?** The local fetal mortality rate (FMR) and infant mortality rate (IMR) is tabulated on an annual basis following death statistical master file and fetal death registration system file updates provided by CDPH. Additional IMR measurements include city level stratification and multi-year trend analysis. Accordingly, the LHJ will monitor fetal and infant mortality rates for significant changes, and disseminate rates/trends to local MCAH partners/stakeholders accordingly. **What is your anticipated outcome?** The LHJ anticipates a fetal and infant mortality rate decline based on strategic planning efforts that identify high-risk populations for public health program service provision. **How will impacts be measured?** The LHJ will monitor FMR and IMR changes on an annual basis to include geographical stratification for comparison purposes and disseminate indicator updates to local MCAH partners and stakeholders.	☐For non-FIMR funded LHJs, utilize a FIMR-like framework to reduce infant mortality. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Promote and disseminate information and resources related to SIDS/SUID risk factors and reduction strategies. **How will this activity be tracked and measured by the LHJ?** Number and names of pediatric care providers attending the Child Health and Disability Prevention program overview training will receive SIDS/SUID risks factors and reduction strategies information and resources for their patients. **What is your anticipated outcome?** Pediatric providers will educate parents on SIDS/SUID risk factors and reduction strategies. **How will impacts be measured?** Pediatricians that attend CHDP overview training will be surveyed at the end of the year and asked if they used resources to educate parent on SIDS/SUID risk factors and reduction strategies.

☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐For non-FIMR funded LHJs, develop guidelines for investigating fetal and infant death and implement best practices and strategies to reduce infant mortality. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Disseminate Safe to Sleep® campaign and Safe Sleep strategies that address SIDS and other sleep-related causes of infant death. **How will this activity be tracked and measured by the LHJ?** Health Educator Specialist (HES) will compile list of agencies that receive Safe Sleep strategies and information. **What is your anticipated outcome?** HES will complete 8 safe sleep presentations to foster care agencies. **How will impacts be measured?** HES will measure knowledge increase after participating in Safe Sleep presentations using pre/post presentation test with agency.
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with Regional Perinatal Programs of California (RPPC) to work with birthing hospitals to disseminate Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID) risk reduction information to parents or guardians of newborns upon discharge. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Partner with local childcare licensing, birthing facilities, clinics, Women Infant Children (WIC) sites, and medical providers to provide SIDS/SUID and Safe Sleep education. **How will this activity be tracked and measured by the LHJ?**

How will impacts be measured?	**How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

If you have additional local activities, please add a row.

Perinatal/Infant Health Domain				
Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities. *Perinatal/Infant Focus Area 3: Reduce preterm births.*				
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**SPM 1:** Preterm birth rate among infants born to non-Hispanic Black women.			
Perinatal/Infant State Objective 3: By 2025, reduce the percentage of preterm births from 8.7% (2017 BSMF) to 8.4%.				
Perinatal/Infant State Objective 3: Strategy 1: Lead research and surveillance on disparities in preterm birth rates in California.	**Perinatal/Infant State Objective 3: Strategy 2:** Lead the implementation of the Black Infant Health (BIH) Program to reduce the impact of stress due to structural racism to improve Black birth outcomes.	**Perinatal/Infant State Objective 3: Strategy 3:** Lead the implementation of the Perinatal Equity Initiative (PEI) to increase perinatal equity in California.	**Perinatal/Infant State Objective 3: Strategy 4:** Lead the implementation of the Community Birth Plan (CBP), being piloted in Los Angeles, to build community systems to galvanize health care, public health sectors and communities to collaboratively reduce Black preterm birth.	**Perinatal/Infant State Objective 3: Strategy 5:** Lead the development and dissemination of preterm birth reduction strategies across California.
Local Activities for Perinatal/Infant Objective 3: Strategy 1	**Local Activities for Perinatal/Infant Objective 3: Strategy 2**	**Local Activities for Perinatal/Infant Objective 3: Strategy 3**	**Local Activities for Perinatal/Infant Objective 3: Strategy 4**	**Local Activities for Perinatal/Infant Objective 3: Strategy 5**

☒Monitor and track local preterm birth rates and disseminate data to community and local partners. **How will this activity be tracked and measured by the LHJ?** The local preterm birth rate is tabulated on an annual basis following birth statistical master file updates provided by CDPH. Additional preterm birth rate measurements include city level stratification and multi-year trend analysis. Accordingly, the LHJ will monitor preterm birth rates for significant changes, and disseminate rates/trends to local MCAH partners/stakeholders accordingly. **What is your anticipated outcome?** The LHJ anticipates a preterm birth rate decline based on strategic planning efforts that identify high risk populations for public health program service provision. **How will impacts be measured?** The LHJ will monitor preterm birth rate changes on an annual basis to include geographical stratification for comparison purposes and disseminate indicator updates to local MCAH partners and stakeholders.	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Develop and disseminate preterm birth reduction materials and resources to the Black community (moms, fathers, grandparents, community leaders, and churches) and agencies providing services to Black moms and babies. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with local birthing hospitals, and community stakeholders to disseminate social media campaigns about preterm birth reduction strategies. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐ Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
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If you have additional local activities, please add a row.

Section C: Local Activities by Domain

At least one activity must be selected or the LHJ must develop at least one activity of their own in the Child Health Domain

Child Health Domain			
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 1: Expand and support developmental screening.*			
(National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. **ESM 6.1:** Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.		
Child State Objective 1: By 2025, increase the percentage of children, ages 9 through 35 months, who received a developmental screening from a health care provider using a parent-completed screening tool in the past year from 25.9% (NSCH 2017-18) to 32.4%.			
Child State Objective 1: Strategy 1: Partner to build data capacity for public health surveillance and program monitoring and evaluation related to developmental screening in California.	**Child State Objective 1: Strategy 2:** Partner to foster coordination and collaboration between systems to improve developmental screening for young children.	**Child State Objective 1: Strategy 3:** Partner to educate and build capacity among providers and families to understand developmental milestones and implement best practices in developmental screening and monitoring within MCAH programs.	**Child State Objective 1: Strategy 4:** Support implementation of Department of Health Care Services (DHCS) policies regarding developmental screening quality measure and reimbursements to health care providers.
Local Activities for Child Objective 1: Strategy 1	**Local Activities for Child Objective 1: Strategy 2**	**Local Activities for Child Objective 1: Strategy 3**	**Local Activities for Child Objective 1: Strategy 4**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH, Statewide Screening Collaborative, and local stakeholders, such as the local First 5 program or Help Me Grow system, to identify key local resources for developmental screening/linkage. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH and early childhood and family-serving programs to assess current policies and practices on developmental screening and monitoring of developmental milestones to determine whether additional monitoring or screening can be incorporated into the programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Build capacity by partnering with local Medi-Cal managed care health plans to educate and share information with providers about Medi-Cal developmental screening reimbursement and quality measures. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

		How will impacts be measured?	
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Lead the development of a community resource map that links referrals to services. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with providers to educate families in MCAH programs about specific milestones and developmental screening needs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Track county Medi-Cal managed care health plan developmental screening data. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Develop a social media campaign or other outreach activity for families who missed well-child visits and/or developmental screening due to COVID-19 to educate families on the importance of resuming preventive services. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with Help Me Grow (HMG) and other key partners to educate providers and families about developmental screening recommendations and tools. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Support provider organizations or health plans to implement quality improvement learning collaboratives to improve rates of developmental screening. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional):	☐Other local activity (Please Specify/Optional):	☐Partner with Women Infant Children (WIC) and other stakeholders to disseminate developmental	☐Other local activity (Please Specify/Optional):

How will this activity be tracked and measured by the LHJ? **What is your anticipated outcome?** **How will impacts be measured?**	**How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	milestone information, educational resources, and tools. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	**How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

If you have additional local activities, please add a row.

