

**TEHAMA COUNTY AUDITOR'S OFFICE**  
**GRANT FUNDING INFORMATION**  
(Attach full copy of application and/or Notice of Award)

**AUDITOR USE ONLY**

Rec'd  
By

DEPARTMENT	NAME OF CONTACT	PHONE NUMBER	BUDGET UNIT
TCHSA	Minnie Sagar/Michelle Schmidt	(530) 527-8491 X 3612/3618	4012

TITLE OF GRANT Maternal, Child and Adolescent Health (MCAH) Agreement Funding Application (AFA)

GRANTOR AGENCY California Department of Public Health

GRANT OBJECTIVES

- 1) Improve Outreach and Access to Quality Health and Human Services
- 2) Improve Maternal and Women's Health
- 3) Improve Infant Health
- 4) Improve Child Health

GRANT I.D. NO. \_\_\_\_\_ Federal Catalog No. \_\_\_\_\_  
(If Applicable)

GRANT PERIOD: FROM: 07/01/2025 TO: 06/30/2026

Applicable Code and/or Legislative Reference: \_\_\_\_\_

DATE APPLICATION APPROVED BY BOARD: \_\_\_\_\_

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: \_\_\_\_\_

IS GRANT RENEWABLE?  
(Check all applicable)

Yes	No	Annually	Indefinite	Specific No. of Years
X		X	X	

GRANT FUNDING	FISCAL YEAR: 2025-2026	FISCAL YEAR:
FEDERAL	\$143,144.62	
STATE	\$3,000	
OTHER		
1. TOTAL GRANT FUNDS	\$146,144.62	

COUNTY FUNDING		
HARD MATCH (dollars)	\$53,707.64	
SOFT MATCH (In-kind)	0.00	
2. TOTAL COUNTY MATCH	\$53,707.64	

USE OF FUNDS		
PERSONNEL (attach detail)	\$147,128.17	
SERVICES/SUPPLIES	\$14,721.48	
EQUIPMENT	0	
OTHER CHARGES	\$38,002.61	
TOTAL FUNDS (must also= 1+2 above)	\$199,852.26	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: Public Health Realignment

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? **YES** NO

METHOD OF PAYMENT OF GRANT FUNDS: REIMBURSE: X ADVANCE:

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: Quarterly – w Final payment by November 2026

EXPENDITURE DEADLINE: 06/30/2026

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? YES **NO**

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER **YES** NO

COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) Will use existing staff and resources

DEPARTMENT HEAD SIGNATURE

DATE

Form A-135 (Rev 8-21-07)



**Erica Pan, MD, MPH**  
Director and State Public Health Officer

**Gavin Newsom**  
Governor

April 25, 2025

**TO:** MATERNAL, CHILD, AND ADOLESCENT HEALTH (MCAH) DIRECTORS,  
MCAH COORDINATORS, BLACK INFANT HEALTH (BIH) COORDINATORS,  
AND PERINATAL EQUITY INITIATIVE (PEI) COORDINATORS

**RE:** STATE FISCAL YEAR (SFY) 2025-2065 AGREEMENT FUNDING  
APPLICATION (AFA) ANNOUNCEMENT

This letter announces the SFY 2025-2026 AFA process that provides allocation and contract funding updates for the California Department of Public Health, Maternal, Child, and Adolescent Health Division's Local MCAH, California Fetal Infant Mortality Review Plus (CA FIMR+), BIH, and PEI programs.

**SFY 2025-2026 funding for Local MCAH, CA FIMR+, BIH, and PEI programs are as follows:**

**Local MCAH** - Title V (TV) funding allocations will remain the same as SFY 2024-2025.

**CA FIMR+** – Local Health Jurisdictions (LHJs) selected for the CA FIMR+ TV funding will receive the same allocation amount as SFY 2024-2025. The CA FIMR+ funding is included in the Local MCAH TV allocations for Fresno and San Bernardino counties. Each LHJ will be required to track the FIMR funding separately in order to demonstrate the agency's ability to perform the activities and associated costs to implement the CA FIMR+ Scope of Work.

**BIH** - TV and State General Funds (SGF) allocations will remain the same as SFY 2024-2025

**PEI** – SGF allocations will remain the same as SFY 2024-2025.





## FY 2025/2026 Agreement Funding Application (AFA) Checklist

Agency Name Tehama County Health Services Agency Public Health

Agreement # 202552

Program (check one box only) ☒ MCAH ☐ BIH ☐ AFLP ☐ PEI

Please check the box next to all submitted documents.

All documents should be submitted by email using the required naming convention on page 2.

1. ☒ **AFA Checklist**
2. ☒ **Agency Information Form** | PDF version with signatures.
3. ☒ **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007** | signed PDF.
4. ☐ **TXIX Medi-Cal Percentage (MCP) Justification Letter** | see AFA cover letter for items that need to be included in this letter. *Not required if only using base MCP rate.*
5. ☒ **Budget Template** | *submit for Fiscal Year 25/26* list all staff (by position) and costs (including projected salaries and benefits, operating and ICR). Multiple tabs for completion include Summary Page, Detail Pages, and Justifications. Personnel must be consistent with the Duty Statements and Organizational Charts (Excel & signed PDF.)
6. ☐ **Indirect Cost Rate (ICR) Certification Form** | details methodology and components of the ICR. *Complete only if selecting less than the approved ICR.*
7. ☒ **Duty Statements (DS)** | for all staff (numbered according to the Personnel Detail Page and Organization Chart) listed on the budget.
8. ☒ **Organization Chart(s)** of the applicable programs, identifying all staff positions on the budget including their Line Item # and its relationship to the local health officer and overall agency.
9. ☒ **MCAH Director Verification Form** | (MCAH only.)
10. ☒ **Scope of Work (SOW)** documents for all applicable programs (PDF/Word.)
11. ☒ **Annual Inventory** | Form CDPH 1204.
12. ☐ **Subcontractor (SubK) Agreement Packages** | submit Subcontract Agreement Transmittal Form, brief explanation of the award process, subcontractor agreement or waiver letter, and budget with detailed Justifications (required for all SubKs \$5,000 or more.)
13. ☐ **Certification Statement for the Use of Certified Public Funds (CPF)** | *AFLP CBOs and/or SubK with FFP.*
14. ☐ **Government Agency Taxpayer ID Form** | *only if remit to address has changed.*
15. ☒ **Attestation of Compliance** with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff.
16. ☐ **NFR-CRS** Interest in National Fatality Review-Case Reporting System Form
17. ☒ **Board of Supervisor (BOS) approval** | does your AFA require BOS approval?  
☒ Yes. Please advise before or after AFA review \_\_\_\_\_ ☐ No

California Department Of Public Health  
Maternal, Child And Adolescent Health (MCAH) Division

Funding Agreement Period  
FY 2025-2026

Agency Information Form

Agencies are required to submit an electronic and signed copy (original signatures only) of this form along with their Annual AFA Package.

Agencies are required to submit updated information when updates occur during the fiscal year. Updated submissions do not require certification signatures.

Agency Identification Information

Any program related information being sent from the CDPH MCAH Division will be directed to all Program Directors.

Please enter the agreement or contract number for each of the applicable programs

MCAH 202552 BIH \_\_\_\_\_ AFLP \_\_\_\_\_ PEI \_\_\_\_\_

Update Effective Date (only required when submitting updates) 05/06/2025

Federal Employer ID#: 94-60000543

Complete Official Agency Name: Tehama County Health Services Agency - Public Health

Business Office Address: PO BOX 400, Red Bluff, CA 96080

Agency Phone: 530-527-6824

Agency Fax: 530-527-0362

Agency Website: www.tehamacohealthservices.net

Agency Remittance Address: PO BOX 400, RED BLUFF, CA 96080



**Agreement Funding Application  
Policy Compliance And Certification**

Please enter the **agreement or contract** number for each of the applicable programs

MCAH 202552      BIH \_\_\_\_\_      AFLP \_\_\_\_\_      PEI \_\_\_\_\_

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

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

**Official authorized to commit the Agency to an MCAH Agreement**

Name (Print)

Jayne S. Bottke

Title

Executive Director

Original Signature



Date

6-11-25

**MCAH/AFLP Director**

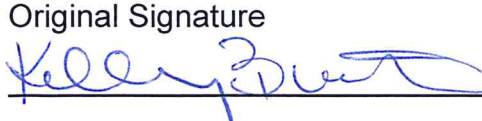
Name (Print)

Kelly Burton

Title

Supervising Public Health Nurse

Original Signature



Date

5/19/25

## MCAH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	Jayme	Bottke	Executive Director	PO BOX 400, Red Bluff, CA 96080	530-527-8491x 3166	jayme.bottke@tchsa.net	MCAH
2	MCAH DIRECTOR	Kelly	Burton	Supervising Public Health Nurse	PO BOX 400, Red Bluff, CA 96080	530-527-8491x 3668	kelly.burton@tchsa.net	MCAH
3	MCAH COORDINATOR (Only complete if different from #2)	Vacant						MCAH
4	MCAH FISCAL CONTACT	Guan	Wooll	Accountant II	PO BOX 400, Red Bluff, CA 96080	530-527-8491x 3169	guan.wooll@tchsa.net	MCAH
5	FISCAL OFFICER	Deanna	Gee	Assistant Executive Director, Administration	PO BOX 400, Red Bluff, CA 96080	530-527-8491x 3058	deanna.gee@tchsa.net	MCAH
6	CLERK OF THE BOARD or	Sean	Houghtby	Clerk of the Board	PO BOX 250, Red Bluff, CA 96080	530-527-3350	shoughtby@tehama.gov	MCAH
7	CHAIR BOARD OF SUPERVISORS	Matt	Hansen	District 4 Supervisor	PO BOX 250, Red Bluff, CA 96080	(530) 527-4655 ext 3018	mhansen@tehama.gov	MCAH
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Jayme	Bottke	Executive Director	PO BOX 400, Red Bluff, CA 96080	530-527-8491x 3166	jayme.bottke@tchsa.net	MCAH
9	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT	Kelly	Burton	Supervising Public Health Nurse	PO BOX 400, Red Bluff, CA 96080	530-527-8491x 3668	kelly.burton@tchsa.net	SIDS
10	PERINATAL SERVICES COORDINATOR	Kelly	Burton	Supervising Public Health Nurse	PO BOX 400, Red Bluff, CA 96080	530-527-8491x 3668	kelly.burton@tchsa.net	CPSP



## Exhibit K

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

**Agency Name:** Tehama County Health Services Agency - Public Health

**Agreement/Grant Number:** 202552

**Compliance Attestation for Fiscal Year:** 2025-2026

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

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

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

## **Exhibit K**

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

CALIFORNIA CODES  
HEALTH AND SAFETY CODE  
SECTION 151000-151003

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

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

(a) "Age appropriate" means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(b) A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or sexually transmitted diseases, including HIV, that is conducted, operated, or administered by any state agency, is funded directly or indirectly by the state, or receives any financial assistance from state funds or funds administered by a state agency, but does not include any program offered by a school district, a county superintendent of schools, or a community college district.

(c) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including, but not limited to, the federal Centers for Disease Control and Prevention, the American Public Health Association, the Society for Adolescent Medicine, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

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

(1) All information shall be medically accurate, current, and objective.

(2) Individuals providing instruction or information shall know and use the most current scientific data on human sexuality, human development, pregnancy, and sexually transmitted diseases.

(3) The program content shall be age appropriate for its targeted population.

(4) The program shall be culturally and linguistically appropriate for its targeted populations.

(5) The program shall not teach or promote religious doctrine.

(6) The program shall not reflect or promote bias against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation, as defined in Section 422.56 of the Penal Code.



## **Exhibit K**

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

(7) The program shall provide information about the effectiveness and safety of at least one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and for reducing the risk of contracting sexually transmitted diseases.

(b) A sexual health education program that is directed at minors shall comply with all of the criteria in subdivision (a) and shall also comply with both the following requirements:

(1) It shall include information that the only certain way to prevent pregnancy is to abstain from sexual intercourse, and that the only certain way to prevent sexually transmitted diseases is to abstain from activities that have been proven to transmit sexually transmitted diseases.

(2) If the program is directed toward minors under the age of 12 years, it may, but is not required to, include information otherwise required pursuant to paragraph (7) of subdivision (a).

(c) A sexual health education program conducted by an outside agency at a publicly funded school shall comply with the requirements of Section 51934 of the Education Code if the program addresses HIV/AIDS and shall comply with Section 51933 of the Education Code if the program addresses pregnancy prevention and sexually transmitted diseases other than HIV/AIDS.

(d) An applicant for funds to administer a sexual health education program shall attest in writing that its program complies with all conditions of funding, including those enumerated in this section. A publicly funded school receiving only general funds to provide comprehensive sexual health instruction or HIV/AIDS prevention instruction shall not be deemed an applicant for the purposes of this subdivision.

(e) If the program is conducted by an outside agency at a publicly funded school, the applicant shall indicate in writing how the program fits in with the school's plan to comply fully with the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, Chapter 5.6 (commencing with Section 51930) of the Education Code. Notwithstanding Section 47610 of the Education Code, "publicly funded school" includes a charter school for the purposes of this subdivision.

(f) Monitoring of compliance with this division shall be integrated into the grant monitoring and compliance procedures. If the agency knows that a grantee is not in compliance with this section, the agency shall terminate the contract or take other appropriate action.

(g) This section shall not be construed to limit the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (Chapter 5.6 (commencing with Section 51930) of Part 28 of the Education Code).

(h) This section shall not apply to one-on-one interactions between a health practitioner and his or her patient in a clinical setting.

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

<b>BUDGET SUMMARY</b>	<b>FISCAL YEAR</b>	<b>BUDGET</b>	<b>BUDGET STATUS</b>	<b>BUDGET BALANCE</b>
	<b>2025-26</b>	<b>ORIGINAL</b>	<b>ACTIVE</b>	<b>0.00</b>

Version 7.0 - 150 Quarterly 4.20.20

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202452 Tehama	MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE		MCAH-Cnty E				
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
		ALLOCATION(S) →		102,049.00		3,000.00										#VALUE!