Child Health Domain		
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 2: Raise awareness of adverse childhood experiences and prevent toxic stress through building resilience.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. **ESM 6.1:** Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.	
Child State Objective 2: By 2025, increase the percentage of children, ages 0 through 17 years, who live in a home where the family demonstrated qualities of resilience (i.e. met all four resilience items as identified in the NSCH survey) during difficult times from 82.0% (95% CI: 78.2-85.3%) to 84.5%.		
Child State Objective 2: Strategy 1: Partner with CDPH Essentials for Childhood and other stakeholders to build data capacity to track and understand experiences of adversity and resilience among children and families.	**Child State Objective 2: Strategy 2:** Partner to build capacity and expand programs and practices to build family resilience by optimizing the parent-child relationship, enhancing parenting skills, and addressing child poverty through increasing access to safety net programs within MCAH-funded programs.	**Child State Objective 2: Strategy 3:** Support the California Office of the Surgeon General and DHCS' ACEs Aware initiative to build capacity among communities, providers, and families to understand the impact of childhood adversity and the importance of trauma-informed care.
Local Activities for Child Objective 2: Strategy 1	**Local Activities for Child Objective 2: Strategy 2**	**Local Activities for Child Objective 2: Strategy 3**
☐Identify and examine local county data sources for childhood adversity, childhood poverty, and social determinants of health affecting child health and family resilience. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Assess current MCAH program practices to promote healthy, safe, stable, and nurturing parent-child relationships. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Participate and promote the California Surgeon General's Adverse Childhood Experiences (ACEs) Aware trainings within local county agencies. **How will this activity be tracked and measured by the LHJ?** Number of MCAH staff, providers and community agencies informed of California Surgeon General's ACEs trainings **What is your anticipated outcome?** Local MCAH staff, medical providers and community agencies will participate and learn about ACEs/trauma informed care by participating the in California Surgeon General's ACEs trainings. **How will impacts be measured?** Knowledge of ACEs will improve addition of screening and trauma informed care among child health providers and community agencies

☐Partner with CDPH/MCAH to identify opportunities to expand data collection on key childhood adversity and family resilience measures. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH to understand statewide initiatives that address social determinants of health and strengthen economic supports for families. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Share information to support the California Surgeon General's and Department of Health Care Services (DHCS) efforts on trauma screening and training for health care providers. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Identify resources and training opportunities on ACEs and trauma-informed care for local programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

If you have additional local activities, please add a row.

Child Health Domain	
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 3: Support and build partnerships to improve the physical health of all children.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. **ESM 6.1:** Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.
Child State Objective 3: NPM 13.2: By 2025, increase the percentage of children, ages 1 through 17 years, who had a preventive dental visit in the past year from 80.2% (95% CI: 76.0- 83.9) [NSCH 2017-18] to 82.6%.	
Child State Objective 3: Strategy 1: Support the CDPH Office of Oral Health in their efforts to increase access to regular preventive dental visits for children by sharing information with MCAH programs.	
Local Activities for Child Objective 3: Strategy 1	
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	

If you have additional local activities, please add a row.

Child Health Domain	
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 3: Support and build partnerships to improve the physical health of all children.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. **ESM 6.1:** Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.
Child State Objective 4: SPM: By 2025, decrease the percentage of 5th grade students who are overweight or obese from 40.5% (2018) to 39.3%.	
Child State Objective 4: Strategy 1: Partner to enable the reporting of data on childhood overweight and obesity in California.	**Child State Objective 4: Strategy 2:** Partner with WIC and others to provide technical assistance to local MCAH programs to support healthy eating and physically active lifestyles for families.
Local Activities for Child Objective 4: Strategy 1	**Local Activities for Child Objective 4: Strategy 2**
☐Utilize guidance to inform local-level prevention initiatives (contingent upon CDPH/MCAH procuring sub-State-level data on child overweight and obesity). **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with Women Infant Children (WIC), local healthy community programs and initiatives, CDPH/MCAH programs, stakeholders to identify resources, best practices and tools on healthy eating to share with families in MCAH programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Partner with Women Infant Children (WIC), and other local programs to refer and link eligible families to WIC and other healthy food resources. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**

How will impacts be measured?	**How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH to utilize the Policies, Systems, and Environmental Change Toolkit to improve physical activity, nutrition, and breastfeeding within the local health jurisdiction. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Share the child MyPlate and related messaging with families and providers to promote healthy eating in children. **How will this activity be tracked and measured by the LHJ?** Maintain a list of pediatric providers who received Child MyPlate information **What is your anticipated outcome?** 50 staff members from the 138 Medi-Cal pediatric CHDP offices will receive the "Child MyPlate" information during nutrition training and 30 will be using it to educate patients and families. **How will impacts be measured?** Survey providers attending the training to learn if they are using the Child MyPlate with their patients and families.
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**

How will impacts be measured?	How will impacts be measured?

If you have additional local activities, please add a row.

Section C: Local Activities by Domain

At least one activity must be selected or the LHJ must develop at least one activity of their own in the CYSHCN Health Domain

Children and Youth with Special Health Care Needs (CYSHCN) Domain

CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families.

CYSHCN Focus Area 1: Build capacity at the state and local levels to improve systems that serve CYSHCN and their families.

Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 12:** Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care. **ESM 12.1:** Percentage of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.

CYSHCN State Objective 1:

By 2025, increase the percentage (*from 0 to x%*) of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems and services.*

**Number to be determined*

CYSHCN State Objective 1: Strategy 1: Lead state and local MCAH capacity-building efforts to improve and expand public health systems and services for CYSHCN.	**CYSHCN State Objective 1: Strategy 2:** Lead program outreach and assessment within State MCAH to ensure best practices for serving CYSHCN are integrated into all MCAH programs.	**CYSHCN State Objective 1: Strategy 3:** Partner to build data capacity to understand needs and health disparities in the CYSHCN population.	**CYSHCN State Objective 1: Strategy 4:** Lead the establishment of a state-level learning collaborative to improve systems for CYSHCN through a national collaboration with the five largest states (CA, FL, IL, NY, and TX), known collectively as the Big 5.
Local Activities for CYSHCN Objective 1: Strategy 1	**Local Activities for CYSHCN Objective 1: Strategy 2**	**Local Activities for CYSHCN Objective 1: Strategy 3**	**Local Activities for CYSHCN Objective 1: Strategy 4**
☐ Conduct an environmental scan focused on children and youth with special health care needs and their families, including needs, gaps, and resources available in your county or region. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Create or update a resource guide or diagram to help families, providers, and organizations understand the landscape of available local resources in the community. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Improve coordination of emergency preparedness and disaster relief support for Children and Youth with Special Health Care Needs (CYSHCN) and their families (COVID-19, wildfires, earthquakes, etc.) **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒ Other local activity (Please Specify/Optional): Assess children under the age of 6 at risk for developmental and behavioral delays and link to medical, dental, and behavioral health services when needed. **How will this activity be tracked and measured by the LHJ?** Using the Monthly Activity Log, the SART PHN will track the number of children under six year of age, who receive an ASQ developmental assessment, and also track the number of linkages to medical, dental, and behavioral health services that these same children receive. **What is your anticipated outcome?** By June 30th, 2022; at least 80% of the children under the age of 6 years identified at risk for developmental and/or behavioral delays, will be linked to medical, dental, and behavioral health services when needed. **How will impacts be measured?** • Number of children under the age of 6 years who were assessed for developmental and/or behavioral delays. • Number of children under the age of 6 years who were identified at risk for developmental and/or behavioral delays. • Number of children who received at least one linkage to medical, dental, and behavioral health services as needed.	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Conduct a local data/evaluation project focused on CYSHCN. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Create or join a public health taskforce focused on the needs of CYSHCN in your county or region. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

If you have additional local activities, please add a row.

Local Health Jurisdiction: San Bernardino
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Children and Youth with Special Health Care Needs (CYSHCN) Domain		
CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families. CYSHCN Focus Area 1: Build capacity at the state and local levels to improve systems that serve CYSHCN and their families.		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 12:** Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care **ESM 12.1:** Percentage of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems	
CYSHCN State Objective 2: By 2025, increase the % of adolescents with special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care from 12.6% to 13.9%. (NSCH 2017-18)		
CYSHCN State Objective 2: Strategy 1: Partner on identifying and incorporating best practices to ensure that CYSHCN and their families receive support for a successful transition to adult health care.	**CYSHCN State Objective 2: Strategy 2:** Fund DHCS/ISCD to assist CCS counties in providing necessary care coordination and case management to CYSHCN in Medi-Cal and CCS to facilitate timely and effective access to care and appropriate community resources.	**CYSHCN State Objective 2: Strategy 3:** Fund DHCS/ISCD to increase timely access to qualified providers for CYSHCN in Medi-Cal and CCS clients to facilitate coordinated care.
Local Activities for CYSHCN Objective 2: Strategy 1	**Local Activities for CYSHCN Objective 2: Strategy 2**	**Local Activities for CYSHCN Objective 2: Strategy 3**
☐Conduct an environmental scan in your county and/or region to understand needs, strengths, barriers, and opportunities in the transition to adult health care, supports, and services for youth with special health care needs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Develop a communication and/or outreach campaign focused on transition from pediatric care to adult health care, including supports and services for youth with special health care needs. **How will this activity be tracked and measured by the LHJ?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**

Local Health Jurisdiction: San Bernardino
Agreement Number: 202136

Fiscal Year: SFY 2021-22

What is your anticipated outcome? **How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**
☐Create/join a local learning collaborative or workgroup focused on the transition to adult health care and supports and services for youth with special health care needs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

If you have additional local activities, please add a row.

Local Health Jurisdiction: San Bernardino
Agreement Number: 202136

Fiscal Year: SFY 2021-22

Children and Youth with Special Health Care Needs (CYSHCN) Domain		
CYSHCN Priority Need 2: Increase engagement and build resilience among CYSHCN and their families. *CYSHCN Focus Area 2: Empower and support CYSHCN, families, and family-serving organizations to participate in health program planning and implementation.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 12:** Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care. **ESM 12.1:** Percentage of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.	
CYSHCN State Objective 3: By 2025, *x of 61* local MCAH programs will select a SOW objective focused on family engagement, social/community inclusion, and/or family strengthening for CYSHCN.* **To be determined.*		
CYSHCN State Objective 3: Strategy 1: Partner to train and engage CYSHCN and families to improve CYSHCN-serving systems through input and involvement in state and local MCAH program design, implementation, and evaluation.	**CYSHCN State Objective 3: Strategy 2:** Fund DHCS/ISCD to support continued family engagement in CCS program improvement, including the Whole Child Model, to assist families of CYSHCN in navigating services.	**CYSHCN State Objective 3: Strategy 3:** Support statewide and local efforts to increase resilience among CYSHCN and their families.
Local Activities for CYSHCN Objective 3: Strategy 1	**Local Activities for CYSHCN Objective 3: Strategy 2**	**Local Activities for CYSHCN Objective 3: Strategy 3**
☐Attend a Family Voices of California Project Leadership Training-of-Trainers and implement local Project Leadership Trainings. http://www.familyvoicesofca.org/project-leadership/ **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Design and implement a project focused on social and community inclusion for CYSHCN and their families. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Within your county or region, create and deliver a training on family engagement for LHJ staff and partners. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Promote trauma-informed practices specific to CYSHCN and families to ensure local MCAH programs such as home visiting and public health nursing have a trauma-informed approach that is inclusive of CYSHCN. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

If you have additional local activities, please add a row.

Section C: Local Activities by Domain

At least one activity must be selected or the LHJ must develop at least one activity of their own in the Adolescent Health Domain

Adolescent Domain		
Adolescent Priority Need 1: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. *Adolescent Focus Area 1: Improve sexual and reproductive health and well-being for all adolescents in California.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 10:** Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. **ESM 10.1:** Percent of AFLP participants who received a referral for preventive services.	
Adolescent State Objective 1: By 2025, increase the proportion of sexually active adolescents who use condoms and/or hormonal or intrauterine contraception to prevent pregnancy and provide barrier protection against sexually transmitted diseases as measured by: • percent of sexually active adolescents who used a condom at last sexual intercourse from 55% to 58% • percent of sexually active adolescents who used the most effective or moderately effective methods of FDA-approved contraception from 23% to 25%.		
Adolescent State Objective 1: Strategy 1: Lead surveillance and program monitoring and evaluation related to adolescent sexual and reproductive health.	**Adolescent State Objective 1: Strategy 2:** Lead to strengthen knowledge and skills to increase use of protective sexual health practices within MCAH-funded programs.	**Adolescent State Objective 1: Strategy 3:** Partner across state and local health and education systems to implement effective comprehensive sexual health education in California.
Local Activities for Adolescent Objective 1: Strategy 1	**Local Activities for Adolescent Objective 1: Strategy 2**	**Local Activities for Adolescent Objective 1: Strategy 3**
☐Utilize California Adolescent Sexual Health Needs Index (CASHNI) to target adolescent sexual health programs and efforts to high need youth. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH to disseminate education materials and resources related to effective protective sexual health practices for youth, with a focus on reaching local health care professionals and parents/caregivers. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐For non- California Personal Responsibility Education Program (CA PREP) and Information and Education Program (I&E) funded counties, partner with local PREP and I&E agencies and other community partners to ensure local implementation of evidence-based and/or evidence-informed sexual health education to high need youth. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**