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	147,128.17		66,117.02		2,935.49		14,821.15		0.00		58,851.27		0.00		4,403.24
(II) OPERATING EXPENSES	14,721.48		13,806.48		0.00		0.00		0.00		900.00		0.00		15.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	1,220.57		1,156.06		64.51		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	36,782.04		20,969.44		0.00		0.00		0.00		15,812.60		0.00		0.00
<b>BUDGET TOTALS*</b>	<b>199,852.26</b>	<b>51.06%</b>	<b>102,049.00</b>	<b>1.50%</b>	<b>3,000.00</b>	<b>7.42%</b>	<b>14,821.15</b>	<b>0.00%</b>	<b>0.00</b>	<b>37.81%</b>	<b>75,563.87</b>	<b>0.00%</b>	<b>0.00</b>	<b>2.21%</b>	<b>4,418.24</b>
<b>BALANCE(S) →</b>			<b>0.00</b>		<b>0.00</b>										

TOTAL MCAH-TV	102,049.00	→	102,049.00												
TOTAL MCAH-SIDS	3,000.00	→		3,000.00											
TOTAL TITLE XIX	41,095.62	→							0.00	[50%]	37,781.94		0.00	[75%]	3,313.68
TOTAL AGENCY FUNDS	53,707.64	→					14,821.15			[50%]	37,781.93			[25%]	1,104.56

<b>\$</b>	<b>146,144.62</b>	<b>Maximum Amount Payable from State and Federal resources</b>
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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
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\* 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		66,117.02	2,935.49		0.00	3,302.43
(II) OPERATING EXPENSES		13,806.48	0.00		0.00	11.25
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00
(IV) OTHER COSTS		1,156.06	64.51		0.00	0.00
(V) INDIRECT COSTS		20,969.44	0.00		0.00	0.00
Totals for PCA Codes	146,144.62	102,049.00	3,000.00		0.00	3,313.68



Program:		Maternal, Child and Adolescent Health (MCAH)					NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)					
Agency:		202452 Tehama															
SubK:																	
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Only NE				MCAH-Only E			
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL												% TRAVEL NON-ENR MATCH		% TRAVEL ENR MATCH		% PERSONNEL MATCH	
		TOTAL OPERATING EXPENSES	14,721.48	13,806.48		0.00		0.00		0.00	40.00%	900.00		0.00	3.75%	41.61%	
TRAVEL		1,000.00	70.00%	700.00		0.00		0.00		0.00	30.00%	300.00		0.00	0.00%	13.75%	
TRAINING		1,500.00	59.00%	885.00		0.00		0.00		0.00	40.00%	600.00		0.00	1.00%	0.61%	
1 MCAH COMMUNICATIONS/WEBSITE		1,241.68	100.00%	1,241.68		0.00		0.00		0.00		0.00				41.61%	
2 MCAH HIRING COSTS		119.71	100.00%	119.71		0.00		0.00		0.00		0.00				41.61%	
3 MCAH OFFICE SUPPLIES		4,012.42	100.00%	4,012.42		0.00		0.00		0.00		0.00				41.61%	
4 TOLL FREE COMMUNICATIONS		1,000.00	100.00%	1,000.00		0.00		0.00		0.00		0.00				41.61%	
5 INFORMATION SERVICES SUPPORT		3,151.55	100.00%	3,151.55		0.00		0.00		0.00		0.00				41.61%	
6 FACILITIES		2,696.12	100.00%	2,696.12		0.00		0.00		0.00		0.00				41.61%	
7				0.00		0.00		0.00		0.00		0.00					
8				0.00		0.00		0.00		0.00		0.00					
9				0.00		0.00		0.00		0.00		0.00					
10				0.00		0.00		0.00		0.00		0.00					
11				0.00		0.00		0.00		0.00		0.00					
12				0.00		0.00		0.00		0.00		0.00					
13				0.00		0.00		0.00		0.00		0.00					
14				0.00		0.00		0.00		0.00		0.00					
15				0.00		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. 9), 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		0.00					
(IV) OTHER COSTS DETAIL																	
TOTAL OTHER COSTS		1,220.57		1,156.06		64.51		0.00		0.00		0.00		0.00		0.00	
SUBCONTRACTS				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
1				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
OTHER CHARGES																	
1 EDUCATIONAL MATERIALS		500.00	100.00%	500.00		0.00		0.00		0.00		0.00				41.61%	
2 OUTREACH		656.06	100.00%	656.06		0.00		0.00		0.00		0.00				41.61%	
3 SIDS		64.51	0.00%	0.00	100.00%	64.51		0.00		0.00		0.00				41.61%	
4				0.00		0.00		0.00		0.00		0.00					
5				0.00		0.00		0.00		0.00		0.00					
6				0.00		0.00		0.00		0.00		0.00					
7				0.00		0.00		0.00		0.00		0.00					
8				0.00		0.00		0.00		0.00		0.00					
(V) INDIRECT COSTS DETAIL																	
TOTAL INDIRECT COSTS		36,782.04		20,969.44		0.00		0.00		0.00		15,812.60					
25.00% of Total Wages + Fringe Benefits		36,782.04	57.01%	20,969.44		0.00		0.00		0.00	42.99%	15,812.60					

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202452 Tehama	MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Only NE				MCAH-Only E		
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL		TOTAL PERSONNEL COSTS	147,128.17	86,117.02	2,935.48	14,821.15	0.00	58,851.27	0.00	4,403.24
	FRINGE BENEFIT RATE	74.11%	62,625.17	28,142.74	1,249.48	6,308.63	0.00	25,060.07	0.00	1,874.24
	TOTAL WAGES		84,503.00	37,974.28	1,886.00	8,512.52	0.00	33,801.20	0.00	2,529.00

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES													J-Pers MCF Per Staff	Staff Traveling (X)
1	KELLY BURTON	Supervising Public Health Nurse/MCAH	15.00%	112,403.00	16,860.00	35.00%	5,901.00	10.00%	1,686.00	0.00	0.00	0.00	40.00%	6,744.00	0.00	15.00%	2,529.00	58.80%	X
2	VACANT	Office Assistant III Bilingual	50.00%	39,504.58	19,752.00	30.00%	5,925.80		0.00	30.00%	5,925.80	0.00	40.00%	7,900.80	0.00		0.00	58.80%	X
3	SRUTHI VOBBILSETTI	Health Educator	65.00%	59,465.00	38,652.00	60.00%	23,191.20		0.00		0.00	0.00	40.00%	15,460.80	0.00		0.00	58.80%	X
4	VACANT	Program Manager/MCAH Coordinator	10.00%	92,393.00	9,239.00	32.00%	2,956.48		0.00	28.00%	2,586.82	0.00	40.00%	3,695.60	0.00		0.00	58.80%	X
5					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
6					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
7					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
8					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
9					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
10					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
11					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
12					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
13					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
14					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
15					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
16					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
17					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
18					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
19					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
20					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
21					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
22					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
23					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
24					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
25					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
26					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
27					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
28					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
29					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
30					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
31					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
32					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
33					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
34					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
35					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
36					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
37					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
38					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
39					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
40					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
41					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
42					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
43					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
44					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
45					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
46					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
47					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
48					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
49					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
50					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
51					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
52					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
53					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
54					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	
55					0.00		0.00		0.00		0.00	0.00		0.00	0.00		0.00	58.80%	

Program: Agency: SubK:	Maternal, Child and Adolescent Health (MCAH) 202452 Tehama					UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
						MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Only NE				MCAH-Only E				
						(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
						TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
56						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
57						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
58						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
59						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
60						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
61						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
62						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
63						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
64						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
65						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
66						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
67						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
68						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
69						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
70						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
71						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
72						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
73						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
74						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
75						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
76						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
77						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
78						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
79						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
80						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
81						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
82						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
83						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
84						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
85						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
86						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
87						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
88						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
89						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
90						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
91						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
92						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
93						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
94						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
95						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
96						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
97						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
98						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
99						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
100						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
101						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
102						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
103						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
104						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
105						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
106						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
107						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
108						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
109						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
110						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
111						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
112						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
113						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
114						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
115						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
116						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
117						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
118						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
119						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Program: Agency: SubK:		Maternal, Child and Adolescent Health (MCAH) 202452 Tehama				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
						MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Only NE				MCAH-Only E		
						(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
TOTAL FUNDING						%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
120					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
121					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
122					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
123					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
124					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
125					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
126					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
127					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
128					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
129					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
130					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
131					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
132					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
133					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
134					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
135					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
136					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
137					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
138					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
139					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
140					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
141					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
142					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
143					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
144					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
145					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
146					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
147					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
148					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
149					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
150					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%



Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202452 Tehama
SubK:	0

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( ) PERSONNEL DETAIL						BASE MEDI-CAL FACTOR %		58.80%	Use the following link to access the current AFA webpage and the current base MCF% for your agency:			
TOTALS			1.40	\$ 303,765.58	\$ 84,503.00			62,625.17				
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	KELLY BURTON	Supervising Public Health Nurse/MC	15.00%	\$ 112,403	\$ 16,860	74.11%	12,494.95	MCAH	58.80%	Base		
2	VACANT	Office Assistant III Bilingual	50.00%	\$ 39,505	\$ 19,752	74.11%	14,638.21	MCAH	58.80%	Base		
3	SRUTHI VOBBILISETTI	Health Educator	65.00%	\$ 59,465	\$ 38,652	74.11%	28,645.00	MCAH	58.80%	Base		
4	VACANT	Program Manager/MCAH Coordinator	10.00%	\$ 92,393	\$ 9,239	74.11%	6,847.02	MCAH	58.80%	Base		
5			0.00%	\$ -	\$ -				58.80%	Base		
6			0.00%	\$ -	\$ -				0.00%	0		
7			0.00%	\$ -	\$ -				0.00%	0		
8			0.00%	\$ -	\$ -				0.00%	0		
9			0.00%	\$ -	\$ -				0.00%	0		
10			0.00%	\$ -	\$ -				0.00%	0		
11			0.00%	\$ -	\$ -				0.00%	0		
12			0.00%	\$ -	\$ -				0.00%	0		
13			0.00%	\$ -	\$ -				0.00%	0		
14			0.00%	\$ -	\$ -				0.00%	0		
15			0.00%	\$ -	\$ -				0.00%	0		
16			0.00%	\$ -	\$ -				0.00%	0		
17			0.00%	\$ -	\$ -				0.00%	0		
18			0.00%	\$ -	\$ -				0.00%	0		
19			0.00%	\$ -	\$ -				0.00%	0		
20			0.00%	\$ -	\$ -				0.00%	0		
21			0.00%	\$ -	\$ -				0.00%	0		
22			0.00%	\$ -	\$ -				0.00%	0		
23			0.00%	\$ -	\$ -				0.00%	0		
24			0.00%	\$ -	\$ -				0.00%	0		
25			0.00%	\$ -	\$ -				0.00%	0		
26			0.00%	\$ -	\$ -				0.00%	0		
27			0.00%	\$ -	\$ -				0.00%	0		
28			0.00%	\$ -	\$ -				0.00%	0		
29			0.00%	\$ -	\$ -				0.00%	0		
30			0.00%	\$ -	\$ -				0.00%	0		
31			0.00%	\$ -	\$ -				0.00%	0		
32			0.00%	\$ -	\$ -				0.00%	0		
33			0.00%	\$ -	\$ -				0.00%	0		
34			0.00%	\$ -	\$ -				0.00%	0		
35			0.00%	\$ -	\$ -				0.00%	0		
36			0.00%	\$ -	\$ -				0.00%	0		
37			0.00%	\$ -	\$ -				0.00%	0		
38			0.00%	\$ -	\$ -				0.00%	0		
39			0.00%	\$ -	\$ -				0.00%	0		
40			0.00%	\$ -	\$ -				0.00%	0		
41			0.00%	\$ -	\$ -				0.00%	0		
42			0.00%	\$ -	\$ -				0.00%	0		
43			0.00%	\$ -	\$ -				0.00%	0		
44			0.00%	\$ -	\$ -				0.00%	0		
45			0.00%	\$ -	\$ -				0.00%	0		
46			0.00%	\$ -	\$ -				0.00%	0		
47			0.00%	\$ -	\$ -				0.00%	0		
48			0.00%	\$ -	\$ -				0.00%	0		

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202452 Tehama
SubK:	0

Version 7.0 - 150 Quarterly 4.20.20

**(II) OPERATING EXPENSES JUSTIFICATION**

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
	TRAVEL	1,000.00	Travel expenses including mileage, meal per diem and lodging, capped at State rate, includes mileage associated with client related travel and that associated with trainings in and out of the County. Covers the cost of training to meet the educational needs of the MCAH Director required by State.
	TRAINING	1,500.00	Registration fees for State MCAH Action meetings and trainings, and for other meetings, trainings and workshops that have an MCAH focus.
1	MCAH COMMUNICATIONS/WEBSITE	1,241.68	Includes the cost of long distance calls, the program portion of the base rate and cellular charges for MCAH.
2	MCAH HIRING COSTS	119.71	Includes the MCAH share of costs (based on FTE) for new employee physical and fingerprints
3	MCAH OFFICE SUPPLIES	4,012.42	These expenses include the MCAH share of costs (based on FTE and direct cost) associated with stamps, stationary, paper, and other general office supplies, duplication, copy machine and fax leases, maintenance costs and printing costs. MCAH Fees
4	TOLL FREE COMMUNICATIONS	1,000.00	The amount budgeted covers the cost of maintenance of the toll-free telephone line.
5	INFORMATION SERVICES SUPPORT	3,151.55	Computer maintenance costs and software costs (based on FTE).
6	FACILITIES	2,696.12	Includes the MCAH share of costs (based on FTE) associated with household, lease of structure and utilities.
7	0	0.00	
8	0	0.00	
9	0	0.00	
10	0	0.00	
11	0	0.00	
12	0	0.00	
13	0	0.00	
14	0	0.00	
15	0	0.00	

**(III) CAPITAL EXPENDITURE JUSTIFICATION**

TOTAL CAPITAL EXPENDITURES	0.00	
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**(IV) OTHER COSTS JUSTIFICATION**

TOTAL OTHER COSTS	1,220.57	
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**SUBCONTRACTS**

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	

**OTHER CHARGES**

1	EDUCATIONAL MATERIALS	500.00	Costs budgeted for health education brochures and to develop an outreach campaign to address the priority health needs identified in the Title V 5 Year Action Plan
2	OUTREACH	656.06	Costs budgeted for bike helmets and other injury prevention equipment as needed for child safety outreach activities to address the priority health needs identified in the Title V 5 Year Action Plan

## Certification Of Indirect Cost Rate Methodology

Please list the Indirect Cost Rate (ICR) Percentage and supporting methodology for the contract or allocation with the California Department of Public Health, Maternal Child and Adolescent Health Division (CDPH/MCAH Division). This form is to be completed if you are opting to budget for an ICR other than your CDPH Approved ICR.

Date: 5/6/25

Agency Name: Tehama County Health Services Agency - Public Health

Contract/Agreement Number: 202552

Contract Term/Allocation Fiscal Year: 2025-2026

### **1. Non-Profit Agencies/ Community Based Organizations (CBO)**

Non-profit agencies or CBOs that have an approved ICR from their Federal cognizant agency are allowed to charge their approved ICR or may elect to charge less than the agency's approved ICR percentage rate.

Private non-profits local agencies that do not have an approved ICR from their Federal cognizant agency are allowed a maximum ICR percentage of 15.0 percent of the Total Personnel Costs.

The ICR percentage rate listed below must match the percentage listed on the Contract/Allocation Budget

       % Fixed Percent of:

☐ Total Personnel Costs

### **2. Local Health Jurisdictions (LHJ)**

LHJs are allowed up to the maximum ICR percentage rate that was approved by the CDPH Financial Management Branch ICR or may elect to charge less than the agency's approved ICR percentage rate. The LHJ's budgeted ICR rate may not exceed the approved ICR but may be less than the approved ICR. The LHJs budgeted ICR application method (i.e. Total Personnel Costs or Total Allowable Direct Costs) may not differ from the CDPH approved application method.

The ICR percentage rate listed below must match the percentage listed on the Allocation/Contracted Budget.

25 % Fixed Percent of:

☒ Total Personnel Costs

☐ Total Allowable Direct Costs

**TEHAMA COUNTY HEALTH SERVICES AGENCY  
PUBLIC HEALTH DIVISION**

**DUTY STATEMENT- FISCAL YEAR 2025-2026**

**Budget Line** 1

**Health Jurisdiction: Tehama County**

**Program: Maternal Child and Adolescent Health**

**Program Position: Maternal Child and Adolescent Health (MCAH) Director**

**County Job Specification: Supervising PHN**

**SPMP**

**GENERAL RESPONSIBILITIES:** Under the direct supervision of the Public Health Director the MCAH Director is responsible for developing an agency plan for the MCAH program, developing funding proposals related to MCAH priority goals and managing the Agency's MCAH programs. The MCAH Director plans, organizes and oversees the MCAH program and related MCAH programs including CPSP, Healthy Beginnings- a High Risk Case Management Program, SIDS Response, and Shaken Baby Syndrome Prevention. The MCAH Director directs and/or supervises the professional staff in the MCAH programs. This position must meet the qualifications of a Skilled Professional Medical Personnel.

**SPECIFIC DUTIES:**

**SPMP ADMINISTRATIVE MEDICAL CASE MANAGEMENT**

- Participates in case conferences or multi-disciplinary teams to advocate for client needs and assist in the development of treatment plans.
- Provides technical assistance on health issues that affect the client and on Medi-Cal and Denti-Cal benefits that may be available to the client.
- Assesses incoming high-risk infant and pregnancy referrals to determine the appropriate MCAH response.
- Provides consultation to professional staff in other agencies and to CPSP providers regarding specific medical conditions within the population being served.
- Promote outreach activities to enroll children into public and private insurance coverage. Promote primary and preventive health care for children, including Children and Youth with Special Healthcare Needs (CYSHCN), that include violence and injury prevention and healthy lifestyle programs to reduce the incidence of personal risk and health problems.
- Promote routine screening for physical health, oral health, mental health, developmental and psychosocial needs, and culturally and linguistic needs, as part of a well-child visit or other preventive visit and in response to triggering events (trauma, new symptoms, hospitalization) in order to identify non-CCS CYSHCN or children at risk. Develop protocols to promote the yearly medical visit or all well-child visits for children in MCAH Programs.
- Provide information to parents/caregivers of young children about the signs of healthy development and the need to act early if they feel there is a problem or are concerned.



- Facilitate communication of health and developmental screening results and any identified referral needs to the child's medical home and family and, as feasible, coordinate among screening entities.
- Teach parents/caregivers how to care for and advocate for their child with special health care needs. Identify and provide training regarding special equipment available for children in need, such as automobile child restraint systems for physically impaired children.
- Provide home visiting services to support parents/caregivers as they care for CYSHCN. Facilitate referrals and linkages for parents/caregivers of infants to specialty services to address bonding or attachments issues.

#### **SPMP INTRA-INTERAGENCY COORDINATION COLLABORATION AND ADMINISTRATION**

- Provides consultation and facilitates collaboration with other agencies/programs regarding the medical needs of clients and the overall health needs of the community.
- Works with other agencies to evaluate, recommend and develop health care systems for Tehama County residents and to increase availability of Medi-Cal medical, dental, CPSP, drug/alcohol and mental health referral resources.
- Assists in provider resource development that will improve access, quality and cost-effectiveness of the health care delivery system.
- Identifies recruits and provides technical assistance and support to CPSP providers.
- Provides technical assistance on practitioner protocols including the development of uniform policy and procedures on the care and treatment of Medi-Cal/CPSP clients.
- Assesses the effectiveness of inter-agency coordination in assisting clients to access health care/CPSP services.
- Provides technical assistance to other providers that implement Medi-Cal/CPSP approved services.
- Disseminate standard messaging regarding developmental screening to increase community awareness of the need for early identification and intervention of CYSHCN. Promote health and developmental monitoring, screening, identification, and referral, including social-emotional (mental health) for infants and children using a validated screening tool.
- Promote family-centered, community-based, coordinated care, including care coordination services as defined in the legislation, for CYSHCN and facilitate the development of family-centered, community-based, coordinated systems of service for such children and their families. Develop programs using public health nurses to provide case management and/or home visiting to high risk pregnant and parenting women and their families, the uninsured, underinsured, families with complicated lives, etc. Include policies to monitor, screen and refer all children for health and developmental delays using a validated screening tool.
- Develop relationships with providers, school administrators and other organizations that work with children to facilitate understanding of school readiness, developmental milestones, mental health issues, signs of child abuse/neglect and the process to monitor, screen, refer and link a child to appropriate services. Encourage providers to institute policies/protocols to perform routine screening on all children.
- Inform providers of existing services for CYSHCN. Develop mechanisms for providers to refer clients to appropriate programs, such as the California Home Visiting Program and to

refer clients from home visiting and health screening programs to CCS. Promote Birth to 5: Watch Me Thrive or other materials consistent with AAP guidelines.

- Work with California Children Services (CCS) and/or collaboratives to Improve care coordination for CYSHCN, especially non-CCS eligible children or children enrolled in CCS in need of services not covered by CCS.

### **SPMP TRAINING**

- Develops conducts and/or participates in training related to skilled professional medical personnel and their SPMP duties.
- Develops conducts and/or participates in provider trainings.
- Orients SPMP staff to program SPMP duties.
- Attends trainings that increase knowledge and skills applicable to SPMP duties such as MCAH Action Meeting education days.
- Participates in program workshops and meetings related to the scope of Perinatal Services Program benefits.

### **SPMP PROGRAM PLANNING AND POLICY DEVELOPMENT**

- Participates in the development of the annual Application for Funding (AFA) including setting the program priorities, the scope of work and the program staffing level through the budget development process.
- Assesses the capacity of the agency and of Medi-Cal/Denti-Cal providers in the county to deliver medically appropriate health services.
- Develops and revises MCAH and related programs' policies and procedures.
- Fosters local regional and state private and public partnerships to improve MCAH services.
- Writes grants for programs that will serve the Medi-Cal population which have a Medi-Cal outreach and/or case management component.
- Develops and/or provides technical assistance for health related educational materials.
- Identifies recruits and provides technical assistance and support to new Medi-Cal/CPSP/CHDP providers.
- Participates in the planning and implementation of CPSP at the County level.
- Develop policies and standards to implement activities designed to improve health outcomes for the MCAH population, including CYSHCN.

### **QUALITY MANAGEMENT BY SKILLED PROFESSIONAL MEDICAL PERSONNEL**

- Assesses the progress towards reaching the goals stated in the scope of work and evaluates impact and effectiveness.
- Conducts provider and staff chart reviews.
- Develops the MCAH and related program annual reports - reviews and analyzes program data to determine program effectiveness.
- Monitor local health status indicators for pregnant women, infants, children, including CYSHCN, adolescents and their families using standardized data techniques for the purpose of identifying at-risk populations, including monitoring incidence of SIDS. Share data annually with the Local Health Officer and/or key health department leadership. Utilize this

data to develop an understanding of health needs within the community, and identify barriers to the provision of health and human services for the MCAH population.

- Identify barriers and opportunities to improve services for CYSHCN. Build systems to link CYSHCN and their families to needed services.
- Advises professional staff on appropriate program implementation activities.
- Conducts evaluations on professional SPMP staff.
- Periodically reviews and develops program policies and procedures.
- Schedules, coordinates and conducts quality assurance activities, evaluates compliance with program standards and monitors CPSP clinic effectiveness.
- Assesses and reviews the capacity of CPSP providers to deliver medically appropriate health services for perinatal women.
- Participates in the evaluation of CPSP services and their effectiveness.

#### **PROGRAM SPECIFIC ADMINISTRATION**

- Creates and reviews reports and correspondence including e-mail and legislation.
- Provides general MCAH and related program staff supervision.
- Develops budgets and reviews program expenditure documentation.
- Participates in recruitment activities including applicant interviews.
- Performs non-SPMP employee evaluations.
- Attends program specific staff meetings.
- Oversees the purchase of program office supplies and outreach materials.
- Reviews program staff time studies-Service Activity Logs (SAL).

#### **Non SPMP Training**

- Develops conducts and/or attends trainings that are not specific to the duties of skilled professional personnel that have a Medi-Cal outreach component or are related to general program administration including FFP/time study trainings.
- Orients non-SPMP staff to program related duties.
- Orients all program staff to completion of the SAL time study and/or division policies and procedures.

#### **NON-PROGRAM SPECIFIC GENERAL ADMINISTRATION**

- Reviews agency/division policies and procedures.
- Attends non-program specific staff and agency meetings.
- Provides general supervision of staff.
- Develops general budgets and reviews multiple program expenditure documentation.
- Participates in non-program specific recruitment activities including applicant interviews.
- Participates on non-program specific agency committees.
- Reviews non-program specific e-mails and mail.
- Prioritizes daily activities.
- Completes time studies/SALs documenting time in multiple programs.
- Break periods- due to time studies captured in 15-minute increments and multiple program assignments.

### **OTHER DUTIES**

- Participates in injury prevention activities.
- Participates in breastfeeding advocacy activities.
- Participates in domestic and family violence awareness activities.
- Writes grants for funds not related to Medi-Cal Outreach.
- Performs other activities that do not have a Medi-Cal Outreach focus or are not related to medical issues.
- Oversees the purchase of client incentives and other non-health specific materials.
- Attends Child Abuse Prevention Council meetings, Commercial Sexual Exploitation of Children Task Force meeting, and participates on the Local Child Care Council.
- Conducts staff training on developmental assessment tools or other non-health care/non-Medi-Cal related topics.
- Trains staff to Title V Time Studies- completes reviews and approves these time studies.



**TEHAMA COUNTY HEALTH SERVICES AGENCY  
PUBLIC HEALTH DIVISION**

**DUTY STATEMENT- FISCAL YEAR 2025-2026**

**Budget Line** 2

**Health Jurisdiction:** Tehama County  
**Program:** Maternal Child and Adolescent Health  
**Program Position:** Office Assistant II/III  
**County Job Specification:** Office Assistant II/III  
**Non-SPMP**

**GENERAL**

**RESPONSIBILITIES:** Under the direct supervision of the Business Operations Supervisor, and under the indirect supervision of the MCAH Director, the Office Assistant II/III performs a variety of clerical and/or typing tasks for MCAH programs.

**DUTIES:**

**PROGRAM SPECIFIC ADMINISTRATION**

- Provides MCAH program specific clerical support\*\*.
- Attends program specific staff meetings.

**NON-PROGRAM SPECIFIC GENERAL ADMINISTRATION**

- Types and/or implements non-program specific administrative policies and procedures.
- Provides general clerical support\*\*.
- Attends non-program related staff and agency meetings.
- Reviews non-program specific e-mails and mail.
- Provides and attends non-program specific in-service orientations and other staff development activities.
- Reviews agency/division policies and procedures.
- Participates on non-program specific agency committees.
- Prioritizes daily activities.
- Completes time studies/SALs documenting time in multiple programs.
- Break periods - due to time studies captured in 15-minute increments and multiple program assignments.

**OUTREACH**

- Performs activities that inform pregnant Medi-Cal eligible individuals about services available to them and the importance of obtaining early and continuous prenatal care using oral and written methods.

- Performs activities that inform Medi-Cal eligible post-partum and parenting women of health services covered by Medi-Cal and how to access those services through both oral and written informing methods.
  - Develops and provides program materials to individuals and their families, community agencies, and health care providers.
  - Promote outreach activities to enroll children into public and private insurance coverage. Promote primary and preventive health care for children, including Children and Youth with Special Healthcare Needs (CYSHCN), that include violence and injury prevention and healthy lifestyle programs to reduce the incidence of personal risk and health problems.
  - Disseminate standard messaging regarding developmental screening to increase community awareness of the need for early identification and intervention of CYSHCN. Promote health and developmental monitoring, screening, identification, and referral, including social-emotional (mental health) for infants and children using a validated screening tool.
- Attends community health fairs for distribution of outreach materials.

#### **NON-SPMP TRAINING**

- Attends trainings that relate to the performance of the MCAH program specific administrative activities including FFP/time study trainings.

#### **OTHER DUTIES**

- Performs a variety of clerical activities that target non-Medi-Cal eligible persons or non-medical issues.
- Completes the Title V Time Study.

**\*\*Duties under clerical support may include the following:**

- Types letters documents and reports.
- Answers screens and routes telephone calls including calls on the Toll-free phone line.
- Performs record keeping and statistical compilation.
- Enters computer data including time study data.
- Greets the public.
- Schedules appointments.
- Prepares outgoing mail including postage.
- Records receipt of ordered materials.
- Inventory of office supplies
- Performs record keeping and statistical compilation.
- Maintains client records including filing of notes and records and client master lists.
- Opens and closes client charts.
- Copies and collates program and outreach materials.

Note- Tehama County does not claim any enhanced funding for Office Assistant/clerical positions.

**TEHAMA COUNTY HEALTH SERVICES AGENCY  
PUBLIC HEALTH DIVISION**

**DUTY STATEMENT- FY 2025-2026**

**Budget Line** 3

**Health Jurisdiction: Tehama County**

**Program: Maternal Child and Adolescent Health**

**Program Position: Health Educator/MCAH Coordinator**

**County Job Specification: Health Educator**

**Non-SPMP**

**GENERAL**

**RESPONSIBILITIES:** Under the direct supervision of the Community Health Education Supervisor and the indirect supervision of the Supervising PHN/MCAH Director the Health Educator will assist in implementing and evaluating the Scope of Work for MCAH, including assistance with client access to Medi-Cal related services. The MCAH Coordinator is responsible for assisting in the development and implementation of agency plans and reports for the MCAH program, assisting in the development of funding proposals related to MCAH priority.

**SPECIFIC DUTIES:**

**OUTREACH**

- Performs activities that inform MCAH Medi-Cal eligible pregnant and parenting adolescents on services covered by Medi-Cal and assists in the access of those services.
- Assists clients to access non-emergency medical/dental and social needs appointments.
- Travels to conduct the above activities.

**NON- SPMP INTRA/INTERAGENCY COORDINATION COLLABORATION  
AND ADMINISTRATION**

- Coordinates and participates in meetings, and workshops on issues of client health, and preventive health services.
- Develops referral resources such as referral directories and round tables.
- Assesses the effectiveness of inter-agency coordination in assisting clients to access needed health care services.
- Assists in provider resource development that will improve access, quality and cost-effectiveness of the health care delivery system.
- Develop relationships with providers that work with children to facilitate understanding of school readiness, developmental milestones, mental health issues, signs of child abuse/neglect and the process to monitor, screen, refer and link a child to appropriate services. Encourage providers to institute policies/protocols to perform routine screening on all children.



- Develop mechanisms for providers to refer clients to appropriate programs, such as the California Home Visiting Program and promote Birth to 5: Watch Me Thrive or other materials consistent with AAP guidelines.

#### **PROGRAM SPECIFIC ADMINISTRATION**

- Reviews literature and articles specific to the MCAH population with a focus on health implications.
- Participates in the development, maintenance and analysis of program reports.
- Drafts, analyzes and/or reviews reports, documents, correspondence, e-mails and legislation.
- Attends program specific staff meetings.

#### **NON-SPMP TRAINING**

- Attends trainings related to the performance of administrative activities to include outreach to the MCAH target population, including FFP/time study trainings.
- Participates in orientation and on-going in-service trainings that relate to MCAH target population.
- Travel time directly related to training activities.

#### **NON-PROGRAM SPECIFIC GENERAL ADMINISTRATION**

- Attends non-program related staff and agency meetings.
- Reviews non-program specific e-mails and mail.
- Provides and attends non-program specific in-service orientations and other staff development activities.
- Reviews agency/division policies and procedures.
- Participates on non-program specific agency committees.
- Prioritizes daily activities.
- Completes time studies/SALs documenting time in multiple programs.
- Break periods - due to time studies captured in 15-minute increments and multiple program assignments

#### **OTHER DUTIES**

- Assists MCAH population on access to non-Medi-Cal health programs financed by other Federal and State Programs.
- Participates in activities that do not benefit the Medi-Cal population.
- Provides Group Level Interventions, including comprehensive sexual health education and HIV/AIDS/STD prevention.
- Assists MCAH clients with access to housing, food, transportation, school and other local resources.
- If bilingual, provides interpretation for clients.
- Participates in injury prevention activities.

- Participates in breastfeeding advocacy activities.
- Participates in domestic and family violence awareness activities.
- Disseminate standard messaging regarding developmental screening to increase community awareness of the need for early identification and intervention of Children and Youth with Special Health Care Needs (CYSHCN). Promote health and developmental monitoring, screening, identification, and referral, including social-emotional (mental health) for infants and children using a validated screening tool.
- Assists in grant writing for funds not related to Medi-Cal Outreach.
- Educates the general public in SIDS prevention activities.
- Develops reviews and distributes educational materials related to SIDS prevention.
- Completes the Title V Time Study.