		How will impacts be measured?
☐Utilize and disseminate Adolescent Sexual Health County Profiles to the public and local partners. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐For Adolescent Family Life Planning (AFLP)-funded counties, promote healthy sexual behaviors and healthy relationships among expectant and parenting youth. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with stakeholders to review and ensure all sexual health education curricula provided in the county align with the California Healthy Youth Act (CHYA). **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Utilize and disseminate California's Adolescent Birth Rate (ABR) data report to the public and local partners. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐For non-Adolescent Family Life Planning (AFLP) funded counties, partner with local AFLP-funded agencies and other community partners to ensure utilization of best practices to promote healthy sexual behaviors and healthy relationships among high need youth populations. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**	☐Build capacity of local MCAH workforce to promote protective adolescent sexual health practices. **How will this activity be tracked and measured by the LHJ?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**

What is your anticipated outcome? **How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Improve parent and caring adult engagement in supporting adolescent sexual health. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

If you have additional local activities, please add a row.

Adolescent Domain	
Adolescent Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. *Adolescent Focus Area 2: Improve awareness of and access to youth-friendly services for all adolescents in California.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 10:** Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. **ESM 10.1:** Percent of AFLP participants who received a referral for preventive services.
Adolescent State Objective 2: By 2025, increase the percent of adolescents 12 through 17 with a preventive medical visit in the past year from 76.2% to 83.8%.	
Adolescent State Objective 2: Strategy 1: Lead to develop and implement best practices in MCAH funded programs to support youth with accessing youth-friendly preventative care, sexual and reproductive health care, and mental health care.	**Adolescent State Objective 2: Strategy 2:** Partner with the CDPH Adolescent Preventive Health Initiative to increase the quality of preventive care for adolescents in California.
Local Activities for Adolescent Objective 2: Strategy 1	**Local Activities for Adolescent Objective 2: Strategy 2**
☐Implement evidence-based screening tools or assessments to connect adolescents in local MCAH programs to needed services. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH on dissemination of Adolescent Preventive Health Initiative (APHI) communications platform to health care providers to improve adolescent health care. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Lead the development of a community pathway map that links referrals to services for young people. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**

How will impacts be measured?	**How will impacts be measured?**
☐Partner to disseminate adolescent preventive care recommendations to improve the quality of adolescent health services. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

If you have additional local activities, please add a row.

Adolescent Domain		
Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. *Adolescent Focus Area 3: Improve social, emotional, and mental health and build resilience among all adolescents in California.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 10:** Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. **ESM 10.1:** Percent of AFLP participants who received a referral for preventive services.	
Adolescent State Objective 3: By 2025, increase the percent of adolescents aged 12-17 who have an adult in their lives with whom they can talk to about serious problems from 77.2% to 79.7%.		
Adolescent State Objective 3: Strategy 1: Partner to strengthen resilience among expectant and parenting adolescents to improve health, social, and educational outcomes.	**Adolescent State Objective 3: Strategy 2:** Partner to identify opportunities to build protective factors for adolescents at the individual, community and systems levels.	**Adolescent State Objective 3: Strategy 3:** Partner to strengthen knowledge and skills among providers, individuals and families to identify signs of distress and mental health related-needs among adolescents.
Local Activities for Adolescent Objective 3: Strategy 1	**Local Activities for Adolescent Objective 3: Strategy 2**	**Local Activities for Adolescent Objective 3: Strategy 3**
☐Partner with CDPH/MCAH to utilize evidence-based tools and resources, such as the Positive Youth Development (PYD) Model, to build youth resiliency to improve health, social, and educational outcomes among expectant and parenting youth. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Utilize the Adolescent Sexual Health Workgroup (ASHWG) Positive Youth Development (PYD) Organizational Assessment and Toolkit to build agency capacity to engage and promote youth leadership and youth development. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Identify local needs and assets relating to adolescent mental health. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐For non-Adolescent Family Life Planning (AFLP)-funded counties, participate on local AFLP agency's Local Stakeholder Coalition. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Establish or join a local youth advisory board to incorporate youth voice and feedback into local MCAH health programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with or join a local adolescent health coalition and develop a strategic plan to improve adolescent mental health. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Partner with CDPH/MCAH in utilization and dissemination of updated physical activity and nutrition guidelines to promote well-being among adolescent parents. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner to understand and promote efforts to improve youth engagement and leadership opportunities. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Partner to disseminate training opportunities and resources related to adolescent mental health such as Mental Health First Aid and Question Persuade Refer (QPR), a suicide prevention training. **How will this activity be tracked and measured by the LHJ?** MCAH will keep a log with shared adolescent mental health trainings and resources and maintain distribution lists of pediatric, family practice providers and local community agencies that receive the messages. **What is your anticipated outcome?** Local community agencies and providers serving adolescents will have the opportunity to participate in adolescent mental health trainings and expand their resources. **How will impacts be measured?** Local community agencies and providers will be able to incorporate resources and mental health strategies learned from the trainings.

☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Other (Please Specify/Optional): To develop an adolescent mental health resources list for medical providers, including school mental health resources, DBH and managed care plans **How will this activity be tracked and measured by the LHJ?** Number of CHDP medical providers that received the adolescent mental health resource list **What is your anticipated outcome?** By June 30, 2022 100% of CHDP providers will receive and 30% will utilize the adolescent mental health resource list. **How will impacts be measured?** Survey CHDP providers to verify utilization of resource list.

If you have additional local activities, please add a row.

ORIGINAL

California Department of Public Health | Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2021-22	ORIGINAL	ACTIVE	0.05

Version 7.0 - 150 Quarterly 4.20.20

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 202136 San Bernardino
SubK:

		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)
	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*
ALLOCATION(S) →			258,221.00		22,567.00						#VALUE!