**TEHAMA COUNTY HEALTH SERVICES AGENCY  
PUBLIC HEALTH DIVISION**

**DUTY STATEMENT- FISCAL YEAR 2025-2026**

**Budget Line** 4

**Health Jurisdiction: Tehama County**

**Program: Maternal Child and Adolescent Health**

**Program Position: Program Manager/Perinatal Service Coordinator**

**County Job Specification: Program Manager**

**GENERAL RESPONSIBILITIES:** Under the direct supervision of the Public Health Director the Program Manager is responsible for developing an agency plan for the MCAH program, developing funding proposals related to MCAH priority goals and managing the Agency's MCAH programs. The Program Manager plans, organizes and oversees the MCAH program and related MCAH programs including CPSP, Healthy Beginnings- a High Risk Case Management Program, SIDS Response, and Shaken Baby Syndrome Prevention. The Program Manager directs and/or supervises the professional staff in the MCAH programs.

**SPECIFIC DUTIES:**

**PROGRAM SPECIFIC ADMINISTRATION**

- Creates and reviews reports and correspondence including e-mail and legislation.
- Provides general MCAH and related program staff supervision.
- Develops budgets and reviews program expenditure documentation.
- Participates in recruitment activities including applicant interviews.
- Performs non-SPMP employee evaluations.
- Attends program specific staff meetings.
- Oversees the purchase of program office supplies and outreach materials.
- Reviews program staff time studies-Service Activity Logs (SAL).

**Non SPMP Training**

- Develops conducts and/or attends trainings that are not specific to the duties of skilled professional personnel that have a Medi-Cal outreach component or are related to general program administration including FFP/time study trainings.
- Orients non-SPMP staff to program related duties.
- Orients all program staff to completion of the SAL time study and/or division policies and procedures.

**NON-PROGRAM SPECIFIC GENERAL ADMINISTRATION**

- Reviews agency/division policies and procedures.
- Attends non-program specific staff and agency meetings.
- Provides general supervision of staff.
- Develops general budgets and reviews multiple program expenditure documentation.
- Participates in non-program specific recruitment activities including applicant interviews.
- Participates on non-program specific agency committees.
- Reviews non-program specific e-mails and mail.
- Prioritizes daily activities.
- Completes time studies/SALs documenting time in multiple programs.
- Break periods- due to time studies captured in 15-minute increments and multiple program assignments.

#### **OTHER DUTIES**

- Participates in injury prevention activities.
- Participates in breastfeeding advocacy activities.
- Participates in domestic and family violence awareness activities.
- Writes grants for funds not related to Medi-Cal Outreach.
- Performs other activities that do not have a Medi-Cal Outreach focus or are not related to medical issues.
- Oversees the purchase of client incentives and other non-health specific materials.
- Conducts staff training on developmental assessment tools or other non-health care/non-Medi-Cal related topics.
- Trains staff to Title V Time Studies
- Provides oversight to all Public Health Maternal and Child programs and facilitates linkages with the MCSH goals and objectives.

**TEHAMA COUNTY HEALTH SERVICES AGENCY  
PUBLIC HEALTH DIVISION**

**DUTY STATEMENT- FISCAL YEAR 2025-2026**

**Budget Line** 4

**Health Jurisdiction: Tehama County**

**Program: Maternal Child and Adolescent Health**

**Program Position: Program Manager/Perinatal Service Coordinator**

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**GENERAL RESPONSIBILITIES:** Under the direct supervision of the Public Health Director the Program Manager is responsible for developing an agency plan for the MCAH program, developing funding proposals related to MCAH priority goals and managing the Agency's MCAH programs. The Program Manager plans, organizes and oversees the MCAH program and related MCAH programs including CPSP, Healthy Beginnings- a High Risk Case Management Program, SIDS Response, and Shaken Baby Syndrome Prevention. The Program Manager directs and/or supervises the professional staff in the MCAH programs.

**SPECIFIC DUTIES:**

**PROGRAM SPECIFIC ADMINISTRATION**

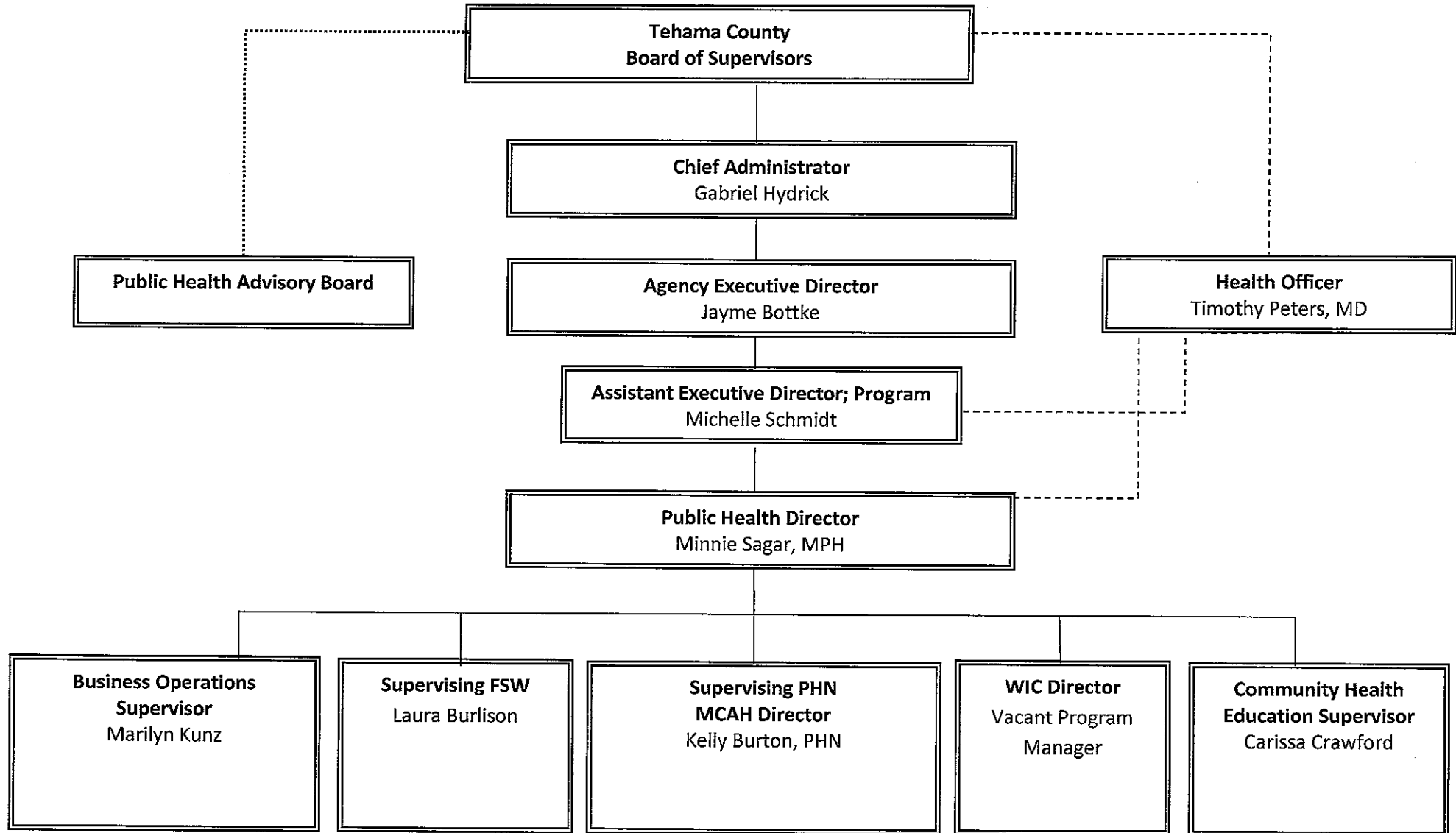
- Creates and reviews reports and correspondence including e-mail and legislation.
- Provides general MCAH and related program staff supervision.
- Develops budgets and reviews program expenditure documentation.
- Participates in recruitment activities including applicant interviews.
- Performs non-SPMP employee evaluations.
- Attends program specific staff meetings.
- Oversees the purchase of program office supplies and outreach materials.
- Reviews program staff time studies-Service Activity Logs (SAL).

**Non SPMP Training**

- Develops conducts and/or attends trainings that are not specific to the duties of skilled professional personnel that have a Medi-Cal outreach component or are related to general program administration including FFP/time study trainings.
- Orients non-SPMP staff to program related duties.
- Orients all program staff to completion of the SAL time study and/or division policies and procedures.

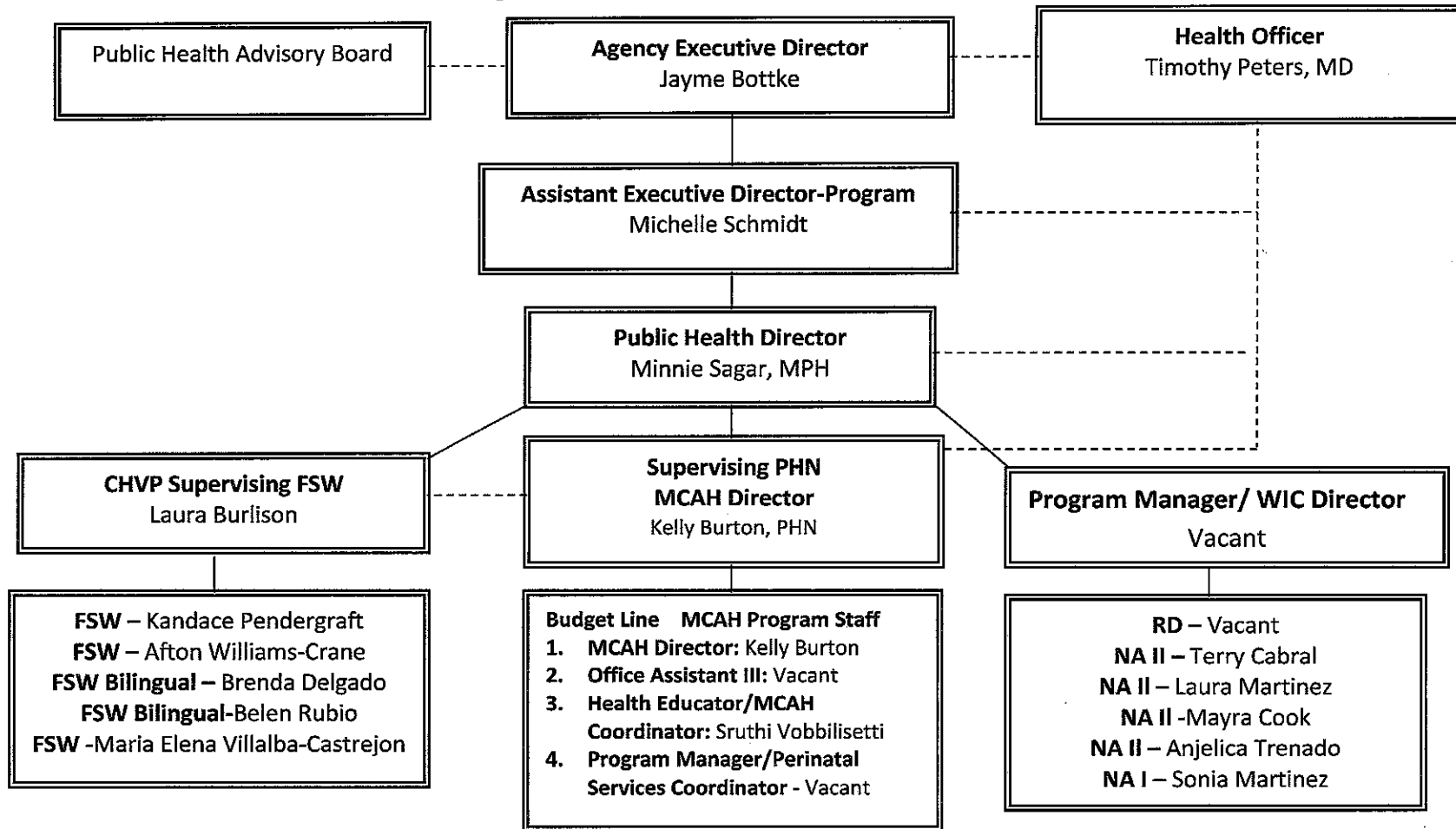
**NON-PROGRAM SPECIFIC GENERAL ADMINISTRATION**

**Tehama County Health Services Agency, Public Health Division  
Organizational Chart- Fiscal Year 2025-2026**

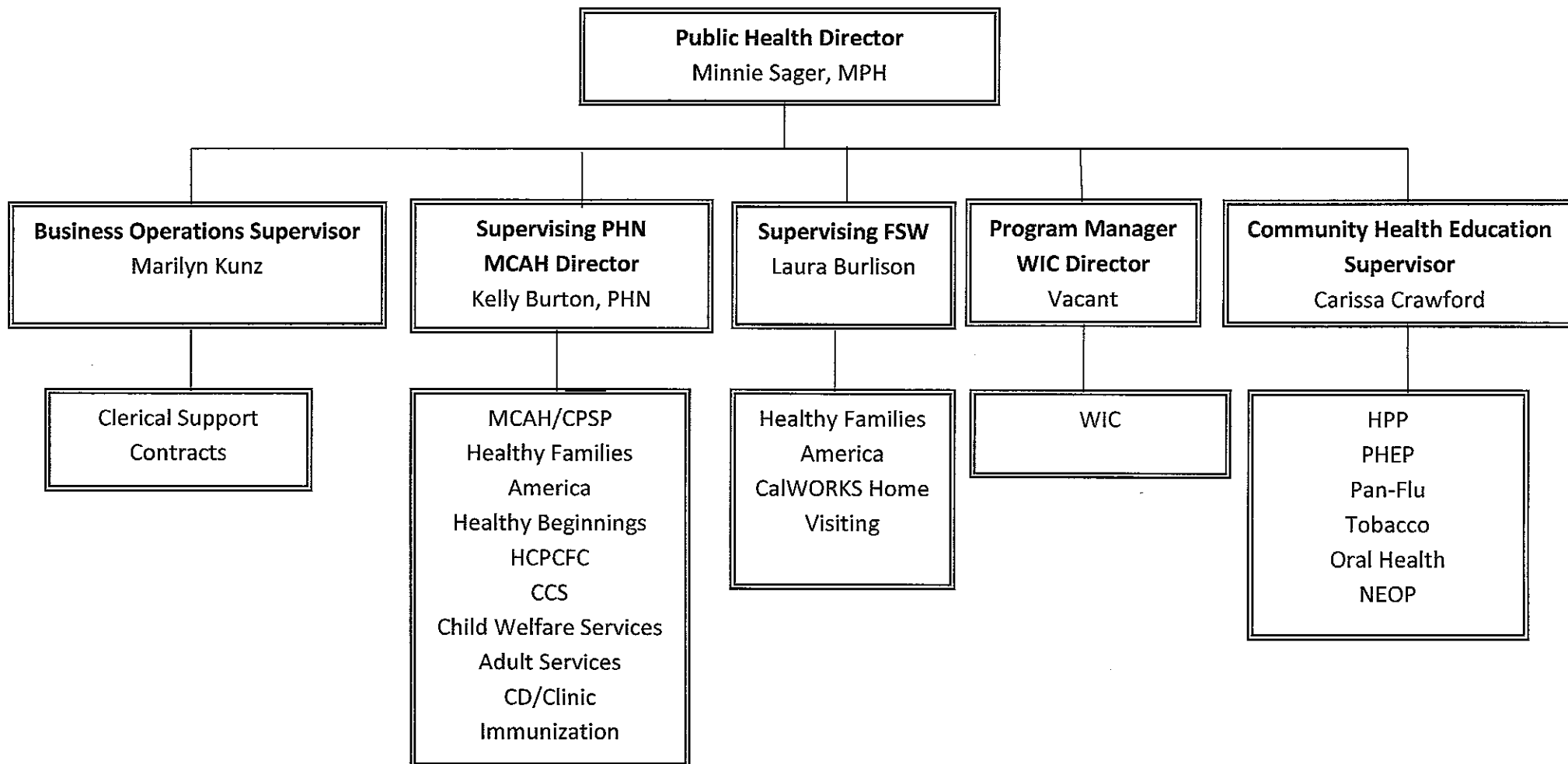




**Tehama County Health Services Agency  
Public Health Division  
Maternal, Child, Adolescent Health (MCAH)  
Organizational Chart Fiscal Year 2025-2026**



**Tehama County Health Services Agency  
Public Health Division  
Organizational Chart Fiscal Year 2025-2026 for MCAH**



## MCAH Director Verification Form

**Local Health Jurisdiction:** Tehama County Health Services Agency

**Fiscal Year:** SFY 2025-26

### MCAH Director Qualifications and Full Time Equivalent (FTE) Requirements

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All LHJs are required to have an MCAH Director and should have other key positions to support the leadership structure and core functions of the Local MCAH program.