EXPENSE CATEGORY											
(I) PERSONNEL	1,087,468.93		184,919.59		19,296.66		175,763.61		222,057.29		485,431.78
(II) OPERATING EXPENSES	65,556.20		14,235.17		207.05		13,044.74		38,069.24		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	2,000.55		2,000.55		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	172,091.96		57,065.69		3,063.24		0.00		111,963.03		0.00
BUDGET TOTALS*	1,327,117.64	19.46%	258,221.00	1.70%	22,566.95	14.23%	188,808.35	28.04%	372,089.56	36.58%	485,431.78
BALANCE(S) →			0.00		0.05						

TOTAL MCAH-TV	258,221.00 →	258,221.00					
TOTAL MCAH-SIDS	22,566.95 →		22,566.95				
TOTAL TITLE XIX	550,118.63 →			[50%]	186,044.79	[75%]	364,073.84
TOTAL AGENCY FUNDS	496,211.06 →			[50%]	186,044.77	[25%]	121,357.94

$ 830,906.58	Maximum Amount Payable from State and Federal resources

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

MCAH/PROJECT DIRECTOR'S SIGNATURE DATE

AGENCY FISCAL AGENT'S SIGNATURE DATE

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E
PCA Codes		53107		53112				53118		53117
(I) PERSONNEL		184,919.59		19,296.66				111,028.65		364,073.84
(II) OPERATING EXPENSES		14,235.17		207.05				19,034.62		0.00
(III) CAPITAL EXPENSES		0.00		0.00				0.00		0.00
(IV) OTHER COSTS		2,000.55		0.00				0.00		0.00
(V) INDIRECT COSTS		57,065.69		3,063.24				55,981.52		0.00
Totals for PCA Codes	830,906.58	258,221.00		22,566.95				186,044.79		364,073.84

California Department of Public Health — CDPH | Maternal, Child and Adolescent Health Division

ORIGINAL

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202136 San Bernardino
SubK:	

			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
			MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL									% TRAVEL NON-ENH MATCH		% TRAVEL ENH MATCH		% PERSONNEL MATCH
										18.32%		14.60%	64.80%
	TOTAL OPERATING EXPENSES	**65,556.20**		**14,235.17**		**207.05**		**13,044.74**		**38,069.24**		**0.00**	Match Available
	TRAVEL	9,700.00	61.08%	5,924.76	1.00%	97.00	5.00%	485.00	32.92%	3,193.24		0.00	0.00%
	TRAINING	3,065.00	38.11%	1,168.07		0.00	35.89%	1,100.03	26.00%	796.90		0.00	38.80%
1	Office / Outside Supplies	900.00	17.04%	153.36	2.57%	23.13	15.59%	140.31	64.80%	583.20			0.00%
2	Facilities Costs	22,294.36	9.84%	2,193.77		0.00	25.36%	5,653.85	64.80%	14,446.75			0.00%
3	Local MCAH Travel	5,300.00	12.56%	665.68	1.64%	86.92	21.00%	1,113.00	64.80%	3,434.40			0.00%
4	Minor Office Equipment Maintenance	200.00	14.20%	28.40		0.00	21.00%	42.00	64.80%	129.60			0.00%
5	Communications	12,333.84	14.20%	1,751.41		0.00	21.00%	2,590.11	64.80%	7,992.33			0.00%
6	Postage	425.00	14.20%	60.35		0.00	21.00%	89.25	64.80%	275.40			0.00%
7	Duplicating	200.00	14.20%	28.40		0.00	21.00%	42.00	64.80%	129.60			0.00%
8	Center for Employee Health and Wellness / Background Checks	800.00	14.20%	113.60		0.00	21.00%	168.00	64.80%	518.40			0.00%
9	Toll-free Communications	200.00	79.00%	158.00		0.00	21.00%	42.00		0.00			64.80%
10	County Counsel/Contracts Unit	3,740.00	14.20%	531.08		0.00	21.00%	785.40	64.80%	2,423.52			0.00%
11	Software License (e.g., SPSS, AVSS, SAS, or other)	1,000.00	14.20%	142.00		0.00	21.00%	210.00	64.80%	648.00			0.00%
12	Audit Expense	100.00	14.20%	14.20		0.00	21.00%	21.00	64.80%	64.80			0.00%
13	Minor Office Equipment	300.00	14.20%	42.60		0.00	21.00%	63.00	64.80%	194.40			0.00%
14	Computer Equipment	4,998.00	25.20%	1,259.50		0.00	10.00%	499.80	64.80%	3,238.70			0.00%
15				0.00		0.00		0.00		0.00			

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

(III) CAPITAL EXPENDITURE DETAIL													
	TOTAL CAPITAL EXPENDITURES			0.00		0.00		0.00		0.00			
(IV) OTHER COSTS DETAIL													% PERSONNEL MATCH 64.80%
	TOTAL OTHER COSTS	**2,000.55**		**2,000.55**		**0.00**		**0.00**		**0.00**		**0.00**	
	SUBCONTRACTS												
1				0.00		0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00	
	OTHER CHARGES												Match Available
1	Educational Materials	2,000.55	100.00%	2,000.55		0.00		0.00		0.00			64.80%
2				0.00		0.00		0.00		0.00			
3				0.00		0.00		0.00		0.00			
4				0.00		0.00		0.00		0.00			
5				0.00		0.00		0.00		0.00			
6				0.00		0.00		0.00		0.00			
7				0.00		0.00		0.00		0.00			
8				0.00		0.00		0.00		0.00			
(V) INDIRECT COSTS DETAIL													
	TOTAL INDIRECT COSTS	**172,091.96**		**57,065.69**		**3,063.24**		**0.00**		**111,963.03**			
15.83%	**of Total Wages + Fringe Benefits**	172,091.96	33.16%	57,065.69	1.78%	3,063.24		0.00	65.06%	111,963.03			

California Department of Public Health — CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202136 San Bernardino
SubK:	