The LHJ must meet the Full Time Equivalent (FTE) and qualification requirement(s) for the MCAH Director as outlined below.

#### MCAH Director FTE Requirements

The MCAH Director will dedicate a percentage of time or Full Time Equivalent (FTE) to MCAH activities that complies with the following CDPH/MCAH guidelines for the population.

MCAH Director Full-time Equivalent (FTE) and Qualification Requirements	
Total Population	MCAH Director FTE/Qualification
3.5 million	2.0 Physicians
750,001-3.5 million	1.0 Physician
200,001-750,000	1.0 Public Health Nurse
75,001-200,000	0.75 Public Health Nurse
25,001-75,000	0.50 Public Health Nurse
<25,000	0.25 Public Health Nurse

If the MCAH Director is not able to meet the FTE requirements, CDPH/MCAH recommends the LHJ add an MCAH Coordinator position and/or other positions to assist with the responsibilities of the MCAH Director.

**Please list key positions, including MCAH Director, that will assist with the responsibilities of the MCAH Director:**

Position Title	FTE
MCAH Director	.15
MCAH Coordinator	.65
Perinatal Services Coordinator	.10
Please list other:	
Please list other:	

## MCAH Director Verification Form

### MCAH Director Qualification Requirements

The MCAH Director must be a qualified health professional as defined below.

Please indicate the MCAH Director's qualification:

- ☐ A physician who is board-certified or board-eligible in specialties of Obstetrics/Gynecology, Pediatrics, Family Practice or Preventive Medicine; or
- ☒ A non-physician who is a certified public health nurse (PHN); or
- ☐ Other professional qualifications

Please list other professional qualifications of the MCAH Director below.

### REQUIRED FOR ALL LHJS

Please describe how your Local MCAH Program provides clinical oversight. For example, the MCAH Director is a qualified physician as described above and/or a Public Health Nurse (PHN).

MCAH Director is a qualified Public Health Nurse (PHN) as listed above.

### MCAH Director Requirements for LHJs Participating in the California Home Visiting Program (CHVP)

In LHJs participating in the California Home Visiting Program (CHVP), the MCAH Director is required to devote a minimum of 0.05 FTE and a maximum of 0.15 FTE to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP Community Advisory Board (CAB).

Signature of MCAH Director or Designee	
Signature 	Date 5/19/25

## MCAH Director Verification Form

### Information and requirements for completing the form:

A copy of the form must be submitted annually during the Agreement Funding Application (AFA) process. The form will be verified with the submitted Local MCAH budget, Organizational Charts and Duty Statements.

Additionally, a new form is required to be submitted for any changes to the MCAH Director position throughout the year such as budget revisions and/or change in MCAH Director.

CDPH/MCAH may hold reimbursement unless a current form is on file with CDPH/MCAH.

### Submittal During AFA Requirements:

- Complete and submit the form annually during the AFA process.
- The form must be signed by MCAH Director or designee.

### Changes after the AFA process:

- Submit a new form for any subsequent changes after the AFA process to the CDPH/MCAH Program Consultant.
- Submit the Duty Statement(s).
- Submit Organizational Chart(s).



# KELLY BURTON

BSN - RN - PHN

 530-200-3048

 k-g-burton@sbcglobal.net

 Red Bluff, CA

## EDUCATION

Bachelor of Science in Nursing  
Simpson University  
2021-2023

Vocational Nursing Certificate  
Institute of Technology  
2009-2010

## LICENSES & CERTIFICATIONS

RN, Registered Nurse, CA  
License # 95366697  
Expires June 2027

PHN, Public Health Nurse, CA  
License #568752  
Expires June 2027

BLS, Basic Life Support  
American Heart Association  
Expires July 2025

ACLS, Advance Cardiac Life  
Support  
American Heart Association  
Expires July 2025

PALS, Pediatric Advance Life  
Support  
American Heart Association  
Expires August 2025

## AWARD

HONOR SOCIETY OF  
NURSING, Simpson University  
April 2023 - Redding, CA

## PROFESSIONAL SUMMARY

Dedicated and experienced healthcare professional with a background in rural health care clinics. Strong communication skills and works well as a member of a team to collaborate and provide care to patients. Able to empathize and provide support to patients and their family members. Committed to making a positive impact and providing patient centered care.

## WORK EXPERIENCE

INTERIM SUPERVISING PUBLIC HEALTH NURSE (March 9, 2025 - Current)  
PUBLIC HEALTH NURSE (September 2024 - Current)  
Tehama County Health Services Agency, Red Bluff, CA

- Backup vaccine coordinator. PHN for Health Care Program for Children in Foster Care, obtaining and reviewing medical records to keep foster children's Health and Education Passport up to date. Keep track and request updated psychotropic medication orders every 6 months for foster children. Communicate with social workers on needs of foster children.

REGISTERED NURSE, MEDICAL SURGICAL/PEDIATRICS  
St. Elizabeth Community Hospital, Red Bluff, CA | February 2024 - August 2024

- Provide care for four to five patients including pediatric patients. Perform patient assessments/reassessment. Provide nursing care in an organized systematic manner. Collect and document vital signs. Monitor blood pressure and blood glucose levels in response to medication administration. Administer prescribed medications and monitor response. Assess patient needs and prioritize treatment.

STUDENT  
January 2020 - December 2023

LVN, LEAD MEDICAL ASSISTANT  
Rolling Hills Clinic, Red Bluff & Corning | April 2014 - January 2020

- Coordinate, direct and supervise daily activities of the clinic staff and providers' schedules. Act as a resource to providers and clinic staff to ensure efficient daily operations of the clinic. Assist providers in performing procedures. Room patients, including obtaining vital signs, health history, and medication reconciliation. Vaccine coordinator for Vaccines for Children responsible for accounting for state supplied vaccines and ordering. Administer immunizations and medication injections. Inventory and order clinic supplies. Obtain prior authorizations through insurance companies for imaging studies and medications. Coordinate with durable medical equipment companies regarding medical devices and home oxygen for patients. Provide training and assistance with eClinicalWorks.



# KELLY BURTON

BSN - RN - PHN

 530-200-3048

 k-g-burton@sbcglobal.net

 Red Bluff, CA

## KEY SKILLS

Adaptability & Flexibility

Teamwork & Leadership

Critical Thinking

Empathy & Compassion

Communication

Customer Service Training

Prioritizing Care

## STRENGTHS

Time Keeper

Believer

Thinker

Deliverer

Catalyst

## WORK EXPERIENCE CONTINUED

LEAD LVN, FAMILY CARE CLINIC (April 2013 – April 2014)

LVN, FAMILY CARE CLINIC (April 2011 – April 2013)

Glenn Medical Center, Willows, CA

- Coordinate, direct and supervise daily activities of the clinic staff. Act as a resource to providers and clinic staff to ensure efficient daily operations of the clinic. Assist providers in performing procedures. Room patients, including obtaining vital signs, health history, and medication reconciliation. Perform nursing visits such as finger stick INRs and injections. Order supplies, answer phones, return phone calls to patients and schedule appointments. Obtain prior authorizations through insurance companies for imaging studies and medications. Coordinate with durable medical equipment companies regarding medical devices and home oxygen for patients. Provide training and assistance in CPSI.

## CLINICAL EXPERIENCE

COURSE	LOCATION	SEMESTER	HOURS
Foundations of Nursing and Professional Seminar	Red Bluff Healthcare Center	Fall 2021	90
Nursing Care of the Adult I	St. Elizabeth Community Hospital, Med Surge, ICU, OB	Spring 2022	90
Nursing Care for Mental Health	Kingsview, Shasta County Mental Health, Restpadd Redding, IPS, Sail House	Spring 2022	90
Nursing Care of the Adult II	Mercy Medical Center Redding, Oncology, Med Surge	Fall 2022	90
Nursing Care of Children and Adolescents	Mercy Medical Center Redding, Pediatric Unit	Fall 2022	45
Nursing of Maternal and Newborn	Mercy Medical Center Redding, NICU, OB	Fall 2022	45
Nursing of Critically Ill Adults	Mercy Medical Center Redding, ICU, PCU	Spring 2023	90
Nursing Care for the Community Health and Public Health	Tehama County Public Health, Shasta Cardiac Rehab, Redding Rancheria Tribal Health Clinic	Spring 2023	90
Leadership and Management in Nursing	St. Elizabeth Community Hospital: Tami Ross, RN, Director of Quality	Fall 2023	90
Nursing Capstone and Professional Seminar	St. Elizabeth Community Hospital, Med Surge, ICU, OB	Fall 2023	135
			Total Hours: 855

**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](#)
- [Life Course Perspective and Social Determinants of Health](#)
- 

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

Certification by MCAH Director:	Name: Kelly Burton
	Title: Supervising Public Health Nurse
	Date: 5/6/2025
	<i>I certify that I have reviewed and approved this Scope of Work.</i>

- Note:
- The Title V Maternal and Child Health Block Grant 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.
  - CDPH/MCAH provides training and technical assistance to LHJs and encourages LHJs to communicate their training needs.

## Section A: General requirements and activities for all LHJs

Aligns With	General Requirement(s)	Required Local Activities	Time Frame	Deliverable Description
Title V and CDPH/MCAH Requirement	Local MCAH Annual Report	<b>A1</b> Complete and submit an Annual Report each fiscal year to report on Scope of Work activities	Annually, each fiscal year	<p>The Annual 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.</p> <p>In addition to reporting on the status of activities in each population domain, the LHJ shall report on the following counts of individuals served:</p> <ul style="list-style-type: none"> <li>• <b>the number of <u>Pregnant Individuals</u> served in the Fiscal Year</b></li> <li>• <b>the number of <u>Infants (less than 1 year of age)</u> served in the Fiscal Year</b></li> <li>• <b>Of the <u>Infants (less than 1 year of age)</u> in the above number, how many are <u>Children and Youth with Special Healthcare Needs (CYSHCN)</u></b></li> <li>• <b>the number of individuals <u>Ages 1-21</u> served in the Fiscal Year</b></li> <li>• <b>Of the individuals <u>Ages 1-21</u> in the above number, how many are <u>CYSHCN</u></b></li> <li>• <b>the number of <u>Other*</u> individuals served in the Fiscal Year</b></li> </ul> <p><i>*Other: Individuals that cannot be grouped into Pregnant, Infants, or Ages 1-21; Men and women 22 and over; any individuals with unspecified demographic information. Families with unspecified family members may be included in this category: count the family as one (1). (We acknowledge the undercounting but are following the "verifiable data source" guideline.)</i></p> <p>Guidance for Counting Individuals served are included as part of the Local Annual Report Instruction Manual and is sent out from CDPH/MCAH with the Local Annual Report request.</p>
CDPH/MCAH Requirement	Workforce Development and Training	<b>A2</b> Attend required trainings/meetings as outlined in the MCAH Program Policies and Procedures. <ul style="list-style-type: none"> <li>• The MCAH Director or designee is required to attend the spring and fall MCAH Action meetings</li> </ul>	Annually, each fiscal year	<p>Report attendance in Annual Report:</p> <ul style="list-style-type: none"> <li>• MCAH Directors' Spring and Fall meetings</li> <li>• SIDS Coordinators' Annual meeting</li> </ul>

		<ul style="list-style-type: none"> <li>SIDS Coordinators are required</li> </ul> <p>Conference, SIDS Advisory Council meetings</p>		
CDPH/MCAH Requirement	MCAH Director	<b>A3</b> Maintain required MCAH Director position as outlined in the MCAH Policies and Procedures.	Ongoing	The LHJ must submit a Local MCAH Director Verification form annually during the AFA process and resubmit with any changes.
CDPH/MCAH Requirement	Community Resource and Referral Guide	<b>A4</b> Develop a comprehensive MCAH resource and referral guide of available health, mental health, emergency resources, and social services.  <i>QI Opportunity!</i> Partner (participate in short-term workgroup, or respond to a survey, or discuss among other MCAH Directors at MCAH Directors call) with CDPH/MCAH and a workgroup of LHJs to develop a shared approach to an up-to-date and accessible local resource guide that supports all five MCAH population domains, in collaboration with strategic partners and existing systems, such as United Way/211	By end of 2025	Report in Annual Report: <ul style="list-style-type: none"> <li>Submit/upload a copy or link to the existing resource and referral guide</li> <li>Report on how you have aligned your resource guide with the recommendations of the workgroup, when available</li> </ul>
CDPH/MCAH Requirement	Protocols	Develop and adopt protocols to ensure that MCAH clients are provided information and referred to health insurance coverage options, including preventive health visits.		and opportunities for further improvement in the Annual Report.



Title V Requirement	Conduct Local Needs Assessment	<b>A6</b> Conduct or leverage existing local needs assessment(s) to acquire an accurate picture of the strengths, weaknesses and needs across the MCAH population health domains.	Approximately every three ..	Report on Local Needs Assessment findings as directed by CDPH/MCAH.
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Section B: Domain specific requirements and activities				
Aligns With	General Requirement(s)	Required Local Activities	Time Frame	Deliverable Description
CDPH/MCAH Requirement	Infant – Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID)	<b>B1</b> <b>Required for Infant Domain - all LHJs</b> Provide SIDS/SUID grief and bereavement services and supports through home visits and/or mail resource packets to families an infant loss.	Annually, each fiscal year	Report on SIDS/SUID services and supports in the Annual Report.
CDPH/MCAH Requirement	Infant – Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID)	<b>B1.a.</b> Submit Public Health Services Report Form of a sudden, unexpected infant death to the CDPH/MCAH.	As needed	Submit form in the event of a sudden, unexpected infant death.
CDPH/MCAH Requirement	Infant – Safe Sleep	<b>B2</b> <b>Required for Infant Domain - all LHJs</b> Promote the latest AAP Safe Sleep guidance and implement Infant Safe Sleep Interventions to reduce the number of SUID related deaths.	Annually, each fiscal year	Report on safe sleep activities in the Annual Report.
CDPH/MCAH Requirement	Child Health - Schools Collaboration	<i>Replaced B3 and B4</i> <b>Required for Child Domain - all LHJs</b> Explore opportunities to partner with local education agencies/school districts/schools (preschool through 12 <sup>th</sup> grade and alternative education		Report.

		settings) to collaborate on school-linked community-based health promotion and services and safe and supportive school climates.		
CDPH/MCAH Requirement	Children and Youth with Special Health Care needs (CYSHCN)	<b>B4 New! Replaced B5 and B6</b> <b>Required for CYSHCN Domain - all LHJs</b> Strengthen referral pathways and service coordination strategies to connect CYSHCN and their families to safety net and/or social supports, medical service providers, public health programs and Family Resource Centers, as appropriate.	Annually, each fiscal year	Report on referral pathways and service coordination for CYSHCN in the Annual Report.
CDPH/MCAH Requirement	Infant – Infant Mortality Reviews	<b>Required for CA FIMR+ funded LHJs only</b> LHJs funded for infant mortality reviews will implement activities in accordance with Local MCAH Program Policies and Procedures.	Annually, each fiscal year	Report on activities in the Annual Report



Section C: Local Activities by Domain

Woman/Maternal Health Domain

**Women/Maternal Priority Need:** Advance Black birth equity by supporting women and birthing people to thrive through pregnancy and the postpartum period.