(I) PERSONNEL DETAIL

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES	UNMATCHED FUNDING: MCAH-TV %	MCAH-TV (3)	MCAH-SIDS %	MCAH-SIDS (5)	AGENCY FUNDS %	Agency Funds* (7)	NON-ENHANCED MATCHING (50/50): MCAH-Cnty NE %	MCAH-Cnty NE Combined Fed/Agency* (11)	ENHANCED MATCHING (75/25): MCAH-Cnty E %	MCAH-Cnty E Combined Fed/Agency* (15)	J-Pers MCF Per Staff	Staff Traveling (X)
	TOTAL PERSONNEL COSTS				1,097,468.93		184,919.59		19,296.66		175,763.61		222,057.29		485,431.78		
	FRINGE BENEFIT RATE		51.66%		370,424.93		62,989.23		6,573.03		59,870.42		75,639.45		165,352.80		
	TOTAL WAGES				717,044.00		121,930.37		12,723.63		115,893.19		146,417.84		320,078.98		
1	MCAH - 3242				0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
2	Trent Chandler	Accountant II/III / Staff Analyst II	10.00%	72,103.00	7,210.00	60.00%	4,326.00		0.00	40.00%	2,884.00		0.00		0.00	46.4%	
3	Stewart Hunter	Administrative Supervisor I	6.50%	88,494.00	5,752.00	31.60%	1,817.63		0.00	22.00%	1,265.44	46.40%	2,668.93		0.00	46.4%	
4	Ivan Pinto	Automated Systems Analyst I	0.50%	68,512.00	343.00	5.00%	17.15		0.00	95.00%	325.85		0.00		0.00	46.4%	
5	Theresa Almanza	Automated Systems Technician	0.50%	54,159.00	271.00	5.00%	13.55		0.00	95.00%	257.45		0.00		0.00	46.4%	
6	Monique Amis	Division Chief	9.00%	119,563.00	10,761.00	31.60%	3,400.48		0.00	22.00%	2,367.42	46.40%	4,993.10		0.00	46.4%	X
7	David Pratt	Epidemiologist	31.00%	76,099.00	23,591.00	31.60%	7,454.76		0.00	22.00%	5,190.02	46.40%	10,946.22		0.00	46.4%	X
8	Kathleen Berry	Fiscal Assistant	5.00%	43,010.00	2,151.00	31.60%	679.72		0.00	22.00%	473.22	46.40%	998.06		0.00	46.4%	
9	Charlene Lunasco	Fiscal Specialist	1.00%	47,953.00	480.00	31.60%	151.68		0.00	22.00%	105.60	46.40%	222.72		0.00	46.4%	
10	Vacant	Health Education Specialist I	0.50%	57,592	288.00	31.60%	91.01		0.00	22.00%	63.36	46.40%	133.63		0.00	46.4%	
11	Beatriz Vasquez	Health Education Specialist II	0.50%	61,881	309.00	31.60%	97.64		0.00	22.00%	67.98	46.40%	143.38		0.00	46.4%	
12	Vacant	MCAH Co-Dir (Phys II / Health Officer)	48.00%	142,002	68,161.00	31.60%	21,538.88		0.00	22.00%	14,995.42	11.40%	7,770.35	35.00%	23,856.35	46.4%	X
13	Vacant	MCAH Co-Director (Nurse Manager)	23.00%	116,666	26,833.00	30.82%	8,269.93		0.00	22.78%	6,112.58	36.40%	9,767.21	10.00%	2,683.30	46.4%	X
14	Asuncion Williams	MCAH Coordinator (Clinic Supervisor)	64.00%	126,998	81,279.00	32.60%	26,496.95		0.00	21.00%	17,068.59	4.40%	3,576.28	42.00%	34,137.18	46.4%	X
15	Erica Felix	Office Assistant II	2.00%	38,330	767.00	32.60%	250.04		0.00	21.00%	161.07	46.40%	355.69		0.00	46.4%	
16	Lindsey Drake	Program Specialist I	1.00%	68,858	689.00	79.00%	544.31		0.00	21.00%	144.69		0.00		0.00	46.4%	
17	Xenia Garcia	Public Health Nurse II	25.00%	95,596	23,899.00	32.60%	7,791.07		0.00	21.00%	5,018.79	21.40%	5,114.39	25.00%	5,974.75	46.4%	X
18	Vacant	Public Health Program Coordinator	0.50%	91,972	460.00	32.60%	149.96		0.00	21.00%	96.60	46.40%	213.44		0.00	46.4%	
19	Andriana Francis	Secretary I	8.50%	44,594	3,790.00	32.60%	1,235.54		0.00	21.00%	795.90	46.40%	1,758.56		0.00	46.4%	
20	Linda LaRocco	Supervising Office Assistant	5.00%	52,080	2,604.00	32.60%	848.90		0.00	21.00%	546.84	46.40%	1,208.26		0.00	46.4%	
21					0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
22					0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
23					0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
24	Toll-free - 3243				0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
25	Stewart Hunter	Administrative Supervisor I	1.00%	88,494	885.00	100.00%	885.00		0.00		0.00		0.00		0.00	46.4%	
26	Erica Felix	Office Assistant II	1.00%	38,330	383.00	100.00%	383.00		0.00		0.00		0.00		0.00	46.4%	
27	Myrna Lopez	Office Assistant II	1.00%	38,330	383.00	100.00%	383.00		0.00		0.00		0.00		0.00	46.4%	
28					0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
29					0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
30	CPSP - 3245				0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
31	Stewart Hunter	Administrative Supervisor I	1.00%	88,494	885.00	35.60%	315.06		0.00	18.00%	159.30	46.40%	410.64		0.00	46.4%	
32	Ivan Pinto	Automated Systems Analyst I	0.50%	68,512	343.00	5.00%	17.15		0.00	95.00%	325.85		0.00		0.00	46.4%	
33	Theresa Almanza	Automated Systems Technician	0.50%	54,159	271.00	5.00%	13.55		0.00	95.00%	257.45		0.00		0.00	46.4%	
34	Monique Amis	Division Chief	1.00%	119,563	1,196.00	35.60%	425.78		0.00	18.00%	215.28	46.40%	554.94		0.00	46.4%	
35	Kathleen Berry	Fiscal Assistant	1.00%	43,010	430.00	35.60%	153.08		0.00	18.00%	77.40	46.40%	199.52		0.00	46.4%	
36	Charlene Lunasco	Fiscal Specialist	1.00%	47,953	480.00	35.60%	170.88		0.00	18.00%	86.40	46.40%	222.72		0.00	46.4%	
37	Vacant	Health Education Specialist I	0.50%	57,592	288.00	5.00%	14.40		0.00		0.00	95.00%	273.60		0.00	95.0%	
38	Beatriz Vasquez	Health Education Specialist II	54.50%	61,881	33,725.00	5.00%	1,686.25		0.00		0.00	95.00%	32,038.75		0.00	95.0%	X
39	Vacant	MCAH Co-Dir (Phys II / Health Officer)	1.00%	142,002	1,420.00	5.00%	71.00		0.00		0.00	60.00%	852.00	35.00%	497.00	95.0%	X
40	Vacant	MCAH Co-Director (Nurse Manager)	1.00%	116,666	1,167.00	82.00%	956.94		0.00	18.00%	210.06		0.00		0.00	95.0%	X
41	Erica Felix	Office Assistant II	3.00%	38,330	1,150.00	35.60%	409.40		0.00	18.00%	207.00	46.40%	533.60		0.00	46.4%	
42	Asuncion Williams	Perinatal Services Coord (Clinic Supv)	5.00%	126,998	6,350.00	5.00%	317.50		0.00		0.00	15.00%	952.50	80.00%	5,080.00	95.0%	X
43	Xenia Garcia	Public Health Nurse II	66.00%	95,596	63,093.00	5.00%	3,154.65		0.00		0.00	30.00%	18,927.90	65.00%	41,010.45	95.0%	X

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202136 San Bernardino
SubK:	

						UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
						MCAH-TV		MCAH-SIDS		AGENCY FUNDS			MCAH-Cnty NE		MCAH-Cnty E			
					(1)	(2)	(3)	(4)	(5)	(6)	(7)		(10)	(11)	(14)	(15)		
					TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*		%	Combined Fed/Agency*	%	Combined Fed/Agency*		
44	Vacant	Registered Nurse II	0.25%	89,759	224.00	53.60%	120.06		0.00		0.00		6.40%	14.34	40.00%	89.60	46.4%	
45	Doris Chota	Registered Nurse II	0.25%	89,759	224.00	53.60%	120.06		0.00		0.00		6.40%	14.34	40.00%	89.60	46.4%	
46	Susan Fanta	Registered Nurse II	0.25%	89,759	224.00	53.60%	120.06		0.00		0.00		6.40%	14.34	40.00%	89.60	46.4%	
47	Andriana Francis	Secretary I	1.00%	44,594	446.00	35.60%	158.78		0.00	18.00%	80.28		46.40%	206.94		0.00	46.4%	
48	Linda LaRocco	Supervising Office Assistant	0.50%	52,080	260.00	35.60%	92.56		0.00	18.00%	46.80		46.40%	120.64		0.00	46.4%	
49					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
50	FIMR - 3249				0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
51	Stewart Hunter	Administrative Supervisor I	1.00%	88,494	885.00	100.00%	885.00		0.00		0.00			0.00		0.00	46.4%	
52	David Pratt	FIMR Coordinator (Epidemiologist)	25.00%	76,009	19,002.00	100.00%	19,002.00		0.00		0.00			0.00		0.00	46.4%	X
53	Kathleen Berry	Fiscal Assistant	0.50%	43,010	215.00	100.00%	215.00		0.00		0.00			0.00		0.00	46.4%	
54	Charlene Lunasco	Fiscal Specialist	0.50%	47,953	240.00	100.00%	240.00		0.00		0.00			0.00		0.00	46.4%	
55	Beatriz Vasquez	Health Education Specialist II	1.00%	61,881	619.00	100.00%	619.00		0.00		0.00			0.00		0.00	46.4%	X
56	Vacant	MCAH Co-Dir (Phys II / Health Officer)	1.00%	142,002	1,420.00	100.00%	1,420.00		0.00		0.00			0.00		0.00	46.4%	X
57	Vacant	MCAH Co-Director (Nurse Manager)	0.50%	116,666	583.00	100.00%	583.00		0.00		0.00			0.00		0.00	46.4%	X
58	Asuncion Williams	MCAH Coordinator (Clinic Supervisor)	0.50%	126,998	635.00	100.00%	635.00		0.00		0.00			0.00		0.00	46.4%	X
59	Makio Allen	Office Assistant II	2.00%	38,330	767.00	100.00%	767.00		0.00		0.00			0.00		0.00	46.4%	
60	Xenia Garcia	Public Health Nurse II	1.00%	95,596	956.00	100.00%	956.00		0.00		0.00			0.00		0.00	46.4%	X
61	Andriana Francis	Secretary I	1.50%	44,594	669.00	100.00%	669.00		0.00		0.00			0.00		0.00	46.4%	
62	Linda LaRocco	Supervising Office Assistant	0.50%	52,080	260.00	100.00%	260.00		0.00		0.00			0.00		0.00	46.4%	
63	Vacant	Supervising Public Health Nurse	0.50%	107,296	536.00	100.00%	536.00		0.00		0.00			0.00		0.00	46.4%	
64					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
65	SIDS - 3246				0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
66	Stewart Hunter	Administrative Supervisor I	0.50%	88,494	442.00	0.00%	0.00	1.00%	4.42	99.00%	437.58			0.00		0.00	46.4%	
67	David Pratt	Epidemiologist	0.50%	76,009	380.00	0.00%	0.00	100.00%	380.00		0.00			0.00		0.00	46.4%	
68	Kathleen Berry	Fiscal Assistant	0.50%	43,010	215.00	0.00%	0.00	1.00%	2.15	99.00%	212.85			0.00		0.00	46.4%	
69	Charlene Lunasco	Fiscal Specialist	0.50%	47,953	240.00	0.00%	0.00	1.00%	2.40	99.00%	237.60			0.00		0.00	46.4%	
70	Beatriz Vasquez	Health Education Specialist II	4.00%	61,881	2,475.00	0.00%	0.00	100.00%	2,475.00		0.00			0.00		0.00	46.4%	
71	Vacant	MCAH Co-Director (Nurse Manager)	0.50%	116,666	583.00	0.00%	0.00	100.00%	583.00		0.00			0.00		0.00	46.4%	X
72	Makio Allen	Office Assistant II	1.00%	38,330	383.00	0.00%	0.00	1.00%	3.83	99.00%	379.17			0.00		0.00	46.4%	
73	Xenia Garcia	SIDS Coordinator (Public Health Nurse	8.00%	95,596	7,648.00	0.00%	0.00	100.00%	7,648.00		0.00			0.00		0.00	46.4%	X
74	Vacant	Registered Nurse II	0.50%	89,759	449.00	0.00%	0.00	100.00%	449.00		0.00			0.00		0.00	46.4%	
75	Andriana Francis	Secretary I	0.50%	44,594	223.00	0.00%	0.00	1.00%	2.23	99.00%	220.77			0.00		0.00	46.4%	
76	Asuncion Williams	Perinatal Svcs Coord (Clinic Supervisor	0.50%	126,998	635.00	0.00%	0.00	100.00%	635.00		0.00			0.00		0.00	46.4%	X
77	Linda LaRocco	Supervising Office Assistant	0.50%	52,080	260.00	0.00%	0.00	1.00%	2.60	99.00%	257.40			0.00		0.00	46.4%	
78	Vacant	Supervising Public Health Nurse	0.50%	107,296	536.00	0.00%	0.00	100.00%	536.00		0.00			0.00		0.00	46.4%	
79					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
80					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
81					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
82	CSART - 3222/3223/3224				0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
83	Trent Chandler (DMCC)	Accountant II/III / Staff Analyst II	5.00%	72,103	3,605.00	0.00%	0.00		0.00	100.00%	3,605.00			0.00		0.00	46.4%	
84	Trent Chandler (VCSS)	Accountant II/III / Staff Analyst II	5.00%	72,103	3,605.00	0.00%	0.00		0.00	100.00%	3,605.00			0.00		0.00	46.4%	
85	Trent Chandler (WEFCS)	Accountant II/III / Staff Analyst II	5.00%	72,103	3,605.00	0.00%	0.00		0.00	100.00%	3,605.00			0.00		0.00	46.4%	
86	Vacant (DMCC)	MCAH Co-Director (Nurse Manager)	1.42%	116,666	1,657.00	0.00%	(0.00)		0.00	15.00%	248.55		65.00%	1,077.05	20.00%	331.40	85.0%	
87	Vacant (VCSS)	MCAH Co-Director (Nurse Manager)	1.42%	116,666	1,657.00	0.00%	(0.00)		0.00	15.00%	248.55		65.00%	1,077.05	20.00%	331.40	85.0%	
88	Vacant (WEFCS)	MCAH Co-Director (Nurse Manager)	1.41%	116,666	1,645.00	0.00%	(0.00)		0.00	15.00%	246.75		65.00%	1,069.25	20.00%	329.00	85.0%	
89	Grace LaRosa (DMCC)	Nurse Manager	0.25%	116,666	292.00	0.00%	(0.00)		0.00	15.00%	43.80		65.00%	189.80	20.00%	58.40	85.0%	
90	Grace LaRose (VCSS)	Nurse Manager	0.25%	116,666	292.00	0.00%	(0.00)		0.00	15.00%	43.80		65.00%	189.80	20.00%	58.40	85.0%	
91	Grace LaRose (WEFCS)	Nurse Manager	0.25%	116,666	292.00	0.00%	(0.00)		0.00	15.00%	43.80		65.00%	189.80	20.00%	58.40	85.0%	
92	DMCC Vacant (DMCC)	Public Health Nurse II	100.00%	95,596	95,596.00	0.00%	(0.00)		0.00	15.00%	14,339.40		10.00%	9,559.60	75.00%	71,697.00	85.0%	
93	VCSS Vacant (VCSS)	Public Health Nurse II	100.00%	95,596	95,596.00	0.00%	(0.00)		0.00	15.00%	14,339.40		10.00%	9,559.60	75.00%	71,697.00	85.0%	
94	Teresa Coriell (WEFCS)	Public Health Nurse II	82.00%	95,596	78,389.00	0.00%	(0.00)		0.00	15.00%	11,758.35		10.00%	7,838.90	75.00%	58,791.75	85.0%	
95	Sara Hernandez-Singh (DMCC)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	