<b>Performance Measures</b> (National/State Performance Measures)	<b>NPM: Postpartum Visit:</b> A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth, and B) Percent of women who attended a postpartum checkup and received recommended care components
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**Women/Maternal State Objective 1:**  
By 2030, reduce the rate of pregnancy-related cardiovascular deaths from 3.3 per 100,000 live births (2019-2021 CA-PMSS) to 3.0 per 100,000 live births.

**Women/Maternal State Objective 2:**  
By 2030, reduce the rate of pregnancy-related deaths among Black birthing people from 49.7 per 100,000 live births (2019-2021 CA-PMSS) to 42.3 per 100,000 live births.

Women/Maternal Focus Area 1: Access to Quality Care & Services

<b>Women/Maternal Access to Quality Care &amp; Services:</b> <b>Strategy 1:</b> Improve systems of risk-appropriate maternity care including (childbirth) regionalization and prenatal/postpartum access	<b>Women/Maternal Access to Quality Care &amp; Services:</b> <b>Strategy 2:</b> Increase the proportion of facilities that evaluate the quality of their care using both patient experience and clinical measures	<b>Women/Maternal Access to Quality Care &amp; Services:</b> <b>Strategy 3:</b> Increase maternal mortality/morbidity prevention by disseminating <i>California Pregnancy Associated Review Committee (CA-PARC)</i> recommendations and engaging potential implementation partners
<b>Local Activities for Women/Maternal Objective: Strategy 1</b> <b>w 1.1.1</b>  <input type="checkbox"/> Suggested local activity (Optional): Partner with RPPC and CDPH/MCAH to identify and share local regionalization and perinatal access to care.  <b>What is your anticipated outcome?</b>	<b>Local Activities for Women/Maternal Objective: Strategy 2</b> <b>w 1.2.1</b>  <input type="checkbox"/> Suggested local activity (Optional): Promote policies, procedures, and practices that align with those recommended by Black Birth Equity experts to help perinatal facilities and clinics to combat anti-Black racism and mitigate biased treatment of people with historically marginalized identities.	<b>Local Activities for Women/Maternal Objective: Strategy 3</b> <b>w 1.3.1</b>  <input type="checkbox"/> Suggested local activity (Optional): Use the CDPH/MCAH CA-PARC data-findings and recommendations to inform policy and prevention strategies to reduce pregnancy related morbidity and mortality at the local level.



	What is your anticipated outcome?	What is your anticipated outcome?
<b>w 1.1.2</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	<b>w 1.2.2</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	<b>w 1.3.2</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>

<b>Women/Maternal Focus Area 2: Mental Health &amp; Substance Use</b>	
<b><u>Women/Maternal Mental Health &amp; Substance Use: Strategy 1:</u></b> Implement policy, systems, and environmental change (PSE) activities to improve mental/behavioral health, including in the postpartum period	<b><u>Women/Maternal Mental Health &amp; Substance Use: Strategy 2:</u></b> Improve primary prevention, early intervention and social supports across the perinatal period to improve mental/behavioral health
<b>Local Activities for Women/Maternal Objective: Strategy 1</b>	<b>Local Activities for Women/Maternal Objective: Strategy 2</b>
<input checked="" type="checkbox"/> Suggested local activity (Optional): Develop and implement PSE approaches to improve mental/behavioral health during pregnancy or postpartum.  <b>What is your anticipated outcome?</b> Women in the perinatal period will feel supported by the community and will feel empowered to seek the care they need.	<input type="checkbox"/> Suggested local activity (Optional): Implement postpartum mental health screenings for birthing parent and infant at well child check-ups.  <b>What is your anticipated outcome?</b>

<p><b>w 2.1.2</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Develop “Success Story” on PSE strategy/intervention used for mental wellness.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.2.2</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Develop “Success Story” on primary prevention used for mental wellness.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>w 2.1.3</b></p> <p><input type="checkbox"/> Other local activity (Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.2.3</b></p> <p><input checked="" type="checkbox"/> Suggested local activity (Please Specify/Optional): Participate in CDPH/MCAH <b>Primary Prevention Learning Cohort</b></p> <p><b>What is your anticipated outcome?</b> Staff is trained to address local mental health crisis with a focus on supporting primary prevention in children, adolescents, pregnant people, and families.</p>

**Women/Maternal Focus Area 3: Social Determinants & Family Supports**

<p><b>Women/Maternal Social Determinants &amp; Family Supports: Strategy 1:</b> Promote culturally appropriate care and expand perinatal care teams (e.g., doulas, midwives) to include culturally congruent staff, including during the postpartum period</p>	<p><b>Women/Maternal Social Determinants &amp; Family Supports: Strategy 2:</b> Partner to improve neighborhood conditions, quality education, economic opportunities and social supports</p>
<p><b>Local Activities for Women/Maternal Objective: Strategy 1:</b></p> <p><input checked="" type="checkbox"/> Suggested local activity (Optional): Provide education to birthing persons and their families about how to access quality care and care options.</p> <p><b>What is your anticipated outcome?</b> Clients are educated on how to access quality care in our community.</p>	<p><b>Local Activities for Women/Maternal Objective: Strategy 2:</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Collaborate with strategic partners to identify best practices for Local MCAH programs to improve social determinants of health (e.g., neighborhood conditions, quality education, economic opportunities and social supports); share best practices with CDPH/MCAH.</p> <p><b>What is your anticipated outcome?</b></p>



<input type="checkbox"/> Suggested local activity (Optional): Partner to develop culturally and linguistically appropriate trainings and consumer education materials and supporting tools that promote breastfeeding or birth options for specific local populations (e.g. Mixteca).  <b>What is your anticipated outcome?</b>	<input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>
<b>w 3.1.3</b>  <input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Lead the development of a county maternal substance use algorithm that outlines a referral system and the services available to address maternal substance use and identify systems -----  <b>What is your anticipated outcome?</b> Algorithm will be created so there is clarity on where to direct women for needed substance use services	

**Women/Maternal Focus Area 4: Physical Health & Prevention**

**Women/Maternal Physical Health & Prevention: Strategy 1:**

Promote Policy, Systems, and Environmental (PSE) strategies for leading causes of morbidity before, during and after pregnancy

**Women/Maternal Physical Health & Prevention: Strategy 2:**

Partner on maternal anemia prevention across the perinatal period through PSE strategies

**Local Activities for Women/Maternal Objective: Strategy 1:**

**Local Activities for Women/Maternal Objective: Strategy 2:**

<p><b>w 4.1.1</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Identify and implement PSE strategies that address leading causes of morbidity, including cardiovascular disease and gestational diabetes (GDM), before, during, and after pregnancy.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 4.2.1</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
<p><input type="checkbox"/> Suggested local activity (Optional): Participate in a CDPH/MCAH cohort project (to receive training, technical assistance and evaluation support) on PSE strategies focused on GDM.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 4.2.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>w 4.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	



Section C: Local Activities by Domain

Perinatal/Infant Health Domain

**Perinatal/Infant Priority Need:** Advance Black birth equity and support birthing people and families to have thriving infants.

<b>Performance Measures</b> (National/State Performance Measures)	<b>NPM:</b> Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery or postpartum care.
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**Perinatal/Infant State Objective:**  
By 2030, reduce the rate of Black infant deaths from 8.81 per 1,000 live births (2023 CCMBF/CCMDF) to 8.37.

Perinatal/Infant Focus Area 1: Access to Quality Care & Services

**Perinatal/Infant Access to Quality Care & Services: Strategy 1:**  
Translate Fetal Infant Mortality Review (FIMR) learnings and recommendations into action, including recommendations on the care experience.

Local Activities for Perinatal/Infant Objective: Strategy 1

**p 1.1.1**

☐ Suggested local activity (Optional):  
Participate in collecting infant mortality FIMR data using the National Fatal Review-Case Reporting System.

**What is your anticipated outcome?**

**p 1.1.2**

☐ Suggested local activity (Optional):  
Conduct and collect interview of families experiencing a stillbirth or infant loss.



**What is your anticipated outcome?**

**p 1.1.3**

☐ Suggested local activity (Optional):  
Develop "Success Story" on prevention efforts based on FIMR recommendations.

**What is your anticipated outcome?**

**p 1.1.4**

☐ Other local activity (Please Specify/Optional):

**What is your anticipated outcome?**

### Perinatal/Infant Focus Area 3: Social Determinants & Family Supports

**Perinatal/Infant Social Determinants & Family Supports: Strategy 1:**

Partner to increase economic and social supports (e.g., transportation, childcare, parenting resources) to families.

**Perinatal/Infant Social Determinants & Family Supports: Strategy 2:**

Promote culturally-responsive grief and bereavement and support services.

**Local Activities for Perinatal/Infant Objective: Strategy 1**

**p 3.1.1**

☐ Suggested local activity (Optional):  
Identify opportunities to involve and integrate fathers into MCAH programs.

**Local Activities for Perinatal/Infant Objective: Strategy 2**

**p 3.2.1**

☐ Suggested local activity (Optional):  
Partner with CDPH/MCAH to develop and disseminate resources on navigating the legal aspects of infant or maternal loss (e.g. death certificates, adding unmarried spouse to birth certificate, etc.)

<b>What is your anticipated outcome?</b>	<b>What is your anticipated outcome?</b>
<div><input type="checkbox"/> Suggested local activity (Optional): Partner with CDPH/MCAH to identify best practice strategies for MCAH programs to provide families with economic and social supports.</div> <div><b>What is your anticipated outcome?</b></div>	<div><input type="checkbox"/> Other local activity (Please Specify/Optional):</div> <div><b>What is your anticipated outcome?</b></div>
<div><b>p 3.1.3</b></div> <div><input type="checkbox"/> Other local activity (Please Specify/Optional):</div> <div><b>What is your anticipated outcome?</b></div>	

Perinatal Focus Area 4: Physical Health & Prevention

<b>Perinatal/Infant Physical Health &amp; Prevention: Strategy 1:</b> Partner on maternal anemia prevention through policy, systems and environmental change (PSE) strategies to improve perinatal and infant outcomes	<b>Perinatal/Infant Physical Health &amp; Prevention: Strategy 2:</b> Promote breastfeeding initiation and duration through PSE and workforce strategies, including considerations of the care experience
<b>Local Activities for Perinatal/Infant Objective: Strategy 1</b>	<b>Local Activities for Perinatal/Infant Objective: Strategy 2</b>
<div><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Partner to develop and disseminate information and resources about policies and best practices to promote extending breastfeeding duration, including lactation accommodation</div> <div><b>What is your anticipated outcome?</b> Agencies put breastfeeding and lactation accommodation policies in place.</div>	<div><b>p 4.2.1</b> <input type="checkbox"/> Suggested local activity (Optional): Promote training, tools, policies and best practices, including workforce strategies, that support breastfeeding initiation and duration to families who choose to breastfeed.</div> <div><b>What is your anticipated outcome?</b></div>
	<div><b>p 4.2.2</b> <input type="checkbox"/> Suggested local activity (Optional): Identify resources and training opportunities for organizations, hospitals, birthing centers to support families who choose to breastfeed.</div> <div><b>What is your anticipated outcome?</b></div>



	<p><b>p 4.2.3</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Develop “Success Story” on PSE strategy/intervention used for breastfeeding promotion.</p> <p><b>What is your anticipated outcome?</b></p>
	<p><b>p 4.2.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

<b>Perinatal/Infant Focus Area 5: Injury Prevention &amp; Safe Environments</b>	
<b><u>Perinatal/Infant Injury Prevention &amp; Safe Environments: Strategy 1:</u></b> Identify new partnerships to improve SIDS/SUID prevention	
<b>Local Activities for Perinatal/Infant Objective: Strategy 1</b>	
<p><b>p 5.1.1</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Develop population-specific recommendations for safe sleep practices based on FIMR data.</p> <p><b>What is your anticipated outcome?</b></p>	

**p 5.1.2**

☐ Suggested local activity (Optional):

Partner with local institutional organizations such as Nursing schools, Residency Programs, and other medical professions groups on Safe Sleep Education.

**What is your anticipated outcome?**

**p 5.1.3**

☒ Other local activity (Please Specify/Optional):

Partner with community agencies to ensure at least 100 children will be properly fit in car/booster seat.

**What is your anticipated outcome?**

At least 100 children will be properly restrained in their car seats.



Section C: Local Activities by Domain

Child Health Domain

Child Priority Need: Improve the physical and mental health and development of all children so they flourish and thrive.

Performance Measures (National/State Performance Measures)	NPM: Medical Home - Overall*: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
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Child State Objective: NSCH 4.12 Medical Home  
By 2030, increase the percent of children in CA who have received care within a medical home from 39.3% (NSCH 2022-2023) to 41%.

Child Focus Area 1: Access to Quality Care & Services

<b>Child Access to Quality Care &amp; Services: Strategy 1:</b> Promote the pediatric medical home through school-linked and school-based health prevention, education and services.	<b>Child Access to Quality Care &amp; Services: Strategy 2:</b> Promote linkage and referrals to care and support services, especially those that target social determinants of health
<b>Local Activities for Child Objective: Strategy 1</b>	<b>Local Activities for Child Objective: Strategy 2</b>
<b>ch 1.1.1</b>  <input type="checkbox"/> Suggested local activity (Optional): Partner with local provider groups, MCPs and organizations to increase understanding, build capacity, and promote the seven <a href="#">American Academy of Pediatrics components</a> of a medical home  <b>What is your anticipated outcome?</b>	<b>ch 1.2.1</b>  <input type="checkbox"/> Suggested local activity (Optional): Work with state and local partners to promote and disseminate information to families around social supports and economic family supports, especially those that target social drivers of health, including housing, childcare, and nutrition.  <b>What is your anticipated outcome?</b>
<b>ch 1.1.2</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):	<b>ch 1.2.2</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):



What is your anticipated outcome?	What is your anticipated outcome?
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Child Focus Area 2: Mental Health & Substance Use	
<b>Child Mental Health &amp; Substance Use: Strategy 1:</b> Promote social connectedness	<b>Child Mental Health &amp; Substance Use: Strategy 2:</b> Collaborate to improve education and awareness of, and access to mental and behavioral health care
<b>Local Activities for Child Objective: Strategy 1</b> <b>ch 2.1.1</b>  <input type="checkbox"/> Suggested local activity (Optional): Identify and lead/participate in a policy, systems and environmental change (PSE) activity or primary prevention activity, in collaboration with local early childhood, parenting groups, and/or community-based organizations, centering social connectedness for children and their families, promoting positive parent-child relationships, connection, family wellness and resilience, and uplifting Positive Childhood Experiences and create a success story to share.  <b>What is your anticipated outcome?</b>	<b>Local Activities for Child Objective: Strategy 2</b> <b>ch 2.2.1</b>  <input type="checkbox"/> Suggested local activity (Optional): Connect with local education agencies to assist with/establish referral networks through the California Youth Behavioral Health Initiative School-Linked Multi-payer Fee Schedule for mental and behavioral health services.  <b>What is your anticipated outcome?</b>
<input type="checkbox"/> Suggested local activity (Optional): Partner with community organizations to promote free play for children, access to green spaces, and safe/accessible community gathering places.  <b>What is your anticipated outcome?</b>	<input type="checkbox"/> Suggested local activity (Optional): Increase LHJ capacity and understanding of trauma-responsive/ trauma-informed care and primary prevention of mental and behavioral health for children and families.  <b>What is your anticipated outcome?</b>



<input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	<input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>
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Child Focus Area 4: Physical Health & Prevention			
<b>Child Physical Health &amp; Prevention: Strategy 1:</b> Increase child preventive health rates	<b>Child Physical Health &amp; Prevention: Strategy 2:</b> Promote early childhood prevention, screening and intervention	<b>Child Physical Health &amp; Prevention: Strategy 3:</b> Optimize nutrition and physical activity for children	<b>Child Physical Health &amp; Prevention: Strategy 4:</b> Identify and work to reduce child health disparities
<b>Local Activities for Child Objective: Strategy 1</b>	<b>Local Activities for Child Objective: Strategy 2</b>	<b>Local Activities for Child Objective: Strategy 3</b>	<b>Local Activities for Child Objective: Strategy 4</b>
<input checked="" type="checkbox"/> Suggested local activity (Optional): Lead and/or partner to participate in local activities promoting pediatric preventive health visits, screening, assessments and routine pediatric vaccinations, especially activities that are school-linked/school based and/or community-based.  <b>What is your anticipated outcome?</b> Families are connected with safety net and public health care programs such as Family	<b>4.2.1</b>  <input checked="" type="checkbox"/> Suggested local activity (Optional): Partner with local First 5, Help Me Grow, home visiting and other early intervention programs to increase access to and promote universal infant and child developmental screening based on AAP Bright Futures guidelines and closed-loop early intervention referrals.  <b>What is your anticipated outcome?</b> screening and linkages are identified.	<input checked="" type="checkbox"/> Suggested local activity (Optional): Partner with schools, local WIC agencies, Early Childcare Education programs, and other organizations (such as SunBucks and The Governor’s Council on Physical Fitness) to improve food security and promote healthy nutrition and physical activity choices for children and families, including the Child MyPlate nutrition guidelines.  <b>What is your anticipated outcome?</b>	<input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>



Planning, Access, Care, and Treatment (PACT), Medi-Cal, and Medi-Cal Dental.		Eligible participants are connected with WIC	
<b>ch 4.1.2</b>  <input checked="" type="checkbox"/> Suggested local activity (Optional): Partner with local oral health programs, CDPH Office of Oral Health, and CDPH Office of School Health to promote children's oral health screening, preventive visits and closed-loop referrals, especially those that are school-linked/school-based.  <b>What is your anticipated outcome?</b> Increase in preventive dental visits, fluoride varnish applications, and sealants.	<b>ch 4.2.2</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	<b>ch 4.3.2</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	
<b>ch 4.1.3</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>			

Child Focus Area 5: Injury Prevention & Safe Environments	
<b>Child Injury Prevention &amp; Safe Environments: Strategy 1:</b> Promote safe environments and communities and prevent unintentional injury for children and families	<b>Child Injury Prevention &amp; Safe Environments: Strategy 2:</b> Uplift prevention efforts to reduce child abuse and neglect
<b>Local Activities for Child Objective: Strategy 1</b>	<b>Local Activities for Child Objective: Strategy 2</b>

<p><b>ch 5.1.1</b></p> <p><input checked="" type="checkbox"/> Suggested local activity (Optional): Create/participate in and disseminate a child injury prevention campaign locally, targeting child passenger safety, infant/toddler car seat safety, teen driving safety, bike helmet use, water safety, or other areas of child injury prevention important to the local MCAH population.</p> <p><b>What is your anticipated outcome?</b> Complete 5 injury prevention outreach events.</p>	<p><b>ch 5.2.1</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Partner with local All Children Thrive project and network(s) to improve community-led efforts to create changes within systems and structures to reduce ACEs, child abuse and neglect and promote positive childhood experiences.</p> <p><b>What is your anticipated outcome?</b></p>
<p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>5.2.2</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Partner with local child welfare efforts to develop County Comprehensive Prevention Plans to determine local primary, secondary, and tertiary prevention strategies that can reduce the incidence of children and youth engaging with the child welfare system.</p> <p><b>What is your anticipated outcome?</b></p>
	<p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>



## Section C: Local Activities by Domain

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

**CYSHCN Priority Need:** *Improve access to supports and services.*

**Performance Measures**

(National/State Performance Measures)

**NPM: Medical Home - Care Coordination:**

Percent of children with and without special health care needs, ages 0 through 17, who receive needed care coordination

**NPM: Transition:**

Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care.

**CYSHCN State Objective 1:**

By 2030, increase the percentage of children with special health care needs, ages 0 through 17, who receive needed care coordination from 47.7% (NSCH 2021-2023) to 50%.

**CYSHCN State Objective 2:**

By 2030, increase the percentage of adolescents with special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care from 17% (NSCH 2021-2023) to 18%.

### CYSHCN Focus Area 1: Access to Quality Care & Services

**CYSHCN Access to Quality Care & Services Objective 1: Strategy 1:**

Partner to improve access to quality, coordinated care and support services for CYSHCN and their families.

**CYSHCN Access to Quality Care & Services Objective 1: Strategy 2:**

Fund the Department of Health Care Services (DHCS) to provide necessary care coordination and case management for California Children's Services (CCS) program clients and improve systems to assist CYSHCN families in navigating services.

**Local Activities for CYSHCN Objective 1: Strategy 1:**

☒ Suggested local activity (Optional):

Partner with your county CCS program AND/OR an organization that provides care coordination for CYSHCN and their families (i.e. community-based organizations, home visiting (CHVP),

to improve care coordination and communication between provider types for CYSHCN.

**Local Activities for CYSHCN Objective 1: Strategy 2:**

☐ Other local activity (Please Specify/Optional):

**What is your anticipated outcome?**



<b>What is your anticipated outcome?</b> Resource Guide for parents created and disseminated.	
<b>cy 1.1.2</b>  <input type="checkbox"/> Suggested local activity (Optional): 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.  <b>What is your anticipated outcome?</b>	
  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	

**CYSHCN Focus Area 2: Mental Health & Substance Use**

<b>CYSHCN Mental Health &amp; Substance Use State Objective 2: Strategy 1:</b> Partner to develop programs and resources to enhance resilience and mental wellness support for CYSHCN and their families.	<b>CYSHCN Mental Health &amp; Substance Use State Objective 2: Strategy 2:</b> Support local health jurisdictions (LHJs) to build workforce capacity in serving CYSHCN and their families.
<b>Local Activities for CYSHCN Objective 2: Strategy 1:</b>	<b>Local Activities for CYSHCN Objective 2: Strategy 2:</b>
<input checked="" type="checkbox"/> Suggested local activity (Optional): Implement a project focused on mental health for parents/caregivers of CYSHCN (examples: connecting families in the NICU to home visiting, provider outreach to integrate parental mental health screening into pediatric visits, partner with family-serving organization(s) and/or	<input type="checkbox"/> Suggested local activity (Optional): Participate in a workgroup or training covering primary prevention or Policy, Systems, or Environmental change (PSE) strategies/interventions to enhance resilience and mental

<p>community members to develop a CYSHCN-focused/awareness building social media</p> <p><b>What is your anticipated outcome?</b> Reach out to local NICU's and educate them on how to make referrals to home visiting services. Work with community partners on how maternal mental health screening can be included in NICU follow up visits and WIC Visits.</p>	<p>wellness for CYSHCN families and develop a success story to share out best practices with other local MCAH Directors.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>cy 2.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>cy 2.2.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

### CYSHCN Focus Area 3: Social Determinants & Family Supports

<p><b>CYSHCN Social Determinants &amp; Family Supports Objective 2: Strategy 1:</b> Partner with diverse organizations to build workforce capacity to serve CYSHCN and their families.</p>	<p><b>CYSHCN Social Determinants &amp; Family Supports Objective 2: Strategy 2:</b> Lead development of informational platforms and tools for CYSHCN and their families</p>
<p><b>Local Activities for CYSHCN Objective 2: Strategy 1:</b></p>	<p><b>Local Activities for CYSHCN Objective 2: Strategy 2:</b></p>
<p><b>cy 3.1.1</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Implement a project focused on social and community inclusion for CYSHCN and their families (examples: partner with Parks and Recreation departments to make public spaces and events more inclusive; partner with community organizations or government agencies to improve emergency preparedness and disaster relief support for CYSHCN and their families).</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>cy 3.2.1</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>



<div><input type="checkbox"/> Suggested local activity (Optional): Partner with youth-facing programs and organizations (examples: youth community groups, service clubs, and youth serving non-profits) to include CYSHCN populations, considerations, and voices in programming, resource development, and event planning.</div> <div>What is your anticipated outcome?</div>	
<div>cy 3.1.3</div> <div><input type="checkbox"/> Other local activity (Please Specify/Optional):</div> <div>What is your anticipated outcome?</div>	

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 Do

Adolescent Domain	
Adolescent Priority Need: Enhance strengths, skills, and access to equitable supports, ensuring all youth thrive.	
Performance Measures (National/State Performance Measures)	NPM: Adolescent Well-Visit: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
Adolescent State Objective: By 2030, increase the percentage of adolescents, ages 12 through 17, with a preventive medical visit in the past year from 62.9% to 66%.	

Adolescent Focus Area 1: Access to Quality Care & Services	
Adolescent Access to Quality Care & Services: Strategy 1: Improve awareness of and access to quality youth-friendly care	Adolescent Access to Quality Care & Services: Strategy 2: Support youth in valuing and prioritizing preventive care
Local Activities for Adolescent Objective: Strategy 1:	Local Activities for Adolescent Objective: Strategy 2:
<div> <input checked="" type="checkbox"/> Suggested local activity (Optional):  Promote and/or collaborate with school-linked/school-based services and school-based health centers to increase youth linkage to and engagement in health services. </div> <div> What is your anticipated outcome?  Facilitate at least 5 school based health events. </div>	<div> <input type="checkbox"/> Suggested local activity (Optional):  Disseminate information to youth and youth-serving partners about what happens during a preventive care visit and the benefits of attending recommended preventive care appointments (youth voice is encouraged in this work). </div> <div> What is your anticipated outcome? </div>
<input type="checkbox"/> Suggested local activity (Optional)	<input type="checkbox"/> Other local activity (Please Specify/Optional):



Disseminate information to youth and youth-serving partners about insurance coverage, minor	
What is your anticipated outcome?	What is your anticipated outcome?
a 1.1.2	
<input type="checkbox"/> Other local activity (Please Specify/Optional):	
What is your anticipated outcome?	

Adolescent Focus Area 2: Mental Health & Substance Use

<b>Adolescent Mental Health &amp; Substance Use: Strategy 1:</b> Promote primary prevention and early intervention best practices for behavioral health	<b>Adolescent Mental Health &amp; Substance Use: Strategy 2:</b> Enhance resilience and coping skills
<b>Local Activities for Adolescent Objective: Strategy 1:</b>	<b>Local Activities for Adolescent Objective: Strategy 2:</b>
<input checked="" type="checkbox"/> Suggested local activity (Optional): Partner to disseminate training opportunities and resources for youth and those that work with youth related to adolescent mental health and well-being, substance use disorder education/prevention/intervention, and harm-reduction strategies.  What is your anticipated outcome? Trainings will be shared at monthly collaboration meetings	<input type="checkbox"/> Suggested local activity (Optional): Promote resources and supports for youth around healthy relationships with self and others (family, peer, romantic and sexual partners).  What is your anticipated outcome?
<input type="checkbox"/> Other local activity (Please Specify/Optional):	<input type="checkbox"/> Other local activity (Please Specify/Optional):

What is your anticipated outcome?	What is your anticipated outcome?
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Adolescent Focus Area 4: Physical Health & Prevention	
<b>Adolescent Physical Health &amp; Prevention: Strategy 1:</b> Promote youth-friendly sexual and reproductive health services, information, and education	<b>Adolescent Physical Health &amp; Prevention: Strategy 2:</b> Enhance skills for independent living and transition to adulthood
<b>Local Activities for Adolescent Objective: Strategy 1:</b>	<b>Local Activities for Adolescent Objective: Strategy 2:</b>
<div> <input checked="" type="checkbox"/> Suggested local activity (Optional):  Promote medically accurate adolescent sexual and reproductive health practices by disseminating information, resources, and training opportunities to local youth-serving </div> <div> <b>What is your anticipated outcome?</b>  Trained Health Educator is available to schools to provide comprehensive health education in coordination with school nurses and superintendents. </div>	<div> <b>.2.1</b>  <input type="checkbox"/> Suggested local activity (Optional):  Partner with CDPH/MCAH to utilize evidence-based and/or evidence-informed tools and resources (such as the AFLP Positive Youth Development (PYD) approach or other strengths-based frameworks) to enhance autonomy and increase opportunities to improve health, and educational outcomes as youth transition to adulthood. </div> <div> <b>What is your anticipated outcome?</b> </div>
<div> <input type="checkbox"/> Other local activity (Please Specify/Optional): </div> <div> <b>What is your anticipated outcome?</b> </div>	<div> <input type="checkbox"/> Other local activity (Please Specify/Optional): </div> <div> <b>What is your anticipated outcome?</b> </div>

**INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT**Exhibit 12Report Date 5/6/25Page 1 of 2Contract # 202552Contract Expires 6/30/26Previous Contract # 2024-52

Contractor Tehama County Health Services-Public Health  
 Address PO BOX 400/1860 Walnut St.  
 City/State/Zip Red Bluff, CA, 96080  
 Contact Person Kelly Burton  
 Phone Number 530-527-6824

CDPH Program Name Maternal Child Adolescent Health  
 Address 1615 Capitol Avenue Suite 73.560, MS 8305  
 City/State/Zip P.O. Box 997420, Sacramento, CA 95899-7420  
 Contract Manager Jason Detwiler  
 Phone Number (279) 217-1248

**THIS IS NOT A BUDGET FORM**

STATE/ CDPH PROPERTY TAG	QTY	ITEM DESCRIPTION Including manufacturer, model number, type, size, and/or capacity <sup>1</sup>	UNIT COST PER ITEM (Before Tax)	DISPOSAL # (Asset Mgmt Only)	ORIGINAL PURCHASE DATE	SERIAL NUMBER (If vehicle, list VIN #)	OPTIONAL (Program Use Only)
n/a	1	Desk, Metal, Walnut Laminate Top	257.40		1992-1993	n/a	18102
n/a	1	Printer, Color Inkjet	589.88		1992-1993	3315S31215	17650
n/a	1	24 Pin Dot Matrix Printer	711.07		1992-1993	302A0033797	18101
n/a	1	2 Meg RAM, 1.2 Meg Dr/14" Amber Monitor	704.63		1991-1992	n/a	17152
n/a	2	Keyboards/12" Monitors	1234.35		1990-1991	n/a	16319
n/a	1	Desk, Executive, Walnut Finish	350.60		1991-1992	n/a	17163
n/a	1	486 DX/66MHZ	1515.97		1992-1993	n/a	17648
n/a	1	Desk, Metal, Walnut	40.00		1984-1985	n/a	11394
n/a	1	Monitor, Super VGA	359.29		1992-1993	n/a	17647
n/a	1	Keyboard, ENH 101	37.54		1992-1993	n/a	17649

<sup>1</sup> If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.). If van, include passenger capacity.

**INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT**Exhibit 12Report Date 5/6/25Page 2 of 2Contract # 202552Contract Expires 6/30/26Previous Contract # 2024-52

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 Contact Person Michelle Schmidt  
 Phone Number 530-527-6824

CDPH Program Name Maternal Child Adolescent Health  
 Address 1615 Capitol Avenue Suite 73.560, MS 8305  
 City/State/Zip P.O. Box 997420, Sacramento, CA 95899-7420  
 Contract Manager Jason Detwiler  
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STATE/ CDPH PROPERTY TAG	QTY	ITEM DESCRIPTION Including manufacturer, model number, type, size, and/or capacity <sup>1</sup>	UNIT COST PER ITEM (Before Tax)	DISPOSAL # (Asset Mgmt Only)	ORIGINAL PURCHASE DATE	SERIAL NUMBER (If vehicle, list VIN #)	OPTIONAL (Program Use Only)
C78990	1	CPU- memories were wiped	0		1992-1993	n/a	18109
n/a	1	Keyboard	0		1992-1993	n/a	18108
780961	1	Monitor	0		1992-1993	n/a	18110
n/a	1	Mouse	0		1992-1993	n/a	18107
n/a	1	Typewriter Daiseywhill W/Span Dict	251.00		1993-1994	n/a	18379
n/a	1	Projector, Portable Overhead	511.58		1994-1995	3732802181	18390
		No Items valued at \$5,000 or above to report					
		No Minor/Major Equipment purchases since 2001-2022 FY					

<sup>1</sup> If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.). If van, include passenger capacity.





Erica Pan, MD, MPH  
Director and State Public Health Officer

Gavin Newsom  
Governor

**Attestation of Compliance with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff**

In compliance with the Social Security Act (SSA) section 1903(a)(2), Title 42 Code of Federal Regulations (CFR) part 432.2 and 432.50, and the Federal and State guidelines provided,

**Tehama County Health Service Agency-Public Health**

has determined that the list of individuals in the attached Exhibit A are eligible for the enhanced SPMP reimbursement rate, for the State Fiscal Year 2025-2026, based on our review of all the criteria below:

- ☒ Professional Education and Training
- ☒ Job Classification
- ☒ Job Duties /Duty Statement
- ☒ Specific Tasks (if only a portion will be claimed as SPMP enhanced functions)
- ☒ Organizational Chart
- ☒ Accurate, complete, and signed SPMP Questionnaire
- ☒ Active California License/Certification
- ☒ The undersigned hereby attests that he/she:
  - Has personally reviewed the criteria above and its supporting documentation and determined that the individuals meet the federal requirements for the enhanced SPMP reimbursement rate.
  - Will maintain all the aforementioned records and supporting documentation for audit purposes for a minimum of 3 years.
  - Certifies that SPMP expenditures are from eligible non-federal sources and are in accordance with 42 CFR Section 433.51
  - Understands that if SPMP requirements are not met, the agency will be financially responsible for repaying the costs to the California Department of Public Health (CDPH).
  - Understands that CDPH may request additional information to substantiate the SPMP claims, and such information must be provided in a timely manner.

Tehama County Health Services Agency-Public Health

Agency Name/Local Health Jurisdiction

Jayne Bottke, Executive Director

Name and Title

Jayne Bottke  
Signature

6-11-25

Date



**SPMP Attestation  
Exhibit A**

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1	Kelly Burton	Supervising Public Health Nurse	BSN	RN/PHN Certificate	CA License: 95366697 PHN Cert: 568752
2					
3					
4					
5					
6					
7					
8					
9					
10					

### **PART I: INSTRUCTIONS**

This Skilled Professional Medical Personnel (SPMP) and Directly Supporting Staff (DSS) questionnaire is intended to be a helpful tool for our state and county partners to utilize in making determinations as to whether a specific position or classification performing certain activities qualifies for enhanced SPMP/DSS Title XIX claiming.<sup>1</sup>

We encourage state and county partners to complete this SPMP/DSS questionnaire and maintain it as part of the supporting documentation for any enhanced SPMP/DSS Title XIX claiming.

For additional guidance regarding enhanced Title XIX claiming, please note the following:

- This SPMP/DSS questionnaire is not intended to be a replacement for applicable federal statutes, regulations, or audits that outline requirements for SPMP/DSS claiming but instead is adjunctive to those resources. Please review the applicable federal law (Social Security Act 1903(2)(A)) and regulations (Title 42, Code of Federal Regulations (CFR) Section 432.1 – 432.55), excerpted in relevant part below. For the full text, please visit one of the following links:
  - SSA Section 1903(2)(A), available at:  
[https://www.ssa.gov/OP\\_Home/ssact/title19/1903.htm](https://www.ssa.gov/OP_Home/ssact/title19/1903.htm).
  - 42 CFR Sections 432.1 - 432.55, available at:  
<https://www.gpo.gov/fdsys/pkg/CFR-1999-title42-vol3/pdf/CFR-1999-title42-vol3-part432.pdf>.
- Each state and county partner claiming enhanced SPMP/DSS Title XIX expenditures must maintain supporting documentation evidencing compliance with applicable federal statutes, regulations, and audits.
- For more information about enhanced SPMP/DSS Title XIX claiming, please refer to the Department of Health Care Services (DHCS) document titled, "Title XIX Claiming, Expenditures and Invoicing Frequently Asked Questions," which was provided to state partners separately on November 15, 2018. DHCS will also post this document on the DHCS website.

### **PART II: SPMP CLASSIFICATIONS**

Please use the following questions to help determine if you or your employee (if you are an employer or supervisor filling the form out on behalf of your employee) meets federal requirements for enhanced Title XIX funding for SPMP classifications.

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<sup>1</sup> The information contained in this document does not, and is not intended to, constitute legal, financial, or other professional advice. In addition, the information contained herein is not intended to explain fully all of the provisions or exclusions of the relevant laws and regulations. Original sources of authority should be researched and utilized independently.



## Skilled Professional Medical Personnel & Directly Supporting Staff Questionnaire

### Qualifying Personnel, Qualifying Education, and Qualifying Employment

1. Do you currently hold a position as physician, dentist, nurse, or other specialized personnel?
  - a. ☒ **YES:** Provide or attach the following information, then proceed to Question 2:
    - i. License Type, if applicable: Registered Nurse
    - ii. License Number, if applicable: RN95266697 Public Health Certificate 568752
    - iii. Copy of the license, if applicable.
    - iv. Information to substantiate status as specialized personnel, if not licensed:
      1. Position Title/Classification: \_\_\_\_\_
      2. Description of Classification: \_\_\_\_\_
  - b. ☐ **NO:** If you do not currently hold a position as physician, dentist, nurse, or other specialized personnel, do not answer Question 2. Proceed to and review the "Assessment Tool 1" language below.
2. Have you completed a two-year or longer professional education and training program leading to an academic degree or certificate in the field of medical care or appropriate medical practice?
  - a. ☒ **YES:** Provide or attach the following information, then proceed to Question 3:
    - i. Type of professional education and training:  
Nursing
    - ii. Specific field of medical care or practice:  
Nursing
    - iii. Academic degree or certification received:  
Bachelors of Science Degree in Nursing
    - iv. Name of college/university/institution/organization from which you earned your academic degree or certification:
    - v. Simpson University
    - vi. Copy of the academic degree or certification, if available.
  - b. ☐ **NO:** If you have not completed a two-year or longer professional education and training program leading to an academic degree or certification in the field of medical care or appropriate medical practice, stop and review the "Assessment Tool 1" language below.
3. Do you have a documented employer-employee relationship with the state Medicaid agency (DHCS)?
  - a. ☐ **YES:** Provide the following information, then skip to Question 5:
    - i. Division Name: \_\_\_\_\_
    - ii. Supervisor Name: \_\_\_\_\_
  - b. ☒ **NO:** If you do not work for DHCS, proceed to Question 4.



## Skilled Professional Medical Personnel & Directly Supporting Staff Questionnaire

4. Are you employed in a state or local agency other than the Medicaid agency (DHCS) that performs duties that directly relate to the administration of the Medicaid program?

a. ☐ **YES:** Provide the following information, then proceed to Question 5:

- i. State or Local Agency Name: \_\_\_\_\_
- ii. A description of the program/duties that directly relate to the administration of the Medicaid program: \_\_\_\_\_  
\_\_\_\_\_
- iii. Supervisor Name: \_\_\_\_\_

b. ☒ **NO:** If you do not work for a state or local agency, stop and review the "Assessment Tool 1" language below.

**Assessment Tool 1:** If you answered "YES" to Questions 1, 2, and either 3 or 4, proceed to the "Qualifying Activities" questions. If you answered "NO" to either Questions 1 or 2, regardless of your answers to Questions 3 and 4, then you likely do not satisfy the federal regulatory requirements for enhanced Title XIX funding as SPMP.

If you believe you may meet the requirements to claim enhanced Title XIX funding as a DSS, please proceed to Part III. Otherwise, if not, please sign the form, make a copy for your records, and return the completed form to the applicable oversight entity (i.e., typically a state or county department) to maintain as part of the supporting documentation for any enhanced Title XIX claiming.

### Qualifying Activities

5. Do the activities being performed pursuant to the position's duty statement require SPMP skills and expertise or can non-SPMP staff perform the activities?

a. ☒ **YES:** If the activities require SPMP skills, provide or attach the following information, then skip to Parts IV and V below:

- i. A detailed description of the scope and nature of the activities:  
The Supervising Public Health Nurse may make home visits, interview families and assesses the health status of children if PHN I/II is unavailable.
- ii. A narrative justification as to why the work requires SPMP skills and expertise: Nurses are trained in providing assessments and using those nursing skills helps to identify underlying health issues.
- iii. A general description of how your organization is tracking claimed activities, including proration for SPMP-eligible and non-SPMP-eligible activities: Nurses do daily time studies and we use activity codes to track our activities and to bill for our time appropriately.
- iv. A copy of your duty statement.

b. ☐ **NO:** If the activities can be performed by non-SPMP staff, stop and review the "Assessment Tool 2" language below.

**Assessment Tool 2:** If SPMP expertise is a benefit but not a requirement for the activities, then the activities likely do not satisfy the federal regulatory requirements for enhanced Title XIX funding as SPMP. Additionally, if the expertise or skill required is in generalized health policy or Medi-Cal administration rather than qualifying medical policy or practice, then it is also likely not SPMP-eligible.

If you believe you may meet the requirements to claim enhanced Title XIX funding as a DSS, please proceed to Part III below. Otherwise, if not, please sign the form, make a copy for your records, and return the completed form to the applicable oversight entity (i.e., typically a state or county department) to maintain as part of the supporting documentation for any enhanced Title XIX claiming.

### **PART III: DSS CLASSIFICATIONS**

Please use the following questions to help determine if you or your employee (if you are an employer or supervisor filling the form out on behalf of your employee) meets federal requirements relating to enhanced Title XIX funding for DSS classifications.

#### **Qualifying Supervisor and Employment**

1. Are you a secretarial, stenographic, copying personnel, or file and records clerk who is directly supervised by someone who meets the SPMP requirements in Part II above? If so, does the SPMP directly oversee the performance of your work?
  - a. ☐ **YES:** Provide or attach the following information, then proceed to Question 2:
    - i. Supervisor Name: \_\_\_\_\_
    - ii. Supervisor Title: \_\_\_\_\_
    - iii. A copy of your organizational chart.
  - b. ☐ **NO:** If you are not a secretarial, stenographic, copying personnel, or file and records clerk who is directly supervised by an SPMP, do not answer Questions 2 or 3. Proceed to and review the "Assessment Tool 3" language below.
2. Do you have a documented employer-employee relationship with the state Medicaid agency (DHCS)?
  - a. ☐ **YES:** Provide the following information, then skip to Question 4:
    - i. Division Name: \_\_\_\_\_
    - ii. Supervisor Name: \_\_\_\_\_
    - iii. Supervisor Title: \_\_\_\_\_
  - b. ☐ **NO:** If you do not work for DHCS, proceed to Question 3 below.
3. Are you employed in a state or local agency other than the Medicaid agency (DHCS) that performs duties that directly relate to the administration of the Medicaid program?
  - a. ☐ **YES:** Provide the following information, then proceed to Question 4:
    - i. State or Local Agency Name: \_\_\_\_\_



## Skilled Professional Medical Personnel & Directly Supporting Staff Questionnaire

- ii. A detailed description of the program/duties that directly relate to the administration of the Medicaid program: \_\_\_\_\_  
\_\_\_\_\_
- iii. Supervisor Name: \_\_\_\_\_
- b. ☐ **NO:** If you do not work for a state or local agency, stop and review the "Assessment Tool 3" language below.

**Assessment Tool 3:** If you or your employee does not directly report to an SPMP staff, or if you or your employee does not perform duties that directly relate to the administration of the Medicaid program, then this position and its activities likely do not satisfy the federal regulatory requirements for enhanced Title XIX funding as DSS.

If you believe you may meet the requirements to claim enhanced Title XIX funding as a clerical DSS, please proceed to Part IV below. Otherwise, please sign the form, make a copy for your records, and return the completed form to the applicable oversight entity (i.e., typically a state or county department) to maintain as part of the supporting documentation for any enhanced Title XIX claiming.

### Qualifying Activities

- 4. Do you provide clerical services that directly support the responsibilities of your supervising SPMP, as identified in Question 1 above?
  - a. ☐ **YES:** Provide or attach the following information, then proceed to Parts IV and V below:
    - i. A detailed description of the scope and nature of the activities: \_\_\_\_\_  
\_\_\_\_\_
    - ii. A narrative justification as to how your work is directly necessary for the completion of the professional medical responsibilities and functions of the SPMP: \_\_\_\_\_  
\_\_\_\_\_
    - iii. A general description of how your organization is tracking claimed activities, including proration for enhanced DSS and non-enhanced DSS activities: \_\_\_\_\_  
\_\_\_\_\_
    - iv. A copy of your duty statement.
  - b. ☐ **NO:** If you do not provide clerical services that directly support the responsibilities of your supervising SPMP, stop and review the "Assessment Tool 4" language below.




## Skilled Professional Medical Personnel & Directly Supporting Staff Questionnaire

**Assessment Tool 4:** If you work with SPMP staff but do not directly report to an SPMP staff and provide clerical services that are directly necessary for the completion of the professional medical responsibilities and functions of the SPMP, then this position and its activities likely do not satisfy the federal regulatory requirements for enhanced Title XIX funding as DSS.

As a result, please sign the form, make a copy for your records, and return the completed form to the applicable oversight entity (e.g. a state or county department) to maintain as part of the supporting documentation for any enhanced Title XIX claiming.

### **PART IV – Employee Review and Certification**


I certify that the information provided on this SPMP/DSS questionnaire and in attached supporting document is true and correct to the best of my knowledge, in accordance with federal regulations.

Name: Kelly Burton
Title: Supervising Public Health Nurse
Signature: 
Date: 5/19/25

### **PART V– Manager Review and Certification**

I have reviewed the SPMP/DSS questionnaire and attached documentation and have determined:

- ☒ The employee meets the essential requirements of an SPMP to claim enhanced Title XIX funding under federal regulations.
- ☐ The employee does not meet the essential requirements of an SPMP to claim enhanced Title XIX funding under federal regulations.
- ☐ The employee meets the essential requirements of a DSS to claim enhanced Title XIX funding under federal regulations.
- ☐ The employee does not meet the essential requirements of a DSS to claim enhanced Title XIX funding under federal regulations.

Name: Michelle Schmidt
Title: Assistant Executive Director Program
Signature: 
Date: 5/6/2025