California Department of Public Health | CDPH | Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202136 San Bernardino
SubK:	

						UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
						MCAH-TV		MCAH-SIDS		AGENCY FUNDS			MCAH-Cnty NE		MCAH-Cnty E			
					(1)	(2)	(3)	(4)	(5)	(6)	(7)		(10)	(11)	(14)	(15)		
					TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*		%	Combined Fed/Agency*	%	Combined Fed/Agency*		
96	Sara Hernandez-Singh (VCSS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	
97	Sara Hernandez-Singh (WEFCS)	Supervising Public Health Nurse	3.75%	107,296	4,024.00	0.00%	(0.00)		0.00	15.00%	603.60		65.00%	2,615.60	20.00%	804.80	85.0%	
98	Renee Stabile (DMCC)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	
99	Renee Stabile (VCSS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	
100	Renee Stabile (WEFCS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	
101	Susan Philo (DMCC)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	
102	Susan Philo (VCSS)	Supervising Public Health Nurse	3.75%	107,296	4,024.00	0.00%	(0.00)		0.00	15.00%	603.60		65.00%	2,615.60	20.00%	804.80	85.0%	
103	Susan Philo (WEFCS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	
104	Sara Hainsworth (DMCC)	Supervising Public Health Nurse	3.75%	107,296	4,024.00	0.00%	(0.00)		0.00	15.00%	603.60		65.00%	2,615.60	20.00%	804.80	85.0%	
105	Sara Hainsworth (VCSS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	
106	Sara Hainsworth (WEFCS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	
107	Patricia Molina (DMCC)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	
108	Patricia Molina (VCSS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	
109	Patricia Molina (WEFCS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	
110	Vacant (DMCC)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	
111	Vacant (VCSS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	
112	Vacant (WEFCS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		65.00%	174.20	20.00%	53.60	85.0%	
113					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
114					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
115					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
116					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
117					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
118					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
119					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
120					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
121					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
122					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
123					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
124					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
125					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
126					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
127					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
128					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
129					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
130					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
131					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
132					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
133					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
134					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
135					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
136					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
137					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
138					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
139					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
140					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
141					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
142					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
143					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
144					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
145					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
146					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	
147					0.00		0.00		0.00		0.00			0.00		0.00	0.0%	

Time-Study Data Report for Summary of FFP (v3.1)

AGENCY:	
LAST NAME:	
FIRST NAME:	
JOB TITLE:	
SPMP:	
TIME BASE:	

TIME STUDY PERIOD:	October-December (Q2)
TIME STUDY MONTH:	

The percentages below are based on the program activities performed by this staff member and can only be used to invoice for the Fiscal Year and Time Study Period entered above.

Percentage Distribution of Staff Time by Program

Program Reference	Budget Line #	Program	Not Matchable	Non-Enhanced	Enhanced	% of time in Program*	Medi-Cal Factor %
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
					Total		

*This information is to be used by agencies to determine the percentage of staff salary that is billable to MCAH Programs. It can be used by agencies that do not maintain a daily record of program time.

Data Entry for Monthly Summary of FFP Time Study Information (v3.1)

AGENCY:	
LAST NAME:	
FIRST NAME:	
JOB TITLE:	
SPMP:	
TIME BASE:	

TIME STUDY PERIOD:	October-December (Q2)
TIME STUDY MONTH:	

Enter time-study information below:

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
Totals							

Allocated Functions

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
10							
12							

Program A:

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
A1							
A2							
A3							
A4							
A5							
A6							
A7							
A8							
A9							
A11							

Program B:

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
B1							
B2							
B3							
B4							
B5							
B6							
B7							
B8							
B9							
B11							

Program C:

Function Code	Week 1	Week 2	Week 3	Week 4	Week 5	Manual Entry of Totals	Total
C1							
C2							
C3							
C4							
C5							
C6							
C7							
C8							
C9							
C11							

QUARTERLY TITLE V TIME STUDY (TVTS) WORKSHEET
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION

TVTS Month: January

Name:
Budget Line:
Job Title:
Location:
Agency:

I hereby certify that this is a true and accurate report of my time and that the categories were performed as shown.

Employees Signature **Date**

I hereby certify that the employee's time records have been examined and that, to the best of my knowledge, this time record is valid and correct and the categories were performed as shown.

Supervisor's Signature **Date**

WEEK 1 1/2 - 1/8	CATEGORY 1	CATEGORY 2	CATEGORY 3	TOTAL
				0.0

WEEK 2 1/9 - 1/15	CATEGORY 1	CATEGORY 2	CATEGORY 3	TOTAL
				0.0

WEEK 3 1/16 - 1/22	CATEGORY 1	CATEGORY 2	CATEGORY 3	TOTAL
				0.0

WEEK 4 1/23 - 1/29	CATEGORY 1	CATEGORY 2	CATEGORY 3	TOTAL
				0.0

WEEK 5 1/30 - 1/31	CATEGORY 1	CATEGORY 2	CATEGORY 3	TOTAL
				0.0

MONTHLY TOTAL	CATEGORY 1	CATEGORY 2	CATEGORY 3	TOTAL
	0.0	0.0	0.0	0.0
PERCENT	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

CATEGORY 1: Preventive & Primary Care Services for Children (PPCSC)
Activities aimed at reducing the incidence of health problems or disease prevalence in the community, or the personal risk factors for such diseases or conditions and the provision of comprehensive personal health services that include health maintenance and preventive services, initial assessment of health problems, treatment of uncomplicated and diagnosed chronic health problems, and the overall management of an individual's health care services for a child 1 year old through 21 years old.

CATEGORY 2: Children with Special Health Care Needs (CSHCN)
Children with Special Health Care Needs are defined as infants and children from birth through 21st year who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.
This definition is broad and inclusive, and it emphasizes the characteristics held in common by children with a wide range of diagnoses which may include conditions such as, depression, attention deficit disorder, behavioral problems, asthma, diabetes, migraines or frequent headaches, head injury or traumatic brain injury, arthritis, joint problems, allergies, heart problems, autism, and intellectual disability.

CATEGORY 3: Other
Other should be used to report all Title V funded Local MCAH activities not reportable under Category 1 (PPCSC) or Category 2 (CYSHCN) that meet the MCAH scope of work objectives.